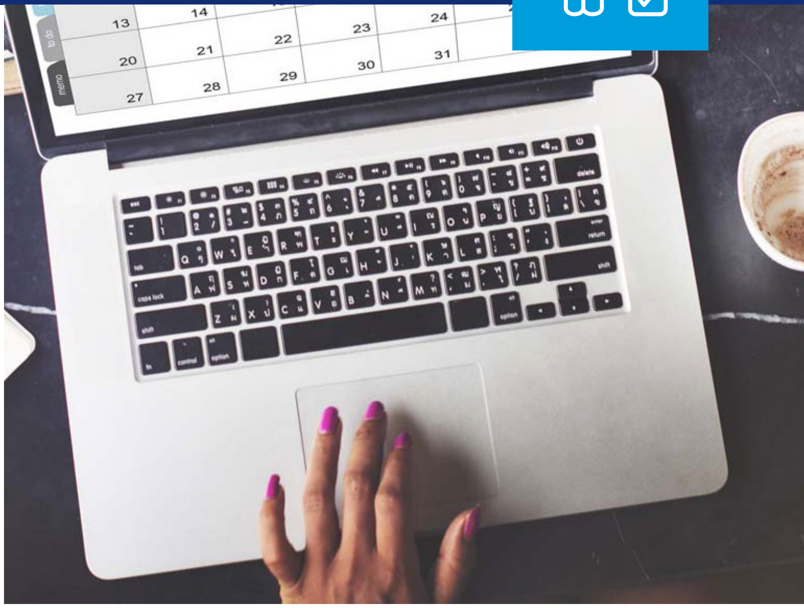
# EMPLOYEE BENEFITS

## 2026

# WELCOME TO YOUR BENEFITS ENROLLMENT!



**At Myriad Genetics, our success depends on our most vital asset — our people. We also recognize the key role your benefits play in helping you live a healthy, happy, productive life.**

We offer a valuable, comprehensive benefits package designed to advance your overall physical, financial, and emotional well-being. From medical, dental, and vision insurance to life insurance, disability insurance, and retirement savings, your Myriad Genetics benefit options can help you thrive at work, at home, and in your community - today and tomorrow!

## TAKE ACTION!

This guide provides an overview of your 2026 benefit options and explains how to enroll. It's up to you to be a smart benefits consumer by choosing and using your plans wisely throughout the year.

## WHAT YOU NEED TO DO

Review this guide. Notice that we have categorized the benefits by Your Health, Your Wealth, and Your Life. Take the time necessary to read and study each section and when you are ready, login to **Oracle Cloud HCM Self Service** to make your elections. If you are needing decision support, visit ALEX, your benefit decision making tool, at **start.myalex.com/myriad**

## DON'T MISS THE DEADLINE!

If you'd like to make changes to your current benefits or enroll in any of our new offerings, you must log in and complete your enrollment between **October 27 and November 7**.

If you wish to keep your current benefits for 2026, no action is needed—your existing coverages will automatically carry forward, **except for your FSA and HSA contribution amounts.** Participants in FSA and HSA plans must re-enroll each year to continue their contributions.

## WHO IS ELIGIBLE FOR BENEFITS?

You are eligible for benefits if you work 30 or more hours per week. You may also enroll your eligible family members under certain plans you choose for yourself. Eligible family members include your legally married spouse or same or opposite sex domestic partner*, and your children, including biological children, domestic partner's* children, stepchildren, adopted children, or children for whom you have legal guardianship. Children may be covered until age 26 (unless child is disabled). Disabled children may be covered beyond age 26.

* Subject to IRS guidelines/ imputed income taxes.

## YOUR HEALTH



## YOUR WEALTH



## YOUR LIFE



## YOUR CONTRIBUTIONS



## CONTACTS AND FAQS



This **interactive guide** is designed to give you easy-to-access information about your benefits.

**Questions? Let us help you**

If you have additional questions about your benefits or the enrollment process, you may also contact the benefits team at **mybenefits@myriad.com** or call the HR Team at **888-224-0678**.

**PLEASE READ THIS IMPORTANT NOTICE**

If you (and/or your dependents) have Medicare or will become eligible for Medicare before December 31, 2025, federal law gives you more choices about your prescription drug coverage. Please see the Legal Notices section at the end of this Benefits Guide for more details.

# MEDICAL PLANS

## YOUR HEALTH

Medical benefits from Myriad Genetics help you stay well and get the care you and your family need. Your plans also offer many resources and tools to help you maintain a healthy lifestyle.

## YOU'RE IN THE RIGHT PLACE TO...

Learn about your health care benefits, including spending and savings accounts, which keep quality care affordable and provide access to wellness programs and other resources.

## MEDICAL PLANS

You have access to an extensive network of quality, lower-cost providers. Your plans also offer many resources and tools to help you maintain a healthy lifestyle.

## YOUR MEDICAL OPTIONS

You have a choice of medical plans depending on where you live. Teammates who reside in the continental US, are eligible for Regence BlueCross BlueShield (BCBS) plans; either a Copay or a Consumer Directed Health Plan (CDHP). You also have the option to Select the Surest variable copay with United Healthcare Choice+ network.

- Utah teammates are eligible for additional plans in the SelectHealth network; both SelectHealth Copay and CDHP plans are available.
- California teammates have the additional option of the Kaiser HMO Copay or Kaiser CDHP plans.
- In applicable areas, we provide two Regence BlueCross & BlueShield High Performance Network (Blue HPN) medical plans. The Blue HPN is a national Exclusive Provider Network built to deliver high quality care, better care delivery, and lower total cost for you. Note: Services within this plan are covered only if you go to doctors, specialists, or hospitals in the plan's network (except in an emergency). To see if your home zip code and providers are within a BCBS HPN Service area **CLICK HERE**.

See **page 7** to compare plans.

## INFORMATION ABOUT MYRIAD GENETIC TESTING

All teammates and eligible dependents* are qualified to receive any testing service provided by Myriad and its subsidiaries at no personal out-of-pocket cost. Please refer to the **Myriad Employee Testing Form** for more information.

*Spouse, domestic partner, dependent children (dependent children up to age 26)

## INFORMATION ABOUT RX SAVINGS SOLUTIONS

**Available for BCBS and Select Health Plans**

Take control of your prescription drug costs. Rx Savings Solutions can help you save money on prescription drug costs by looking at the medications you and your family members take to find options that can save you money.

When you engage with Rx Savings Solutions, your account will show which lower-cost prescriptions are available and lets you compare prices. If you choose to switch to the lower cost option, Rx Savings Solutions will handle everything with your doctor and pharmacy. BCBS and Select Health plans members are automatically enrolled in Rx Savings Solutions (not available for Kaiser Permanente, HMSA, or Surest plans)

### FIND A NETWORK PROVIDER

**SelectHealth:**
**selecthealth.org or call 800-538-5038**

**Regence BCBS:**
**regence.com or call 866-240-9580**

**Kaiser California:**
**kp.org or call 800-464-4000**

**Surest:**
**surest.com or call 866-683-6440**

# TELEHEALTH

### USE MyAdvocate TO ANSWER YOUR HEALTH CARE QUESTIONS

MyAdvocate experts can assist you with finding or coordinating care, answering clinical questions and claims issues, and clarifying plan information. You do not need to be enrolled in a Myriad Genetics medical plan to use this free service. Call MyAdvocate at **833-968-1775**, visit **myadvocateservices.com**, or send an email to **MyAdvocateclientservices@carenethealthcare.com** to learn more.

## AVAILABLE ON ALL MYRIAD GENETIC MEDICAL PLANS

Telehealth is available for when you are feeling ill and need care as quickly as possible and at the lowest possible price. This is on-demand urgent care, wellness screenings, routine care, health tracking, talk therapy, and more. Some examples of non-life threatening conditions that can be diagnosed and treated are cold, flu, allergies, ear infection, rashes, skin problems and more. The telehealth provider you will use is dependent on which medical plan you elect. Regence BCBS plans, including the High Performance Network, use MDLive, Select Health uses Connect Care and with Kaiser Permanente you will use their services. Go to **mdlive.com**, **intermountainconnectcare.org**, or **mydoctor.kaiserpermanente.org/ncal/videovisitfordetails**. **Surest** virtual care options are built into the app. Simply select Virtual visit in the "Find Care" landing page.

## FAMILY PLANNING W/ WINFERTILITY

**Must be enrolled in a Myriad Genetic Medical Plan**

WIN Fertility provides eligible Myriad Genetic employees with support in understanding fertility health, preservation (egg, sperm, embryo), assisted reproduction (e.g. in vitro fertilization), adoption, gestational carrier arrangements, donor assistance, pregnancy, and menopause/low testosterone. Services include assistance finding a trusted provider, exclusive discounts and expedited appointments at top clinics and agencies, WIN offers below-market treatment bundle rates —making family-building more affordable. WIN services will run through your Regence, SelectHealth, or Surest medical plan. Myriad Genetics will provide a $10,000 per lifetime benefit to eligible teammate.

If you have questions about fertility education, treatment guidance, network navigation, or behavioral health support, WIN Nurse Care Advocates, Behavioral Health Care Advocates, and Patient Specialists are here when you need them. Create your account at **https://winpatientportal.com/registration-form-one**

# HEALTH SAVINGS ACCOUNT

**HSAs are administered by Fidelity.**

Myriad Genetics provides a convenient way for you to pay and save for health care now — and in the future. When you enroll in a CDHP medical plan, you're eligible to contribute to a tax-free* HSA, which helps you save money on eligible health care expenses for yourself, your spouse, and your tax-dependents. The 2026 IRS limit on HSA contributions is $4,400 for individual coverage or $8,750 for all other coverage levels. Anyone age 55 or older can make an additional $1,000 catch-up contribution.

## HEALTH SAVINGS ACCOUNT CONTRIBUTION SCHEDULE

Health Savings Account contributions from Myriad will be made in contributions from January to December.

## BCBS TRADITIONAL, SELECTHEALTH & KAISER PERMANENTE CDHP

- $500 for teammate only coverage
- $1,000 for teammate + dependent or family coverage

## BCBS HPN CDHP

- $350 teammate only
- $800 teammate + dependent or family coverage

For any teammate hired after 7/1/2026, Myriad Genetics will make contributions totaling half of the annual amounts listed above. Note: The 2026 IRS limits include both the Myriad Genetics contribution and your contribution combined.

## HSA ELIGIBILITY REQUIREMENTS

To be eligible for an HSA, you must meet the following criteria:

- You must be covered by a qualified consumer directed health plan (CDHP).
- You can't be covered by another health plan, including Medicare Parts A or B, or TRICARE.
- You can't be claimed as a dependent on another individual's tax return.
- You or your spouse/domestic partner cannot participate in any traditional health care FSA, even under another employer's plan; you can, however, participate in a limited purpose FSA.
- You cannot have received treatment, other than preventive care, through the U.S. Department of Veterans Affairs within the past three months.

## LET ALEX HELP YOU DECIDE

Have questions about how an HSA can help you with current and future medical expenses? **Ask ALEX®**!

### PLAN AHEAD FOR EXPENSES

**If you have a significant expense early in the year, you may not yet have a sufficient balance to pay that bill from your HSA. If that's the case, you will first have to pay the expense from other sources. However, once your account grows through additional contributions, you can reimburse yourself.**

# HOW THE MEDICAL PLAN WORKS ALL TEAMMATES

| Plan Features | Regence BCBS PPO Copay Plan | | Regence BCBS CDHP | | Surest Variable Copay | | BCBS HPN Copay | BCBS HPN CDHP |
|---|---|---|---|---|---|---|---|---|
| | IN-NETWORK | Out-of-Network | IN-NETWORK | Out-of-Network | IN-NETWORK | Out-of-Network | IN-NETWORK | Out-of-Network |
| **Annual Deductible** | $1,000/ individual<br>$2,000/ family | $1,500/ individual<br>$3,000/ family | $2,000/ individual<br>$4,000/ family** | $3,500/ individual<br>$7,000/ family** | $0 | - | $1,000/ individual<br>$2,000/ family | $2,000/ individual<br>$4,000/ family** |
| **Annual Out-of-Pocket Maximum** | $4,000/ individual;<br>$7,150 family | $4,500/ individual;<br>$9,000/ family | 4,000/ individual;<br>$7,150/ family** | $4,500/ individual;<br>$9,000/ family** | $5000 | - | $4,000/ individual;<br>$7,150 family | $4,000/ individual;<br>$7,150/ family** |
| **Deductible included in the Out-of-Pocket Maximum** | Yes | Yes | Yes | Yes | - | - | Yes | Yes |
| **Lifetime Maximum** | Unlimited | Unlimited | Unlimited | Unlimited | - | - | Unlimited | Unlimited |
| **Office Visits: Primary Care Provider (PCP)** | $30 copay | 30% AD | 20% AD | 35% AD | $20 to $105 | - | $30 copay | 20% AD |
| **Office Visits-Secondary Care Provider (SCP)** | $50 copay | 30% AD | 20% AD | 35% AD | $20 to $105 | - | $30 copay | 20% AD |
| **Telemedicine: MDLive** | $30 copay | N/A | 20% AD PCP visit $42 | N/A | $0 to $105 | - | $30 copay | 20% AD PCP visit $42 |
| **Diagnostic X-ray and Lab Minor/Major** | Covered 100%/ 20% AD | 30% AD/ 30% AD | 30% AD/ 30% AD | 35% AD | $0 | - | Covered 100%/ 20% AD | 30% AD/ 30% AD |
| **Inpatient Hospital** | 20% AD | 30% AD | 20% AD | 35% AD | $2000 | - | 20% AD | 20% AD |
| **Preventive Care** | Covered 100% (ded. waived) | 30% AD | Covered 100% (ded. waived) | 25% AD | - | - | Covered 100% (ded. waived) | Covered 100% (ded. waived) |
| **Medical, Surgical and Hospice** | 20% AD | 30% AD | 20% AD | 35% AD | - | - | 20% AD | 20% AD |
| **Professional Services: Surgery, Major diagnostic procedures and therapeutic injections** | 20% AD | 30% AD | 20% AD | 35% AD | - | - | 20% AD | 20% AD |

AD = After Deductible

**When two or more members are covered by a CDHP, "family" amounts apply

**Regence BCBS Network: National: BlueCard PPO Utah:** Preferred Valuecare

**BCBS HPN Network:** Blue High Performance or National BlueCard Blue High Performance

**Surest Network, United Healthcare Choice+**

# HOW THE MEDICAL PLAN WORKS ALL TEAMMATES

| Plan Features | Regence BCBS PPO Copay Plan | | Regence BCBS CDHP | | Surest Variable Copay | | BCBS HPN Copay | BCBS HPN CDHP |
|---|---|---|---|---|---|---|---|---|
| | IN-NETWORK | Out-of-Network | IN-NETWORK | Out-of-Network | IN-NETWORK | Out-of-Network | IN-NETWORK | Out-of-Network |
| **Urgent Care** | $30 copay | 30% AD | 20% AD | 35% After In-Network Ded | $60 | $180 | $30 copay | 20% AD |
| **Outpatient Facility / Ambulatory Surgical Center** | 20% AD | 30% AD | 20% AD | 35% AD | - | - | 20% AD | 20% AD |
| **Chiropractic Care** | $30 copay | 30% AD | 20% AD | 35% AD | $25 | $75 | $30 copay | 20% AD |
| **Durable Medical Equipment** | 20% AD | 30% AD | 20% AD | 35% AD | $0 to $1,000 | Up to $2,000 | 20% AD | 20% AD |
| **Mental Health and Chemical Dependency** (Each office visit) | $30 copay | 25% AD | 20% AD | 35% AD | - | - | $30 copay | 20% AD |
| **Emergency Room** | $150 copay | $150 copay | 20% AD | 20% AD | $650 | $650 | $150 copay | 20% AD |
| **Ambulance Services: Emergencies Only** | 20% AD | 20% AD | 20% AD | 20% AD | $375 | $375 | 20% AD | 20% AD |
| **Outpatient Rehabilitation Services: Physical, Speech, Occupational** (Some limitations apply) | $30 copay | 30% AD | 20% AD | 35% AD | $150 to $850 | $2,550 | $30 copay | 20% AD |
| **Pharmacy** | | | | | | | | |
| **Retail Pharmacy**<br>Generic<br>Formulary Brand<br>Non-Formulary<br>Specialty | Up to a 30 day supply:<br>$15<br>$30<br>$70<br>$150 | Not Covered | Up to a 30 day supply:<br>$10 AD<br>$35 AD<br>$60 AD<br>$100 AD | Not Covered | Up to a 31 day supply:<br>$10<br>$60<br>$90 | Not Covered | Up to a 30 day supply:<br>$15<br>$30<br>$70<br>$150 | Up to a 30 day supply:<br>$10 AD<br>$35 AD<br>$60 AD<br>$100 AD |
| **Mail-Order Program**<br>Generic<br>Formulary Brand<br>Non-Formulary | Up to a 90 day supply:<br>$37.50<br>$75<br>$175 | Not Covered | Up to a 90 day supply:<br>$25 AD<br>$87.50 AD<br>$150 AD | Not Covered | Up to a 31 day supply:<br>$10<br>$150<br>$300 | Not Covered | Up to a 90 day supply:<br>$37.50<br>$75<br>$175 | Up to a 90 day supply:<br>$25 AD<br>$87.50 AD<br>$150 AD |

AD = After Deductible
**When two or more members are covered by a CDHP, "family" amounts apply

**SAVE ON PRESCRIPTION DRUG COSTS**

Register on **express-scripts.com** to compare prescription prices, or call **844-837-6653** to learn more.

# HOW THE MEDICAL PLAN WORKS UTAH TEAMMATES ONLY

| Plan Features | SelectHealth PPO Copay Plan | | SelectHealth CDHP | |
|---|---|---|---|---|
| | IN-NETWORK | Out-of-Network | IN-NETWORK | Out-of-Network |
| **Annual Deductible** | $1,000/individual $2,000/family | $1,500/individual $3,000/family | $2,000/individual $4,000/family** | $3,500/individual $7,000/family** |
| **Annual Out-of-Pocket Maximum** | $4,000/individual; $7,150 family | $4,500/individual; $9,000/family | $4,000/individual; $7,150/family** | $4,500/individual; $9,000/family** |
| **Deductible included in the Out-of-Pocket Maximum** | Yes | Yes | Yes | Yes |
| **Lifetime Maximum** | Unlimited | Unlimited | Unlimited | Unlimited |
| **Office Visits- Primary Care Provider (PCP)** | $30 copay | 30% AD | 20% AD | 35% AD |
| **Office Visits-Secondary Care Provider (SCP)** | $50 copay | 30% AD | 20% AD | 35% AD |
| **Telemedicine: MDLive** | $30 copay | N/A | 20% AD PCP visit $42 | N/A |
| **Diagnostic X-ray and Lab Minor/Major** | Covered 100%/20% AD | 30% AD/30% AD | 30% AD/30% AD | 35% AD |
| **Inpatient Hospital** | 20% AD | 30% AD | 20% AD | 35% AD |
| **Preventive Care** | Covered 100% (ded. waived) | 30% AD | Covered 100% (ded. waived) | 25% AD |
| **Medical, Surgical and Hospice** | 20% AD | 30% AD | 20% AD | 35% AD |
| **Professional Services: Surgery, Major diagnostic procedures and therapeutic injections** | 20% AD | 30% AD | 20% AD | 35% AD |
| **Urgent Care** | 30% copay | 30% AD | 20% AD | 35% After In-Network Ded |
| **Outpatient Facility / Ambulatory Surgical Center** | 20% AD | 30% AD | 20% AD | 35% AD |
| **Chiropractic Care** | $30 copay | 30% AD | 20% AD | 35% AD |
| **Durable Medical Equipment** | 20% AD | 30% AD | 20% AD | 35% AD |
| **Mental Health and Chemical Dependency** (Each office visit) | $30 copay | 25% AD | 20% AD | 35% AD |
| **Emergency Room** | $150 copay | $150 copay | 20% AD | 20% AD |

AD = After Deductible
**When two or more members are covered by a CDHP, "family" amounts apply

**SelectHealth Network:** SelectMed+

# HOW THE MEDICAL PLAN WORKS UTAH TEAMMATES ONLY

| Plan Features | SelectHealth PPO Copay Plan | | SelectHealth CDHP | |
|---|---|---|---|---|
| | IN-NETWORK | Out-of-Network | IN-NETWORK | Out-of-Network |
| **Ambulance Services: Emergencies Only** | 20% AD | 20% AD | 20% AD | 20% AD |
| **Outpatient Rehabilitation Services: Physical, Speech, Occupational** (Some limitations apply) | $30 copay | 30% AD | 20% AD | 35% AD |
| **Pharmacy** | | | | |
| **Retail Pharmacy** | Up to a 30 day supply: | Not Covered | Up to a 30 day supply: | Not Covered |
| Generic | $15 | | $10 AD | |
| Formulary Brand | $30 | | $35 AD | |
| Non-Formulary | $70 | | $60 AD | |
| Specialty | $150 | | $100 AD | |
| **Mail-Order Program** | Up to a 90 day supply: | Not Covered | Up to a 90 day supply: | Not Covered |
| Generic | $37.50 | | $25 AD | |
| Formulary Brand | $75 | | $87.50 AD | |
| Non-Formulary | $175 | | $150 AD | |

AD = After Deductible
**When two or more members are covered by a CDHP, "family" amounts apply

**SelectHealth Network:** SelectMed+

# HOW THE MEDICAL PLAN WORKS CALIFORNIA TEAMMATES ONLY

| Plan Features | Kaiser HMO Copay Plan | Kaiser HMO CDHP |
|---|---|---|
| | IN-NETWORK | IN-NETWORK |
| **Annual Deductible** | $0 deductible | $2,000 / individual; $4,000 / family (embedded individual $2,800) |
| **Annual Out-of-Pocket Maximum** | $1,500 / individual; $3,000 / Family | $4,000 / individual; $7,150 / family (embedded individual $4,000) |
| **Deductible included in the Out-of-Pocket Maximum** | Yes | Yes |
| **Lifetime Maximum** | Unlimited | Unlimited |
| **Office Visits- Primary Care Provider (PCP)** | $20 copay | 10% AD |
| **Office Visits-Secondary Care Provider (SCP)** | $20 copay | 10% AD |
| **Diagnostic X-ray and Lab Minor/Major** | $10 | 10% AD / 10% AD |
| **Inpatient Hospital** | $250 per admit | 10% AD |
| **Preventive Care** | Covered 100% | Covered 100% (ded. waived) |
| **Medical, Surgical and Hospice** | 20% | 10% AD |
| **Professional Services - Surgery, Major diagnostic procedures and therapeutic injections** | 20% | 10% AD |
| **Urgent Care** | $20 copay | 10% AD |
| **Outpatient Facility / Ambulatory Surgical Center** | $100 copay | 10% AD |
| **Durable Medical Equipment** | 20% per item | 10% AD |
| **Mental Health and Chemical Dependency** (Each office visit) | $20 copay | 10% AD |
| **Emergency Room** | $100 per visit | 10% AD |
| **Ambulance Services - Emergencies Only** | $150 per trip | 10% AD |
| **Outpatient Rehabilitation Services: Physical, Speech, Occupational** (Some limitations apply) | $20 copay | 10% AD |
| **Chiropractic Care** | $15 copay | 10% AD |

AD = After Deductible

# HOW THE MEDICAL PLAN WORKS CALIFORNIA TEAMMATES ONLY

| Plan Features | Kaiser HMO Copay Plan | Kaiser HMO CDHP |
|---|---|---|
| | IN-NETWORK | IN-NETWORK |
| **Pharmacy** | | |
| **Retail Pharmacy** | Up to a 100 day supply: | Up to a 100 day supply: |
| Generic | $10 | $10 AD |
| Formulary Brand | $20 | $30 AD |
| Specialty | Up to a 30-day supply: 20% | Up to a 30-day supply: 20% AD up to $200 |
| **Mail-Order Program** | Up to a 100 day supply: | Up to a 100 day supply: |
| Generic | $20 | $20 AD |
| Formulary Brand | $40 | $60 AD |

AD = After Deductible

# DENTAL PLANS

Myriad Genetics dental benefits offer you and your family affordable options for maintaining your overall health. You can choose the Delta Dental PPO plan. This plan lets you choose any provider you want from the Delta Dental PPO or Premier Networks. To maximize your benefit, choose a dentist who participates in the Delta Dental PPO network. You can also use a non-PPO Network provider; however, you will pay more and you may receive fewer benefits.

### FIND A NETWORK PROVIDER

**deltadental.com** or call 800-422-4234

| Key Dental Benefits | Delta Dental PPO/Premier Network | |
|---|---|---|
| **Deductible** (per calendar year) | | |
| **Individual/Family** | $50 / $150 | |
| **Benefit Maximum** (per calendar year; preventive, basic, and major services combined) | | |
| **Per Individual** | $1,500 per calendar year* | |
| **Deductible** | **Deductible** | **Deductible** |
| **Diagnostic & Preventive Care** | 100% (deductible waived) | 100% (deductible waived) |
| **Basic Care** | 80% after deductible | 80% after deductible |
| **Major Care** | 50% after deductible | 50% after deductible |
| **Orthodontia** (children to age 26) **and adults** | 50% | 40% |
| **Orthodontia Lifetime Maximum** | $1,500 | |

*Diagnostic and Preventive Care Services do not count toward the Annual Maximum of $1,500.

### DENTAL HEALTH MATTERS

As many as 120 systemic diseases can be visible in your mouth. Regular dental checkups can reveal the signs of disease before other symptoms are noticeable and help lower your risk of stroke and heart disease.

# VISION PLANS

Myriad Genetics offers you vision benefits through Vision Service Provider (VSP) to ensure that you and your family have access to quality eye care. You can choose either the Standard or Enhanced plan, based on your anticipated vision needs.

## FIND A NETWORK PROVIDER

**vsp.com** or call **800-877-7195**

| Key Dental Benefits | VSP Base Plan | | VSP Enhanced Plan | |
|---|---|---|---|---|
| | In-Network Member Pays | Out-of-Network Reimbursement | In-Network Member Pays | Out-of-Network Reimbursement |
| **Eye Exam** (once every 12 months) | $15 copay | Up to $45 | $15 copay | Up to $45 |
| **Materials** (frames/lenses) | $25 copay | Up to $70 | $25 copay | Up to $70 |
| **Prescription Lenses** | | | | |
| **Single Vision Lined**<br>**Bifocal Lined**<br>**Trifocal** | Covered 100% | Up to $30<br>Up to $50<br>Up to $65 | Covered 100% | Up to $30<br>Up to $50<br>Up to $65 |
| **Lens Options** (once every 12 months) | | | | |
| **Standard**<br>**Premium**<br>**Custom** | $55 copay<br>$95 - $105 copay<br>$150 - $175 copay<br>(up to 30% off other lens options) | Up to $50 | $55 copay<br>$95 - $105 copay<br>$150 - $175 copay<br>(up to 30% off other lens options)<br>Anti-Reflective & UV Coating included at no additional cost | Up to $50 |
| **Standard Frames** (once every 24 months) | | | | |
| **Retail Allowance** | $130 allowance<br>$70 allowance at Costco<br>20% discount over allowance | Up to $70 | $150 allowance<br>$80 allowance at Costco<br>20% discount over allowance | Up to $70 |
| **Contact Lenses** (instead of lenses and frames) | | | | |
| **Conventional / Disposable**<br>**Exam and Fitting** | $130 allowance<br>Up to $60 | Up to $105 | $150 allowance<br>Up to $60 | Up to $105 |

## A VIEW TO YOUR OVERALL HEALTH

Even if you have perfect eyesight, you should have your vision checked on a regular basis. This is because **vision care is about more than just eyesight**. Eye doctors are often the first health care professionals to detect chronic systemic diseases, such as high blood pressure and diabetes.

# FLEXIBLE SPENDING ACCOUNTS

FSAs provide great savings opportunities because they let you set aside pretax payroll deductions to pay for out-of-pocket health care expenses, such as deductibles, copays, and coinsurance, as well as dependent care expenses. Because that portion of your income is not taxed, you pay less in federal income, Social Security, and Medicare taxes — giving you more take-home pay.

Myriad Genetics offers three different FSAs administered through Fidelity.

## HEALTH CARE FSA

- Pay for eligible health care expenses, such as plan deductibles, copays, and coinsurance.
- Contribute up to $3,400.
- Roll over up to $680 from year to year.

**Note:** If you are a participant in a health savings account, you are not eligible for the health care FSA.

## LIMITED PURPOSE FSA

- Use it to pay for dental and vision expenses only (not medical), until you meet the CDHP deductible.
- Contribute up to $3,400.
- Roll over up to $680 from year to year

**Note:** If you enroll in a CDHP/HSA plan and contribute to a health savings account, you are not eligible to open a traditional health care FSA. However, you can open a limited purpose FSA.

### IDENTIFYING ELIGIBLE EXPENSES

Health Care FSA – Plan deductibles, copays, coinsurance, and other healthcare expenses. To learn more, see IRS Publication 502 at **irs.gov**.

Dependent Care FSA – Child daycare for children younger than 13, after school programs, home care for dependent adults, and related expenses. To learn more, see IRS Publication 503 at **irs.gov**.

## DEPENDENT CARE FSA

This account is available to all benefits-eligible Myriad Genetics teammates, regardless of your medical plan enrollment.

- Pay for eligible dependent care expenses such as preschool, summer day camp, before- and after-care school programs, or child daycare and adult daycare so you and/or your spouse can work, look for work, or attend school full time.
- Contribute up to $7,500* in 2026, or $3,750 if you are married and filing separately.
- No roll over is allowed; any unused funds are forfeited.

* This is a household maximum, so a couple can elect any amount up to $7,500.

### "USE-IT-OR-LOSE-IT" RULE

You must enroll each year to participate. Keep in mind, FSAs are "use-it-or-lose-it" accounts. Unused money beyond the allowed rollover amount for the health care and limited purpose healthcare FSAs does not carry over at the end of the year.

**FSA Deadlines** – You can use your FSA funds for eligible expenses incurred during the plan year. You then have until March 30 2026 of the following year to submit reimbursement requests for those expenses.

**New HSA enrollees** – As a new enrollee into a CDHP and HSA, if you have any FSA funds remaining from the current plan year, you must carry over those funds into a Limited Purpose FSA (LPFSA) or you will not be eligible to make HSA contributions starting January 1 of the following year. Please use all current FSA funds by the end of the plan year or request that the balance be contributed to a LPFSA. Looking for ways to use up your remaining FSA funds? For a list of more than 4,000 FSA-eligible items, visit **fsastore.com.**

# COMPARE ACCOUNTS: HSA VS. FSAS

| | HSA | Limited Purpose FSA | Health Care FSA | Dependent Care FSA |
|---|---|---|---|---|
| **Available with these plans** | CDHP Plans | CDHP Plans | Surest, PPO, and HMO plans | Any medical plan (or no Myriad Genetics medical plan) |
| **Debit card use available** | Yes | Yes | Yes | No |
| **Change your contribution amount anytime** | Yes | No | No | No |
| **Access only funds that have been deposited** | Yes | No | No | Yes |
| **Use the money for** | All eligible health care expenses | Only dental and vision expenses (not medical) | All eligible health care expenses | Eligible dependent care expenses, including child daycare for children up to age 13 and care for dependent adults |
| **Access to entire elected amount at the beginning of the plan year** | No | Yes | Yes | No |
| **"Use it or lose it" at year-end** | No | Yes with the exception of the allowed amount that can be carried over into the new plan year. | Yes with the exception of the allowed amount that can be carried over into the new plan year. | Yes |
| **Documentation required** | For tax-filing and IRS audit purposes only | For submission with reimbursement request | For submission with reimbursement request | For submission with reimbursement request |

## MAKE SURE YOU'RE USING THE RIGHT ACCOUNT

**Important!** The dependent care FSA is NOT used for health care expenses for your dependents. It is for dependent child or adult day care only.

Similarly, the health care FSA debit card cannot be used to pay for dependent care FSA expenses.

# SUPPLEMENTAL MEDICAL PLANS

We know life doesn't always go as expected, which is why Myriad Genetics provides you with access to supplemental medical plans designed to protect you and your family from the financial impact of a covered critical illness, injury, or hospital stay.

**Review the chart below to understand the voluntary supplemental medical benefit choices available to you.**

| | Accidental Insurance | Critical Illness Insurance | Hospital Indemnity |
|---|---|---|---|
| **What it is** | Pays cash benefits you can use for anything. Ideally, you would use the benefits to offset out-of-pocket medical expenses related to a covered accident | Pays cash benefits you can use for anything. Ideally, you would use the benefits to offset out-of-pocket medical expenses related to a covered critical illness | Pays cash benefits you can use for anything. Ideally, you would use the benefits to offset out-of-pocket medical expenses related to a covered Hospital Indemnity |
| **What it covers** | Hospitalization, injuries, surgical procedures, physical therapy, ambulance, and more | Some cancers, heart attack, stroke, coma, kidney failure, major organ transplant, and more | Hospitalization, ICU confinement, rehab, skilled nursing facilities, newborn hospitalization, and more. |
| **Benefit amount** | Plan pays on a schedule according to the covered injury or occurrence | You may elect a $20,000 benefit; your spouse and dependent children may receive up to $10,000 (you must elect teammate coverage to sign up for dependent coverage) | Plan pays on a schedule according to the type and length of hospital confinement. |
| **How it works** | Lump-sum payment directly to you; you decide how to spend the benefit* | | |

* Guidelines dictate benefit payment for each covered illness and circumstances under which it's paid.

**GET A FINANCIAL SAFETY NET WHEN IT'S MOST IMPORTANT!**

Life is unpredictable, and even the best medical insurance will not cover everything — leaving you with out-of-pocket expenses.

Voluntary supplemental medical plans offer additional peace of mind by ensuring that you have help paying high, unanticipated out-of-pocket expenses. The lump sum you receive can be used to pay for non-health care expenses: groceries, housing, car payments, utilities, childcare, or whatever you decide!

## LEARN MORE

**thehartford.com** or call **888-301-5615**

To learn more about supplemental medical insurance plans or to review a complete list of covered benefits, visit or call The Hartford.

# LIFE AND AD&D INSURANCE

## YOUR WEALTH

Myriad Genetics provides coverage and benefits to help ensure financial well-being for you and your family — today and tomorrow.

## YOU'RE IN THE RIGHT PLACE TO...

Learn about income protection and wealth-building plans to enhance financial security at all stages of life.

## LIFE AND AD&D INSURANCE

Life and Accidental Death and Dismemberment (AD&D) Insurance are useful solutions to help preserve your family's quality of life and financial future.

## BASIC LIFE / AD&D (MYRIAD GENETICS-PAID)

Myriad Genetics' life insurance program through The Hartford provides valuable financial protection to your named beneficiary(ies) in the event of your death or accidental injury — at no cost to you. Your coverage is effective on your date of hire or the date you become eligible. You must be actively at work for your life insurance coverage to become effective. Enrollment is automatic — you don't have to do anything to receive this coverage.

**Note:** Life insurance above $50,000 will be considered taxable imputed income.

| Basic Life | Benefits |
|---|---|
| **Benefit Amount** | Employee 1x annual salary to a maximum of $500,000 (minimum of $50,000)<br>Spouse – $2,000 Child(ren) – 14 days to age 26 $2,000;<br>live birth to 14 days $1,000 |
| **Age Reduction** | Reduces by 35% at age 65 and an additional 15% at age 70 |
| **Basic Accidental Death & Dismemberment** | Same as Basic Employee Life |

# LIFE AND AD&D INSURANCE

## VOLUNTARY TERM LIFE (TEAMMATE-PAID)

You also can purchase additional voluntary term life insurance through The Hartford for yourself and your eligible family members. You must be actively at work on the effective date of your coverage.

| Voluntary Term Life / AD&D | Benefits | Guaranteed Issue |
|---|---|---|
| **Employee** | Increments of $10,000 up to $500,000, not to exceed 5 times your annual earnings | $250,000 |
| **Spouse / Domestic Partner** | Increments of $5,000 with a minimum of $5,000 up to 100% of the employee's Supplemental coverage, not to exceed $500,000 | $50,000 Supplemental coverage, not to exceed $500,000 |
| **Child(ren)** | Minimum of $2,000 with a maximum of $10,000 | $10,000 |

## WHAT IS AD&D INSURANCE?

Should you lose your life, sight, hearing, speech, or use of your limb(s) in a covered accident, AD&D provides additional cash payments. AD&D benefits are paid as a percentage of your coverage amount — usually 50% to 100% — depending on the type of loss.

### LEARN MORE

**thehartford.com** or call **888-301-5615**

### NO HEALTH QUESTIONS AT CERTAIN ENROLLMENT TIMES

If you enroll for voluntary term life within 31 days of employment, no proof of good health is necessary if the coverage amount is within the guaranteed issue amount. If you wait to enroll after the eligibility period, you will need to complete a Statement of Health form. A physical exam, regardless of the coverage amount you select, also may be required.

# DISABILITY INSURANCE

If you have to miss work due to injury or illness, Myriad Genetics' disability program through The Hartford helps ensure that you still collect a part of your income until you can return to work* or you reach retirement age. Both your short-term and long-term disability benefits are 100% paid by Myriad Genetics – you pay zero for coverage.

The key is to remember that you will still have expenses, separate from the medical expenses related to your disability. For example, disability coverage can help ensure you have money to pay for basic needs such as housing (mortgage or rent), utilities, food, transportation, childcare, and more.

| Short-Term Disability | |
|---|---|
| **Benefit Percentage** | 60% of weekly salary |
| **Benefit Maximum** | $2,000 per week |
| **When Benefits Begin** | 8th day of illness or injury |
| **Maximum Benefit Duration** | 26 weeks |

| Long-Term Disability | |
|---|---|
| **Benefit Percentage** | 60% of monthly salary |
| **Benefit Maximum** | $15,000 per month |
| **When Benefits Begin** | After 180 days of disability |
| **Maximum Benefit Duration** | Up to age 65 or Social Security Normal Retirement Age |

* Disability benefits are not subject to regular payroll tax withholdings.

## LEARN MORE

**thehartford.com** or call **888-301-5615**

# 401(K) RETIREMENT SAVINGS PLAN

Financial security is an important part of your total well-being. Myriad Genetics is committed to helping you plan for the future by offering an easy way to build savings for retirement.

Teammates over age 21 are eligible to participate in the Myriad Genetics 401(k) Retirement Savings Plan any time after your date of hire.

## YOUR CONTRIBUTIONS

You may contribute 1% to 50% of your salary on a pretax and/or after-tax (Roth) basis, subject to IRS limits. The maximum in 2026 is $24,500 (estimated). However, if you're age 50 or older, you are eligible to contribute an additional catch-up contribution up to $8,000 (estimated).

## MYRIAD GENETICS MATCHING CONTRIBUTIONS

To help your savings grow faster, Myriad Genetics matches 50 cents of every dollar of your contribution up to the first 8% you contribute.

### MEET THE MATCH!

Are you making your money work as hard as you do? Try to contribute at least 8% to take full advantage of the match — don't leave free money on the table.

### LEARN MORE

**netbenefits.com** or call **800-544-9354**

## ADDITIONAL PLAN FEATURES

Fidelity offers more than 30 fund choices including:

- Traditional 401(k) – pretax
- Roth 401(k) – post-tax
- Advisor Freedom Funds
- And many more!

## PLAN ROLLOVERS

You can roll over an existing 401(k) plan at any time. Please contact Fidelity Customer Service at 800-294-401k for assistance.

## ENROLL ONLINE!

1. Go to **netbenefits.com**
2. Select New User Registration and follow the directions provided, using your Social Security number or your Customer ID
3. Click on "Return to Net Benefits"
4. Choose to "Enroll Now" to continue the enrollment process
5. Follow the steps for creating your Customer ID and PIN
6. Enter your payroll deduction rate
7. Choose your investments
8. Confirm your selections and submit.

# FINANCIAL

## EMPLOYEE STOCK PURCHASE PLAN (ESPP)

Through the Employee Stock Purchase Plan, full-time teammates are able to purchase Myriad Genetics Common Stock, at a discount, by withholding up to 10% of your paycheck. To be eligible to participate, teammates must be employed at least three consecutive months prior to the plan start dates of June 1 and December 1 of every year. Enrollment occurs two times per year in November and May.

## LONG-TERM EQUITY

Myriad Genetics provides Long-Term Equity awards to reward our teammates for reaching specific goals that lead to their success and the successful performance of the company.

## TUITION REIMBURSEMENT

Myriad Genetics offers a program of tuition reimbursement for full-time teammates wishing to continue their professional development through formal education.

Teammates who have completed three consecutive months of service are eligible to apply. Courses must be related to your employment with Myriad Genetics and approved in advance. Reimbursement is allowed for up to one course per term, with a maximum of three courses per year. Maximum Reimbursement Amounts: $1,200 Per Course - $2,400 Per Calendar Year.

**FIDELITY**

With Fidelity you have one place where you can view your 401(k), HSA, Student Loan, ESPP, and Myriad Long-Term Equity Incentive Plan.

## STUDENT DEBT PROGRAM

Myriad offers a student debt program to help teammates reduce their student loan debt. Full-time teammates who have completed three months of service may have a company funded $100 payment applied to their qualified higher education student loan each month. This payment is in addition to the teammates' monthly payment and is designed to help teammates pay their loans off faster and save on interest. Teammates may enroll in the program through Fidelity Investments.

## MILESTONE AWARDS

The purpose of these awards is to recognize the dedication and contributions of teammates who have attained length of service milestones with Myriad Genetics. Teammates are eligible for an award upon completion of 5, 10, 15, 20 and 25 years of service with Myriad Genetics. Please contact Human Resources for more information.

# ADDITIONAL BENEFITS

## YOUR LIFE

Myriad Genetics provides you with additional benefits to help you balance work/life and enjoy cost-savings and convenience.

## YOU'RE IN THE RIGHT PLACE TO...

Learn about additional benefits to help with your work-life balance and provide cost-savings and convenience.

## PAID PARENTAL LEAVE

Myriad believes in supporting teammates when they welcome new children into their families. For this reason, Myriad offers a Paid Parental Leave ("PPL") benefit for teammates taking leave as a parent and caregiver of a newborn, a newly adopted child, or a child newly placed for foster care.

All regular full-time teammates will receive up to 12 weeks of Paid Parental Leave to care for, and bond with, their new child following the birth, adoption, or placement.

**PPL will be paid out as follows:**

**Length of Service**

If you have been an teammate for less than one year, you may qualify for up-to twelve weeks of leave that will be paid at 70% of your weekly salary.

If you have been an teammate for more than one year, you may qualify for twelve weeks of leave paid at 100% of your weekly salary.

Paid Parental Leave (PPL) will be administered through The Hartford along with FMLA, State leave & Disability Programs. New Parents may use up to 12 weeks of Paid Parental Leave to be paid through Myriad Genetics payroll. If applicable, a parent may choose to collect Short-Term Disability benefits (60% of salary) prior to beginning their Paid Parental Leave.

PPL can be used in one consecutive increment or divided up into weeks with two provisions. (1) PPL must be used in increments of 1 full week at a time. (2) PPL must be used within 1 year of the birth or placement.

Anytime not used will be forfeited on:

- Baby's first birthday, for birth of a biological child
- 1 year from the date of placement, for foster care or adoption

PPL benefits are subject to regular payroll tax withholdings. This leave will run concurrently with any state leave laws and any leave under the Family and Medical Leave Act of 1993 (FMLA) if you are eligible. For more information on this benefit, please contact Human Resources.

## HOPE FUND
### (HELPING OUR PEOPLE ENDURE)

The Myriad HOPE Fund was created to help our Teammates who are in need of immediate financial assistance following an unforeseen disaster or personal hardship. **The Fund** relies on support from Myriad and individual donations made by partners, employees, and/or the general public. Every donation makes a difference, no matter the amount, and combined with the donations of others, helps to provide grants when they are needed most.

# ADDITIONAL BENEFITS

## GOODPATH WEIGHT MANAGEMENT

Goodpath offers fulltime teammates access to a comprehensive virtual care program focused on weight management, designed to treat the whole person—not just symptoms. Teammates access a single virtual clinic that combines health coaching, digital treatments, and personalized care kits to support sustainable weight loss and improved overall health. Enrolled teammates will be matched with a licensed clinical health coach who holds advanced clinical degrees and has at least two years of clinical experience. Coaches provide unlimited sessions, using motivational interviewing and positive psychology to help members set goals and make lasting progress. Goodpath also provides GLP-1 support, including assistance in accessing affordable prescriptions of Zepbound, when clinically appropriate.

## EMPLOYEE ASSISTANCE PROGRAM

Myriad Genetics wants you and your family to live well in all aspects of life, whether you're at home or at work. That means taking care of your total health — physical, financial, and emotional. For that reason, we provide an employee Assistance Program (EAP) through The Hartford Ability Assist Counseling Services at no cost to you. This service connects you with the best mental health and counseling services. All provided services are confidential and outcomes will not be shared. Whether you're interested in work/life resources, mental health assistance, or legal and financial advice, the EAP service can connect you and members of your household with a variety of professionals. With just one phone call, at any hour of the day or night, you can speak with helpful resources.

**Turn to the EAP When You Need Assistance with:**

- Marriage, family and/or work relationships
- Relocation guidance and neighborhood analysis
- Financial or legal advice
- Adoption information, parental leave coaching
- Travel and expatriate information
- Referrals to local service providers
- Emotional problems, stress, anxiety, depression
- Substance dependency, tobacco cessation
- Grief and loss

### CONNECT WITH THE EAP

Call: **800-964-3577**
Online resources: **guidanceresources.com**

**If you're a first-time user, click on the Register tab**.

1. In the Organization Web ID field, enter: HLF902
2. In the Company Name field at the bottom of the page, enter: ABILI
3. After selecting "Ability Assist Program," create your own username and password

# ADDITIONAL BENEFITS

## SPRING HEALTH

Spring Health is a mental wellness benefit provided by Myriad Genetics at no cost to teammates and their dependents. Members can use Spring Health to complete a short wellness assessment which will recommend a care plan to address the individual's specific needs. Spring Health also provides each member and their dependents with 8 free sessions of therapy, and a dedicated Care Navigator to review care options, discuss needs, and answers any questions. Spring Health services are 100% confidential and information provided for members is never shared. To enroll, visit **myriad.springhealth.com**, call **240-558-5796**, or download the mobile app "Spring Health Mobile."

## MYRIAD GENETICS WELLNESS PROGRAM

As our goal at Myriad Genetics is to advance health for all, the Myriad Genetics Wellness Program, or Wellness@Myriad, aims to advance health and wellbeing for all our teammates. The program aspires to create a sustainable culture of health, caring and inclusivity where education and activities improve teammate wellbeing, engagement, and productivity. Join the **Engage Page** to stay up to date on challenges, events, and education.

# ADDITIONAL BENEFITS

## FAMILY CARE BENEFITS

Finding the right ongoing care for your family can be hard, especially when you're balancing the demands of work. That's why Myriad Genetics is providing access to **Care.com**, the world's largest online community for finding and managing care.

**Use Your Care Membership to Find:**

- Nannies and babysitters
- Senior caregivers
- Housekeepers
- Pet sitters and groomers

**How it Works**

- **Post a job** – Create a job post with a description of the care you're hiring for.
- **Search and filter** – Search and filter through caregivers in your zip code radius that meet your requirements.
- **Care share** – Connect with local families to create a learning pod or nanny share.

## THE LEARNING CARE GROUP

Myriad Genetics understands the challenges faced by working parents and we aim to provide valuable support to our teammates by offering exceptional childcare solutions.

Teammates will have access to the Learning Care Group, the second- largest provider of childcare services in the US. The Learning Care Group will provide discounted access to 1,070+ nationwide on-site childcare centers.

Teammates who receive childcare through the Learning Care Group will have access to:

- 10% off tuition at Learning Care Group schools
- Waived initial registration fees
- Priority enrollment

For more information, visit **mylearningcaregroup.com/myriadgenetics/**.

## PET BENEFIT INSURANCE

Give your best friend their best life with Wishbone Pet Health Insurance! With 90% reimbursement on accidents and illnesses, a low $250 annual deductible, and two optional routine care add-ons, you can have maximum coverage! Lost pet recovery and 24/7 pet telehealth services are included for each insured pet (cats & dogs).

**Fetch a quote!**

Beginning on October 30th, you can get a quote & enroll at **www.wishboneinsurance.com/myriad**.

Premiums are paid through payroll deduction.

# ADDITIONAL BENEFITS

## LEGAL SERVICES

Protect your family's future during unpredictable economic uncertainty. LegalEASE offers valuable benefits to shield your family and savings from unexpected personal legal issues as well as safeguard you during unpredictable economic uncertainty.

**What you get with a LegalEASE plan:**

- An attorney with expertise specific to your personal legal matter
- Access to a national network of attorneys with exceptional experience that are matched to meet your needs
- Concierge help navigating common individual or family legal issues LegalEASE Premiums: $14.96 per month Premiums are paid through payroll deduction

## IDENTITY PROTECTION + CYBER

For over 90 years, Allstate has been protecting what matters most. Now, get comprehensive identity monitoring and fraud resolution, plus award-winning cyber protection designed to help you protect yourself and your family against today's digital threats. Identity, financial account, and credit monitoring, cyber protection for mobile and desktop devices, 24/7 support, plus up to $1 million in fraud expense reimbursement, or up to $2 million for families.

| Identity Theft + Cyber Premiums | Monthly Rate |
|---|---|
| **Teammate** | $7.50 per month |
| **Family** | $13.95 per month |

Premiums are paid through payroll deduction.

# ADDITIONAL BENEFITS

## MYRIAD GENETICS TIME-OFF BENEFITS

Myriad Genetics promotes the importance of time away from the office for you to rest, take vacations, and take care of your health and other responsibilities. Please see the applicable time off programs for your role below.

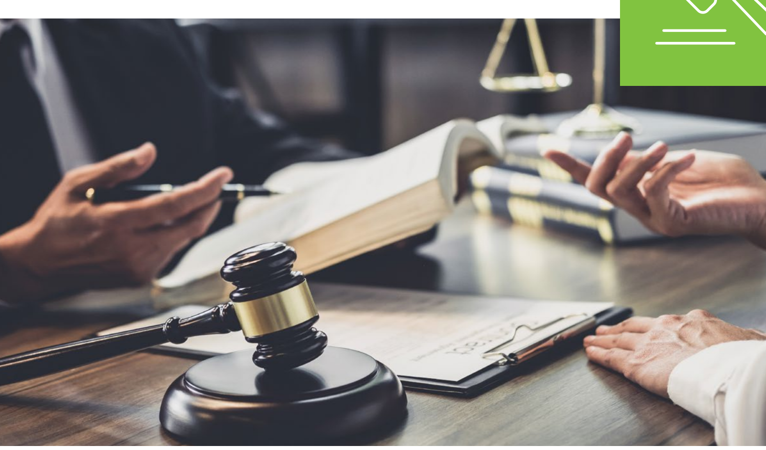
## ALL FULL-TIME EXEMPT & NON-EXEMPT TEAMMATES

Myriad Genetics observes multiple holidays throughout the year.

**Non-Discretionary Holidays**
New Year's Day - Martin Luther King Day - President's Day
Spring Holiday - Memorial Day - Juneteenth - 4th of July
Labor Day - 2 Fall Holidays - 2 Winter Holidays
Veterans may also take Veteran's Day off with pay.

**Discretionary Holiday for Non-Exempt**
Hourly team members may choose one from below. You may also petition company to add additional holiday. Seek manager approval prior to scheduling the day.

- Summer Holiday – July 24th (Utah State Day)
- New Year's Eve
- Team Member Birthday
- Indigenous Peoples' Day



**Bereavement Leave**

In the event of a death in your immediate family, you are eligible, as of your hire date as a full-time teammate, for up to 40 hours off with pay. "Immediate family" includes an teammate's:

- Spouse (or registered domestic partner)
- Parents (including step and in-law)
- Siblings (including natural, adopted, step and in-law)
- Children (biological, adopted, step, or pregnancy loss or miscarriage)
- Grandparents (including step and in-law)
- Grandchildren (natural, adopted, or step)

If you require more than 40 hours, the leave may be extended, with the approval from your manager and notice to Human Resources. If you are a part-time teammate, you may be allowed to take unpaid bereavement leave of up to three days with approval from your manager and notice to Human Resources

**Jury Duty**

If you are called for jury duty, Myriad Genetics will permit you to take the necessary time off and assist you in avoiding any financial loss due to that service. Myriad Genetics will pay your regular wages for the time you are required to be in court for up to 15 days.

# ADDITIONAL BENEFITS

## FULL-TIME NON-EXEMPT TEAMMATES

**Personal Time Off (PTO)**

PTO may be used for vacation, a personal day, doctor's visits, non- medical appointments or for an absence related to your or your family member's health condition. Full-time non-exempt teammates receive the first 40 hours of their annual PTO hours within the first pay period of employment. You may accumulate a maximum of 1 time your annual PTO accrual. No negative balances are allowed. PTO hours are paid out at termination of employment (prorated if within first year).

| Years of Employment | Total Accrual Hours/Yr | Milestone Award Hours/Yr | Hours Accrued/ Pay Day |
|---|---|---|---|
| **Zero to one (0-1)** | 144 | - | 4.33 *plus 40 up front |
| **One to Two (1-2)** | 144 | - | 6 |
| **Three to Five (3-5)** | 160 | - | 667 |
| **Five to Ten (5-10)** | 160 | 24 | 667 |
| **Ten to Fifteen (10-15)** | 200 | 24 | 8.33 |
| **More than 15** | 240 | 24 | 10 |

## FULL-TIME EXEMPT TEAMMATES

**Discretionary Time Off (DTO)**

In the event of a death in your immediate family, In recognition of the particular requirements of exempt positions, Myriad Genetics offers full-time exempt teammates the opportunity to take as much DTO with pay as you deem consistent with your duties, Myriad Genetics' needs, and its obligations. Basically, as long as your work is getting done, your team can function well while you're away, and your manager approves, you can take time off for whatever you want: family time, volunteering, a spa day, vacation … it's up to you!

| You may use DTO for reasons such as: | DTO may not be used for: |
|---|---|
| **Vacations** | An absence related to your illness or injury |
| **Non-medical appointments** | An absence related to your family member's illness or injury |
| **Family time** | Absences covered by the Paid Sick Time Policy |
| **A personal day off** | Leaves of absences, including: Bereavement, Jury Duty, FMLA, etc., all of which are covered by separate Myriad Genetics policies |

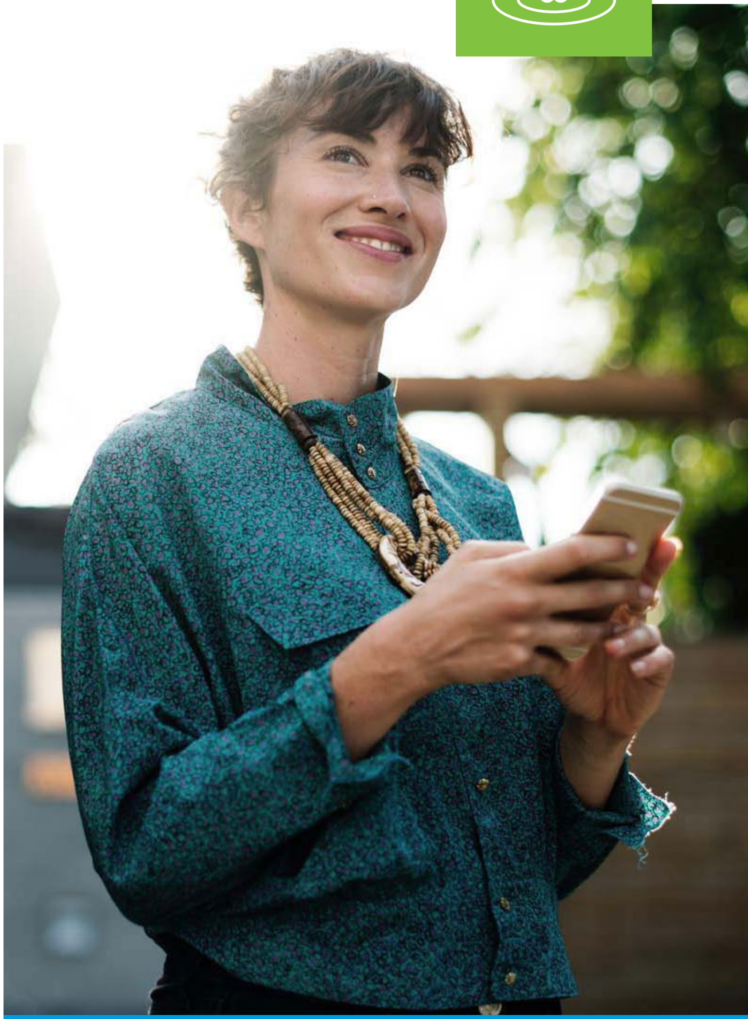
# ADDITIONAL BENEFITS

## FULL-TIME EXEMPT TEAMMATES

**Paid Sick Time (PST)**

Myriad Genetics offers Paid Sick Time to full-time exempt teammates in addition to DTO. PST can be used for time off due to:

- An teammate's health condition.
- To allow an teammate to care for his/her family member with a health condition.
- The teammate's place of business has been closed by order of a public official.
- An teammate donating bone marrow or an organ to another person or an teammate caring for or assisting a family member who is donating bone marrow or an organ to another person.
- Birth of a child, or the placement of a child with the teammate for adoption or foster care and/or to care for a newborn, newly adopted, or newly placed child within one year of birth, adoption, or placement.
- Other reasons required by a jurisdiction with a mandated paid sick leave law if an teammate is scheduled to work in that jurisdiction.
- Full-time exempt teammates will have 80 hours of PST upon hire and on January 1st of each year thereafter (or as required by individual sick leave jurisdictions). Teammates may carry- over up to 80 hours of PST from year to year.



**TAKE ADVANTAGE OF THE PERKSPOT DISCOUNT PROGRAM**

Enjoy one-stop shop for exclusive discounts in dozens of categories such as:

- Food
- Recreation
- And more
- Travel
- Computers
- Movies
- Cellphones

Go to Myriad **Genetics.perkspot.com** to start saving money through PerkSpot.

# CONTRIBUTIONS

## YOUR CONTRIBUTIONS

Compare the costs of your medical, dental, and vision plan options. You'll also find costs for several voluntary benefit products.

## YOU'RE IN THE RIGHT PLACE TO...

Review the affordable benefit rates that make it easier for you to select the right coverage to fit your lifestyle — and budget!

## MONTHLY TEAMMATE CONTRIBUTIONS

You and Myriad Genetics share the cost of your medical, dental, and vision benefits — Myriad Genetics pays the majority of the premium cost, and you pay the remainder through payroll deductions. Your specific costs are based on the plans and coverage level you select. You pay the full cost for any Voluntary Benefits you elect.

**The table below outlines your monthly costs for coverage beginning January 1, 2026.**

(Half of the monthly amount is deducted from each paycheck.)

| | | EE | EE + 1 | FAMILY |
|---|---|---|---|---|
| **Regence BCBS, Select Health** | PPO Copay<br>PPO High Deductible Plan (CDHP) | $240<br>$121 | $532<br>$296 | $758<br>$463 |
| **Regence BCBS High Performance Network (HPN)** | Copay<br>High Deductible Plan (CDHP) | $160<br>$95 | $368<br>$212 | $527<br>$324 |
| **Kaiser Permanente HMO** | Copay<br>High Deductible Plan (CDHP) | $240<br>$121 | $532<br>$296 | $758<br>$463 |
| **Surest** | Copay | $218 | $483 | $689 |
| **HMSA Hawaii** | Copay | $243 | $540 | $771 |
| **Delta Dental** | PPO | $24 | $47 | $66 |
| **Allstate Pro+** | Identity Theft | $7.50 | - | $13.95 |
| **VSP Vision** | Standard<br>Enhanced | $5.45<br>$9.64 | $10.88<br>$19.23 | $17.51<br>$30.99 |
| **The Hartford** | Accident<br>Critical Illness<br>Hospital indemnity | $8.86<br>Premiums based on age and coverage.<br>$12.13 | $15.81 / $19.92<br>Premiums based on age and coverage.<br>$23.16 / $23.22 | $26.87<br>Premiums based on age and coverage.<br>$36.08 |
| **LegalEase** | - | - | $14.96 | - |

# CONTRIBUTIONS

**Voluntary Term Life Insurance – Monthly Premiums** (After-Tax)

| Voluntary Employee and Spouse Life Insurance | |
|---|---|
| Rates Listed per $1,000 of Coverage | |
| **Employee's Age** | **Employee & Spouse** |
| **<30** | $0.072 |
| **30-34** | $0.090 |
| **35-39** | $0.108 |
| **40-44** | $0.153 |
| **45-49** | $0.207 |
| **50-54** | $0.342 |
| **55-59** | $0.674 |
| **60-64** | $0.854 |
| **65-69** | $1.438 |
| **70-75** | $3.173 |
| **75+** | $4.270 |

| Voluntary Dependent Child Monthly Rates | |
|---|---|
| **Coverage Amount** | **Cost Per Family** |
| **$2,000** | $0.24 |
| **$4,000** | $0.48 |
| **$6,000** | $0.72 |
| **$8,000** | $0.96 |
| **$10,000** | $1.20 |

# CONTACTS

| Basic Life | Carrier | Phone | Website |
|---|---|---|---|
| **Medical**<br>**Pharmacy** | BlueCross BlueShield<br>Express Scripts | 866-240-9580<br>844-837-6653 | www.Regence.com<br>www.express-scripts.com |
| **Medical** | Kaiser California HMO | 800-464-4000 | www.kp.org |
| **Medical**<br>**Pharmacy** | Select Health<br>Express Scripts | 800-538-5038<br>844-837-6653 | www.selecthealth.org<br>www.express-scripts.com |
| **Medical** | Surest | 866-683-6440 | www.surest.com |
| **Dental: Delta Dental** | Delta Dental | 800-422-4234 | www.deltadental.com |
| **Caregiver Support** | Care.com | - | www.care.com |
| **Life, AD&D, Disability & FMLA** | The Hartford | 888-301-5615 | www.thehartford.com |
| **Vision: VSP** | VSP | 800-877-7195 | www.vsp.com |
| **Health Savings Accounts (HSA)** | Fidelity | 800-544-3716 | www.netbenefits.com |
| **Flexible Spending Accounts (FSA)** | Fidelity | 800-544-3716 | www.netbenefits.com |
| **Wellness & Insurance Assistance** | MyAdvocate | 833-968-1775 | myadvocateservices.com |
| **Employee Assistance Program (EAP)** | The Hartford | 800-964-3577 | www.guidanceresources.com |
| **401 (k)** | Fidelity Investments | 800-294-4015 | www.401kexpress.com |
| **Accident Plan**<br>**Critical Illness Plan**<br>**Hospital Indemnity Plan** | The Hartford | 888-301-5615 | www.thehartford.com |
| **Legal** | LegalEASE | 800-248-9000<br>Monday – Friday<br>7:00 a.m. – 7:30 p.m. CST<br>Reference: Myriad Genetics | www.legaleaseplan.com/myriad |
| **PerkSpot** | - | - | myriad.perkspot.com/register |
| **Long-Term Equity and Teammate Stock Purchase Plan** | Fidelity NetBenefits | 800-544-9354 | www.netbenefits.com |
| **Pet Benefits Solutions** | Wishbone Pet Health Insurance | 800-891-2565<br>Monday – Friday<br>8 a.m. – 6 p.m. EST | www.wishboneinsurance.com/myriad<br>Email:<br>help@wishboneinsurance.com |
| **Identity Protection + Cyber** | Allstate | 800-789-2720<br>Available 24/7 | www.MyAIP.com |
| **Rx Savings Solutions** | RxSS | 800-268-4476 | myrxss.com |

# FREQUENTLY ASKED QUESTIONS

## YOU'RE IN THE RIGHT PLACE TO...

Get answers to common benefit questions, learn what various key terms mean for your coverage, and find out how to contact your plan providers if you need them.

**Q: Do I need to enroll?**

A: Your current Medical, Dental, Vision, Life, Critical Illness, Accident and 401(k) will roll over into 2026. This is also a good time to review and make any changes to your eligible dependents and your beneficiary(ies). If you wish to have a tax advantage account (HSA, FSA, DCRA, etc.) for next year, you will need to login and enroll. These accounts DO NOT rollover year over year.

**Q: What if I miss the deadline to enroll in Myriad Genetics' benefit programs?**

A: If you do not make your benefit elections during Open Enrollment Your current Medical, Dental, Vision, Life, Critical Illness, Accident and 401(k) will roll over into 2026. In addition, you will not be able to enroll or make any changes until the next Open Enrollment period unless you have a qualifying life event.

**Q: Why do I pay for some benefits with pretax money?**

A: Paying for certain optional benefits with pretax money lowers the amount of your pay that is taxable; therefore, you pay less in taxes,

**Q: When can I continue coverage under COBRA?**

A: You and/or your dependents are eligible to continue group health care under COBRA if coverage is lost because:

- .... You leave Myriad Genetics for any reason other than gross misconduct"
- ............................................ Your work hours are reduced
- ............................................................................................ You die
- ...................................................................................... You divorce
- You become entitled to and enroll in Medicare prior to electing COBRA
- ..................... Your dependent loses dependent status

**Q: How can I receive additional or replacement ID cards?**

A: Contact your medical plan benefit provider directly.

### Ask ALEX® FOR HELP CHOOSING A PLAN.

Let ALEX, your online benefits tool, help you pick the best plan and make sure you get the right amount of coverage. Using a proven formula of behavioral science, straightforward language, and well-placed humor, ALEX helps you better understand your Myriad Genetics benefits so you can make smarter, more cost-conscious choices. Talk with ALEX before you complete enrollment to make your decision easier. **start.myalex.com/myriad**

# TERMS TO KNOW

**Beneficiary** – The person you designate to receive your life insurance proceeds in the event of your death. Please make sure to complete your beneficiary designation during Open Enrollment.

**COBRA** – A federal law that allows workers and dependents who lose their medical, vision, dental, or flexible spending account coverage to continue any group coverage for a specified length of time.

**Coinsurance** – Your share of the cost of a covered health care service, calculated as a percentage (for example, 20%) of the allowed amount for the service, typically after you meet your deductible.

**Copayment** – The fixed amount, as determined by your insurance plan, you pay for health care services received.

**Deductible** – The amount you must pay out of your own pocket before the plan begins to pay benefits and share the cost of care with you.

**Teammate Contribution**–The amount you pay for your insurance coverage.

**Evidence of Insurability** - An application process in which you provide information on the condition of your health or your dependent's health in order to be considered for certain types of insurance coverage.

**Network** - A group of doctors and hospitals that offer discounts on services based on their relationship with a particular medical carrier.

**Out-of-Pocket Maximum** - The most you will pay out of your own pocket for services during the year. Once you reach your out-of-pocket maximum, the plan pays 100% of the cost for eligible services for the rest of the plan year.

## REVIEW YOUR SUMMARY PLAN DESCRIPTION (SPD)

Looking for specific details about your benefit plans? Check the **SPD**. This document explains the fundamental features of an employer's sponsored benefit plan, including eligibility requirements, contribution formulas, vesting schedules, benefit calculations, and distribution options.


# LEGAL NOTICES

You can view the legal notices and full benefit summary plan descriptions by visiting **https://mybenefits.myriad.com/Documents**.