

iRHYTHM[®]

BETTER HEALTH FOR ALL

2026 Benefit Guide

EXPLORE YOUR BENEFITS

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Important Legal Notices

Looking for the legal notices? Review anytime online on The Pulse (formerly ZioPulse).

If you (and/or your dependents) have Medicare or will become eligible for Medicare in the next 12 months, Federal law gives you more choices about your prescription drug coverage. Please see more details on The Pulse (formerly ZioPulse).

This document serves as a Summary of Material Modifications (“SMM”) to the iRhythm Technologies, Inc. Employee Health and Welfare Benefits (“Plan”). This SMM summarizes changes to the Plan that are effective as of January 1, 2026. You should review this information carefully and share it with your covered dependents. Keep this information with your Summary Plan Description (“SPD”) for future reference. In the event of a conflict between the official Plan Document and this SMM, the SPD, or any other communication related to the Plan, the official Plan Document will govern.

The benefits illustrated in this guide are meant to serve as a summary of the benefits available under each carrier’s plan. Reference carrier plan summary for full benefit information. Should any discrepancies arise, the carrier’s documents supersede these illustrations. We reserve the right to change benefits at any time with or without notice. The descriptions of these benefits are not a guarantee of current or future employment or benefits.



WELCOME TO YOUR IRHYTHM BENEFITS

At iRhythm, we believe in better health for all. That commitment extends to the way we care for our patients, our communities, and our people. Your dedication makes this possible, and we're proud to support you with a benefits package designed for you and your family.

Our benefits go beyond "insurance." From supporting your physical and mental health to strengthening your financial wellbeing, iRhythm is committed to helping you maintain balance and feel supported through every stage of life. Before selecting coverage, get to know your benefit options, voluntary programs, and the resources we offer, so you can find the plans to best support your needs.



ELIGIBILITY

As an active, full-time employee (regular or temporary) working at least 30 hours per week, you are eligible for benefits on your date of hire.

The following dependents are eligible as well:

- ◆ Your legal spouse or domestic partner (DP)
- ◆ Your biological, adopted, foster, or stepchildren up to age 26
- ◆ Children of any age, if incapable of self-support due to mental or physical disability

Note: Domestic partner contributions are taken on a post-tax basis, according to federal IRS regulations. Contributions made by the employer for domestic partners may be subject to imputed income for the employee. State tax laws may vary regarding taxation of domestic partner benefits. Please speak with your tax adviser for details.

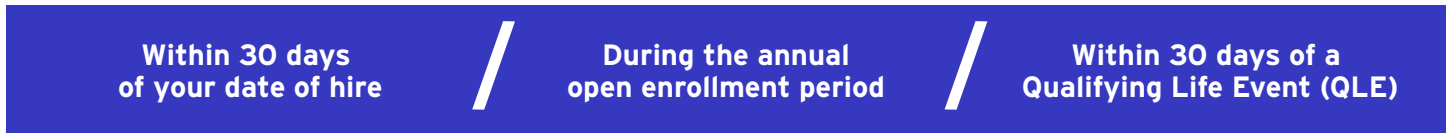


ENROLLING AND MAKING CHANGES

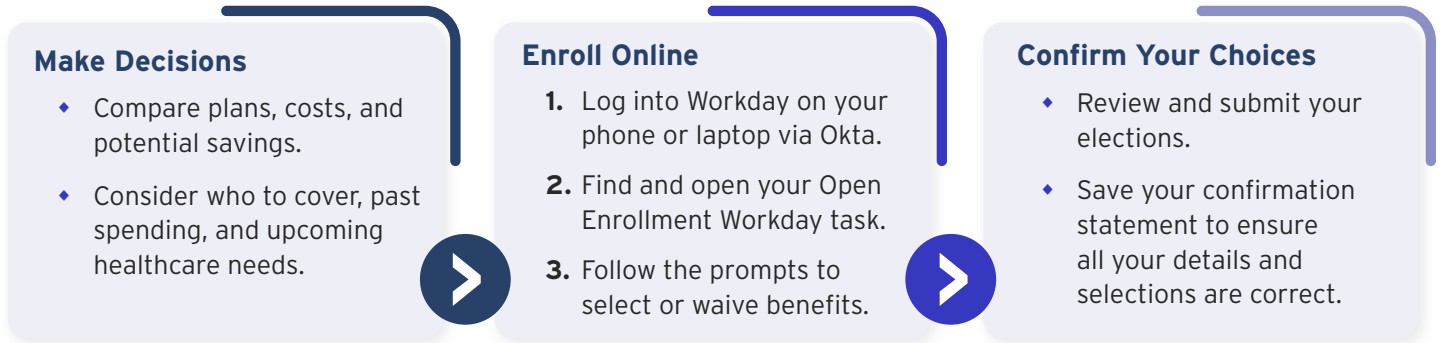
The choices you make when you first become eligible are in effect for the remainder of the plan year. Consider both your health and financial wellness as you select your coverage.

When to Enroll

You have three opportunities to enroll in or make changes to your benefits.



How to Enroll



You Might Qualify for a Mid-Year Change

Got married? Had a baby?

These are examples of Qualifying Life Events (QLEs), and they may allow you to update your benefits outside of Open Enrollment. QLEs include:

- ◆ Birth, adoption, or legal foster placement of a child
- ◆ Eligibility for new healthcare coverage
- ◆ Loss of other healthcare coverage
- ◆ Marriage or divorce

Act fast! You must submit your benefit elections via Workday within 30 days of the life event, along with supporting documents for the QLE. If you have questions, submit a benefits ticket via Ask HR (requires sign in via Okta) or send an email to benefits@irhythmtech.com.

Life Happens. Know the 3 QLE Rules!

Watch to learn the three rules that open your benefit change window and the deadlines you must meet.



MEDICAL, DENTAL, AND VISION COSTS

2026 Monthly Medical, Dental, and Vision Contributions

Coverage Level	Medical			
	Cigna HDHP OAP	Cigna HDHP Local Plus	Cigna PPO OAP	Kaiser HMO
Band 1: \$90,000 or Less				
Employee Only	\$126	\$80	\$246	\$163
Employee + Spouse/DP	\$270	\$170	\$528	\$391
Employee + Child(ren)	\$236	\$150	\$463	\$314
Employee + Family	\$374	\$236	\$733	\$499
Band 2: \$90,001-\$150,000				
Employee Only	\$132	\$84	\$257	\$164
Employee + Spouse/DP	\$282	\$179	\$554	\$394
Employee + Child(ren)	\$251	\$158	\$489	\$320
Employee + Family	\$396	\$250	\$775	\$509
Band 3: \$150,001-\$200,000				
Employee Only	\$141	\$89	\$275	\$214
Employee + Spouse/DP	\$296	\$186	\$579	\$495
Employee + Child(ren)	\$264	\$167	\$518	\$378
Employee + Family	\$417	\$264	\$818	\$516
Band 4: \$200,001-\$300,000				
Employee Only	\$149	\$94	\$290	\$234
Employee + Spouse/DP	\$311	\$197	\$611	\$496
Employee + Child(ren)	\$278	\$177	\$545	\$389
Employee + Family	\$440	\$278	\$863	\$657
Band 5: \$300,001 or More				
Employee Only	\$167	\$106	\$327	\$244
Employee + Spouse/DP	\$345	\$218	\$676	\$506
Employee + Child(ren)	\$315	\$198	\$616	\$467
Employee + Family	\$492	\$311	\$964	\$667

Coverage Level	Dental		Vision
	Cigna PPO Core	Cigna PPO Enhanced	Cigna EyeMed
Employee Only	\$17	\$21	\$1
Employee + Spouse/DP	\$32	\$39	\$2
Employee + Child(ren)	\$33	\$40	\$2
Employee + Family	\$54	\$66	\$3

Salary bands are based on your annual base salary, not including bonuses and commissions.



MEDICAL COVERAGE

At iRhythm, we understand the importance of good health as the foundation for a productive life at home and at work. That is why we offer medical plan options through Cigna and Kaiser. Choosing the right plan to meet your needs is the first step to living your healthiest life.

Which Medical Plan Is Right for You?

When deciding which medical plan is right for you and your family, it is important to consider the total cost of coverage. This includes what you pay in premiums and what you pay for services out of your pocket.

While each medical plan covers in-network preventive screenings in full, the plans vary on annual deductibles, copays, and levels of coinsurance. The ideal medical plan should cover your health needs within your budget.

	Kaiser HMO (California Only)	Cigna PPO	Cigna HDHP Local Plus	Cigna HDHP OAP
HSA-Eligible	✗	✗	✓	✓
Deductible	✗	✓	✓	✓
Primary Care Provider (PCP) Required	✓	✗	✗	✗
Specialist Referrals Needed	✓	✗	✗	✗
Out-of-Network Coverage	✗	✓	✓	✓
Mental Health Benefits	✓	✓	✓	✓

Who Is It Best For?

Kaiser HMO (California Only)	Cigna PPO	Cigna HDHP Local Plus	Cigna HDHP OAP
Those who want predictable care costs and receive care only at Kaiser facilities	Those who want network flexibility and predictable copays	Those who want lower premiums and HSA-eligibility with a limited network	Those who want lower premiums and HSA-eligibility with a broader network

Need Help Choosing a Cigna Plan?

With Cigna One Guide service, you'll be able to speak with a Cigna representative to help provide you the resources you need to make a decision with confidence. Your personal guide will help you:

- Easily understand the basics of health coverage
- Identify the types of health plans available to you
- Check if your doctors are in-network to help you avoid unnecessary costs
- Get answers to any questions you may have about the plans or provider networks available to you.

Call **(888) 806-5042** to speak with a Cigna One Guide Representative today!



CIGNA MEDICAL PLANS

Cigna | (800) 244-6224 | mycigna.com

What's Included in Your Coverage	Cigna PPO		Cigna HDHP OAP and Cigna HDHP Local Plus*	
	In-Network	Out-of-Network	In-Network	Out-of-Network
iRhythm Annual HSA Contribution Individual / Family	N/A		\$750 / \$1,500	
	You Pay:		You Pay:	
Annual Deductible Individual / Family	\$500 / \$1,000	\$1,000 / \$2,000	\$1,700 / \$3,400	\$3,000 / \$6,000
Annual Out-of-Pocket Maximum Individual / Family	\$2,000 / \$4,000	\$4,000 / \$8,000	\$3,000 / \$6,000	\$6,000 / \$12,000
Preventive Care	\$0	30% after deductible	\$0	30% after deductible
Telehealth / MDLive	\$0	30% after deductible	\$0	30% after deductible
Primary Care	\$25	30% after deductible	10% after deductible	30% after deductible
Specialty	\$35	30% after deductible	10% after deductible	30% after deductible
Lab / X-ray	10% after deductible	30% after deductible	10% after deductible	30% after deductible
Urgent Care	\$75	30% after deductible	10% after deductible	30% after deductible
Emergency Room	\$400	\$400	10% after deductible	10% after deductible
Outpatient Hospital Inpatient Hospital	10% after deductible	30% after deductible	10% after deductible	30% after deductible
Outpatient Mental Health	\$35 per office visit 10% after deductible all other services	10% after deductible (office visit) 30% after deductible all other services	10%, deductible does not apply (office visit) 10% after deductible all other services	10% after deductible (office visit) 30% after deductible all other services

*Local Plus is a smaller network than Cigna's OAP. Search for doctors and providers at mycigna.com.



Friendly Reminder

In-network preventive care is covered at **no cost to you!** Schedule your annual wellness checks to stay ahead of potential health issues.



Cigna LocalPlus Network

Count on getting quality, affordable care right where you live through the Cigna LocalPlus network. Find in-network care in a few easy steps by logging into mycigna.com and selecting Find Care & Costs. From there, select from several ways to search providers, including by doctor name and type. If you choose to go outside the LocalPlus network, your care would be considered out-of-network and your share of the costs may be higher.



CIGNA PRESCRIPTIONS

Cigna | (800) 244-6224 | mycigna.com

All of Cigna’s medical plans include prescription drug coverage.

What’s Included in Your Coverage	Cigna PPO		Cigna HDHP OAP and Cigna HDHP Local Plus*	
	In-Network	Out-of-Network	In-Network	Out-of-Network
	You Pay:		You Pay:	
Retail (up to a 30-day supply)				
Tier 1 Generic	\$5	40% coinsurance	\$10 after deductible	30% after deductible
Tier 2 Preferred Brand	\$25	40% coinsurance	\$35 after deductible	30% after deductible
Tier 3 Non-Preferred Brand	\$50	40% coinsurance	\$60 after deductible	30% after deductible
Tier 4 Specialty	20%, up to \$150	40% coinsurance	N/A	Not covered
Mail Order (up to a 90-day supply)				
Tier 1 Generic	\$10	Not covered	\$20 after deductible	Not covered
Tier 2 Preferred Brand	\$50	Not covered	\$70 after deductible	Not covered
Tier 3 Non-Preferred Brand	\$100	Not covered	\$120 after deductible	Not covered

*Local Plus is a smaller network than Cigna’s OAP. Search for doctors and providers at mycigna.com.

NEW Specialty Pharmacy Program with Cigna

Starting this year, iRhythm is introducing the SaveOnSP program to help lower your out-of-pocket costs for certain specialty medications by maximizing manufacturer copay assistance. For eligible drugs, this can sometimes reduce your cost to \$0.

SaveOnSP covers 200+ specialty drugs, including treatments for:

- ◆ Multiple Sclerosis
- ◆ Oncology
- ◆ Hepatitis C
- ◆ Rheumatoid Arthritis
- ◆ Inflammatory Bowel Disease
- ◆ Psoriasis



Note: Participation in SaveOnSP is required to receive the \$0 out-of-pocket benefit. If you decline, your costs may be higher.

To get started using the copay assistance service, call **(800) 683-1074**.

SaveOnSP representatives are available **Monday through Thursday, 8:00 am to 11:00 pm EST** or **Fridays, 8:00 am to 9:00 pm EST**



KAISER MEDICAL PLAN

Kaiser | (800) 464-4000 | kp.org

What's Included in Your Coverage	Kaiser HMO (CA Only)
	In-Network Only
	You Pay:
Annual Deductible Individual / Family	N/A
Annual Out-of-Pocket Maximum Individual / Family	\$3,000 / \$6,000
Preventive Care	\$0
Telehealth / Video Visits	\$0
Primary Care	\$30
Specialty	\$40
Lab / X-ray	\$10
Urgent Care	\$30
Emergency Room	\$250
Outpatient Hospital	\$250 per procedure
Inpatient Hospital	\$500 per admission
Outpatient Mental Health	\$30 per individual visit \$15 per group visit \$5 per group visit (substance abuse)
Retail (up to a 30-day supply)	
Tier 1 Generic	\$15
Tier 2 Preferred Brand	\$35
Tier 3 Non-Preferred Brand	\$35
Tier 4 Specialty	30%, up to \$250
Mail Order (up to a 90-day supply)	
Tier 1 Generic	\$30
Tier 2 Preferred Brand	\$70
Tier 3 Non-Preferred Brand	\$70





HAWAII MEDICAL PLAN

HMSA | (808) 948-6079 | hmsa.com

If you live and work in Hawaii, the HMSA Preferred Provider Plan (PPP) gives you flexibility to choose your doctors and hospitals, and you'll find the best savings when you stay in-network. Preventive care is covered in full when you use an in-network provider.

What's Included in Your Coverage	HMSA PPP
	In-Network Only
	You Pay:
Annual Deductible Individual/Family	N/A
Annual Out-of-Pocket Maximum Individual/Family	\$2,500 / \$7,500
Primary Care	\$12
Specialty Care	\$12
Urgent Care	\$12
Emergency Room	20% after deductible
Inpatient Surgery	10% after deductible
Outpatient Surgery	10% after deductible
Retail (up to a 30-day supply)	
Tier 1 Generic	\$7
Tier 2 Preferred Brand	\$30
Tier 3 Non-Preferred Brand	\$30
Mail Order (up to a 90-day supply)	
Tier 1 Generic	\$11
Tier 2 Preferred Brand	\$65
Tier 3 Non-Preferred Brand	\$65



Reminder:

The HMSA Plan's out-of-pocket maximum resets each year on July 1.





Monthly Employee Contributions

Coverage Level	Your Cost
Employee Only	\$220
Employee + Spouse/DP	\$438
Employee + Child(ren)	\$438
Employee + Family	\$656



WHERE TO GO FOR CARE

Knowing where to go for care can save you time, money, and hassle. Our medical plans offer a range of care options to address any medical issues you may encounter. **Remember to save the Emergency Room for true emergencies.**

Examples of Where to Get Treatment For:			
<ul style="list-style-type: none"> Minor injuries and illnesses Prescriptions Limiting exposure 	<ul style="list-style-type: none"> Preventive care Chronic condition management 	<ul style="list-style-type: none"> Conditions needing prompt attention, like sprains or stitches 	<ul style="list-style-type: none"> Life- or limb-threatening emergencies
 Telehealth	 Primary Care Provider (PCP)	 Urgent Care Center	 Emergency Room
🕒 \$0	🕒🕒 💰	🕒🕒 💰💰	🕒🕒🕒 💰💰💰
<ul style="list-style-type: none"> Lowest cost Speak to a provider from anywhere Reduced waiting room time 	<ul style="list-style-type: none"> Preventive care Treatment of chronic conditions Follow-up visits and referrals 	<ul style="list-style-type: none"> Lower cost than an ER visit Same-day visits are often available Extended hours 	<ul style="list-style-type: none"> Necessary for life-threatening conditions Always open

*Estimated times. Actual times will vary.



TELEHEALTH

Cigna MDLIVE | (888) 726-3171 | mdliveforcigna.com

Kaiser Video Visits | (800) 464-4000 | kp.org

Feeling sick? Need a prescription refill, a dermatologist, or virtual therapy? Our medical plans through Cigna and Kaiser can connect you with board-certified providers and mental health professionals by phone, secure video, or online.

There's no waiting room, and visits are \$0 for Cigna Members who use MDLive and for Kaiser members who want to see their provider via video call. Here are just a few of the concerns and conditions that are easily treated through telehealth visits:

Allergies	Ear Infections	Rashes	Mental Health Visits*
Cold & Flu	Sinus Infections	Medication Refills	UTI

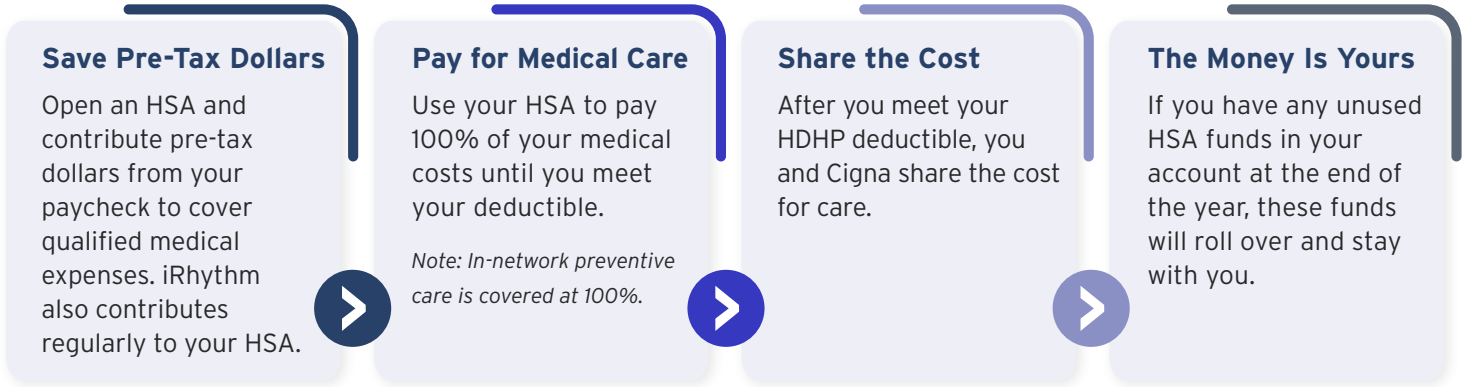
*Not all providers offer virtual visits.



HOW THE HDHP AND HSA WORK TOGETHER

WEX | (866) 451-3399 | benefitslogin.wexhealth.com

Cigna's High Deductible Health Plan (HDHP) options offer a variety of benefits, especially when paired with a Health Savings Account (HSA). It's important to understand how they work together to see if it's the right choice for you.



Important HSA Rules

To qualify and make the most of your HSA:

- 1. HDHP Required.** You must be enrolled in the Cigna HDHP (OAP or Local Plus), not be covered by another health plan, and not be claimed as a dependent on someone else's tax return.
- 2. Pre-Tax Contributions.** Contribute pre-tax money into your HSA to lower your taxable income. These contributions, along with any interest or earnings, are tax-free when used for qualified expenses. Questions? Refer to [IRS Publication 969](#) for a complete list of eligible expenses and HSA rules.
Note: State taxes may apply in CA and NJ. Make sure to keep your receipts to verify your purchases.
- 3. HSA Contribution from iRhythm.** iRhythm will contribute funds to your HSA each month. These contributions are prorated based on your start date and adhere to the below 2026 IRS contribution limits for the HSA.
- 4. Access Your Funds Online.** You will receive a convenient and easy-to-use debit card from WEX to pay for eligible medical, dental, and vision expenses. HSA funds roll over year to year, and your account follows you even if you change jobs or plans. You can even save your funds for retirement!

Coverage Type	2026 Maximum iRhythm HSA Contribution	2026 Maximum Employee Contribution	2026 Total Maximum Contribution	Additional 55+ Catch-Up Contribution
Individual	\$750	\$3,650	\$4,400	Additional \$1,000
Family	\$1,500	\$7,250	\$8,750	



Save Smart with an HSA

Watch to see how pre-tax dollars and annual rollover can stretch your health budget.



DENTAL

Cigna | (800) 244-6224 | mycigna.com

We love to see you smile! Our dental plans help you maintain a healthy smile through preventive care and include coverage to fix dental problems early. You'll save money when you use in-network providers.

The Cigna Core Plan is a more cost-effective option for those comfortable with a lower benefit maximum and no orthodontia coverage. If you need a higher benefit maximum and orthodontia coverage, the Cigna Enhanced Plan might be for you.

What's Included in Your Coverage	Cigna Core Plan	Cigna Enhanced Plan
	In-Network*	In-Network*
Calendar Year Benefit Maximum	\$1,500	\$2,000
Orthodontia Lifetime Maximum	Not covered	\$2,500
	You Pay:	You Pay:
Calendar Year Deductible Individual / Family	\$50 / \$150	\$50 / \$150
Diagnostic and Preventive Services	0%	0%
Basic and Restorative Services	20%	20%
Major Services	50%	50%
Orthodontia (adults and children)	Not covered	50%

*For out-of-network services, members pay applicable coinsurance plus any amount that exceeds the usual, customary, and reasonable charge.



VISION

Cigna EyeMed | (888) 353-2653 | mycigna.com

Keep your vision clear and your eyes healthy with regular eye exams. The vision plan offers an extensive network of optometrists and vision care specialists.

What's Included in Your Coverage	Cigna Vision EyeMed	
	In-Network	Out-of-Network
	You Pay:	The Plan Reimburses You:
Exam	\$10	Up to \$45
Frames	Amount above \$150 allowance	Up to \$98
Lenses Single vision Lined bifocal Lined trifocal	\$10	Up to \$40 Up to \$65 Up to \$75
Contact Lenses (instead of lenses and frames)	Amount above \$150 allowance	Up to \$135







FLEXIBLE SPENDING ACCOUNTS (FSA)


WEX | (866) 451-3399 | benefitslogin.wexhealth.com


	Healthcare FSA	Limited Purpose FSA	Dependent Care FSA
Who can use it?	Eligible employees not enrolled in an HSA	Those enrolled in an HSA	All eligible employees
How much can you put in (pre-tax)?	Up to \$3,400	Up to \$3,400	Up to \$7,500 (\$3,750 if married and filing separately)
What can you spend it on?*	Medical, dental, and vision deductibles, copays, coinsurance	Dental and vision expenses only	Care for children under age 13, disabled children, dependent adults
When can you use it?	The full annual amount you elect is available on your plan effective date	The full annual amount you elect is available on your plan effective date	Be reimbursed up to the amount available in your account
How do you pay for expenses?	Debit card or reimbursement	Debit card or reimbursement	Reimbursement
What is the last day to incur expenses?	December 31, 2026	December 31, 2026	December 31, 2026
Does the balance roll over?	\$680 can roll over, but any remaining balance is forfeited	\$680 can roll over, but any remaining balance is forfeited	No
When is the reimbursement deadline?	March 31, 2027	March 31, 2027	March 31, 2027

*Refer to IRS Publication 502 and 503 for a complete list of eligible expenses.

FSA Rules to Keep in Mind

 Use It or Lose It	 Roll Over	 Change of Contribution	 No Transfers Allowed
Anything you don't spend during the year will be forfeited.	Roll over \$680 from your Healthcare or Limited Purpose FSA to the next year.	Mid-year changes are only allowed with a Qualifying Life Event (QLE).	You cannot transfer funds from one FSA to another.

 **Attention Working Parents**
A Dependent Care FSA lets you set aside pre-tax dollars to help pay for daycare, preschool, after-school programs, and even summer day camps.

 **Spend Smart with an FSA**
Watch to learn how to use pre-tax dollars before the end of the plan year.

Note: If the Dependent Care FSA does not pass certain IRS non-discrimination testing, election amounts may be changed. We will tell you if this applies to your situation.



COMMUTER AND PARKING

WEX | (866) 451-3399 | benefitslogin.wexhealth.com

All employees may enroll in pre-tax commuter benefits through WEX. These accounts are funded using pre-tax dollars deducted from your bi-weekly paycheck. Participation in this benefit and the contribution amount can be changed at any time throughout the year.

2026 Commuter Benefits Contribution Limits

- ◆ **Transit:** \$340 per month
- ◆ **Parking:** \$340 per month

Examples of Eligible Expenses

- ✓ Mass transit fares
- ✓ Monthly bus passes
- ✓ Vanpooling fees
- ✓ Parking at or near your work location
- ✓ Parking at a location from which you participate in a carpool or board mass transit

Examples of Ineligible Expenses

- ✗ Taxi fares
- ✗ Bridge tolls
- ✗ Cost of auto maintenance
- ✗ Parking costs at home
- ✗ Parking when not commuting to or from work location



Keep in Mind

Your deduction amount may vary from month to month based on taxes. If your employment ends, any remaining funds stay in the account and the account will close as of your termination date.



\$ VOLUNTARY BENEFITS COSTS

2026 Monthly Voluntary Benefit Contributions

Coverage Level	Plan Type
Accident	
Employee Only	\$7.88
Employee + Spouse/DP	\$13.22
Employee + Child(ren)	\$14.52
Employee + Family	\$19.74
Hospital Indemnity	
Employee Only	\$19.30
Employee + Spouse/DP	\$41.24
Employee + Child(ren)	\$29.58
Employee + Family	\$53.68
LegalEASE	
Flat Rate	\$18.96



Employee Age*	Critical Illness			
	Employee (\$15,000 election)	Employee (\$30,000 election)	Spouse/DP (\$15,000 election)	Spouse/DP (\$30,000 election)
Under 24	\$3.74	\$7.47	\$3.74	\$7.47
25-29	\$5.25	\$10.50	\$5.25	\$10.50
30-34	\$7.20	\$14.40	\$7.20	\$14.40
35-39	\$10.65	\$21.30	\$10.65	\$21.30
40-44	\$16.05	\$32.10	\$16.05	\$32.10
45-49	\$23.55	\$47.10	\$23.55	\$47.10
50-54	\$33.60	\$67.20	\$33.60	\$67.20
55-59	\$44.99	\$89.97	\$44.99	\$89.97
60-64	\$64.19	\$128.37	\$64.19	\$128.37
65-69	\$91.20	\$182.40	\$91.20	\$182.40
70+	\$156.60	\$313.20	\$156.60	\$313.20
	Child(ren) (\$15,000 election)		Child(ren) (\$25,000 election)	
Child Rate	\$8.39		\$13.98	

*Employee age is determined based on January 1, 2026; Spouse/DP premium is based on employee's age on January 1, 2026



VOLUNTARY BENEFITS COSTS (CONTINUED)

2026 Monthly Voluntary Benefit Contributions

Employee Age*	Voluntary Life and AD&D		
	Employee rates per \$1,000 of coverage	Spouse/DP rates per \$1,000 of coverage	Child(ren) rate (\$10,000 election)
Under 24	\$0.07	\$0.07	\$2.20
25-29	\$0.08	\$0.08	
30-34	\$0.09	\$0.09	
35-39	\$0.10	\$0.10	
40-44	\$0.11	\$0.11	
45-49	\$0.16	\$0.16	
50-54	\$0.22	\$0.22	
55-59	\$0.45	\$0.45	
60-64	\$0.76	\$0.76	
65-69	\$1.29	\$1.29	
70+	\$2.08	\$2.08	

*Employee age is determined based on January 1, 2026; Spouse/DP premium is based on employee's age on January 1, 2026

Voluntary Life and AD&D is calculated based on how much coverage you elect, in pre-set increments. For example, if you elect \$50,000 of coverage, you would multiply your rate for \$1,000 of coverage by 50. See [page 18](#) for plan details.

Note: More information on how to calculate Voluntary Life and AD&D plan rates can be found on The Pulse (formerly ZioPulse) or Workday.



LIFE AND AD&D INSURANCE

Lincoln Financial Group | (877) 275-5462 | lincolffinancial.com

Life insurance provides protection against loss of income due to death, while AD&D insurance provides additional protection in the event of accidental death or dismemberment.

The company provides Basic Life and AD&D coverage in the amount of two times your annual base salary, up to \$700,000, at no cost to you. Go to Workday to designate or update your beneficiaries.

Choosing a Beneficiary

You may choose anyone to be the beneficiary of your Life and AD&D policy in the event of your death or serious injury. Review your beneficiary designation in Workday periodically to ensure it reflects your current wishes. You may change your beneficiary anytime.

Coverage That May be Taxed

Coverage exceeding \$50,000 is considered imputed income. This means any amount over \$50,000 must be included as income and will be subject to Social Security and Medicare taxes, which may be reflected in your paycheck.

NEW Voluntary Life and AD&D Insurance

In addition to Basic Life and AD&D, you may buy Voluntary Life and AD&D coverage at discounted rates. The chart describes the amounts of coverage you can buy for yourself, your spouse/domestic partner, and your child(ren).

Note: You must elect employee coverage first before you can enroll any dependents.

Benefit Features	Voluntary Life and AD&D Options*		
	Employee	Spouse/DP	Dependent Child(ren) (up to age 26)
Coverage Options	Increments of \$10,000	Increments of \$5,000	\$10,000
Maximum	7x annual earnings up to \$1,000,000	100% of employee coverage up to \$250,000	\$10,000
Guaranteed Issue Amount	3x annual earnings up to \$500,000	\$50,000	
Guaranteed Issue Period	Within 30 days of benefits eligibility or a qualifying life event		

*Evidence of Insurability (EOI) may be required.

How Much Additional Life and AD&D Should I Buy?

Consider the following:

- ◆ **Debt:** How much would your family need to cover mortgages, loans, or credit cards?
- ◆ **Living costs:** How much would it take to maintain their current lifestyle?
- ◆ **Future needs:** What education, savings, or other support would you like to provide?



What Is EOI?

Evidence of Insurability (EOI) is the process of providing health information to qualify for certain types of insurance coverage. If you elect Voluntary Life and AD&D coverage above the guaranteed issue limit or after the guaranteed issue period, you will be required to submit a health questionnaire (in some cases, a physical exam may be required). Your questionnaire will be reviewed by Lincoln Financial Group, and you will be notified of their decision directly.



DISABILITY

Lincoln Financial Group | (877) 275-5462 | lincolfinancial.com

Short-Term Disability (STD)

STD coverage provides you with a portion of income replacement if you are unable to work due to a non-work-related illness or injury. You are automatically enrolled in STD coverage at no cost to you.



Long Term Disability (LTD)

LTD pays you a portion of your earnings if you cannot work for an extended period due to a disabling illness or injury. You are automatically enrolled in LTD coverage at no cost to you.



*Earnings are defined as base earnings and do not include bonus, commission, or other variable compensation.



VOLUNTARY BENEFITS



Personal Protection Benefits

Lincoln Financial Group | (877) 275-5462 | lincolnfinancial.com

Personal protection benefits provide peace of mind financially if you and your loved ones experience an unexpected health event. No health questions are required, but a pre-existing condition clause may apply. You are responsible for the cost of this benefit and can elect coverage for yourself, your spouse/domestic partner, and your children.

Each of these insurance programs pay benefits directly to you in a lump sum.

Accident Insurance

- ◆ Helps pay expenses related to unexpected accidents and injuries
- ◆ \$50 reimbursement for health screening

Critical Illness Insurance

- ◆ Helps pay for expenses related to the diagnosis of a critical illness, such as heart attack, coma, kidney failure, or cancer
- ◆ \$50 reimbursement for health screenings
- ◆ Select critical illness coverage options for yourself, your spouse/ domestic partner, and your children, with multiple choices available for each eligible group

Hospital Indemnity Insurance

- ◆ Helps pay expenses and bills related to hospital admission or confinement
- ◆ \$50 reimbursement for health screening

Why might you want these? Because health plans have limits.

Your health insurance covers a large portion of your medical care expenses, but not all. That's where these benefits step in. These personal protection benefits help you cover gaps, such as lost income, deductibles, and everyday bills. You are paid in a lump sum, allowing you to focus on recovery rather than managing finances.



Legal Plan

LegalEASE | (800) 248-9000 | legaleaseplan.com/lphd

Legal issues can arise during major life events and finding the right attorney can be stressful and expensive. The LegalEASE legal plan gives you affordable access to legal support for covered legal matters when you need it. Enrolling in this plan helps you avoid high attorney fees, save time, and ensure you're working with a qualified legal professional.

What You Get

- ◆ Access to a national network of more than 21,500 vetted attorneys
- ◆ Expert legal guidance matched to your specific situation
- ◆ Concierge support to help you understand your options and next steps

Common Legal Matters Covered

- ◆ **Home and Consumer:** Home purchase or sale, foreclosure, tenant disputes
- ◆ **Financial:** Debt collection, contract review, disputes
- ◆ **Auto and Traffic:** Traffic violations, license suspension
- ◆ **Family:** Adoption, name changes, guardianship
- ◆ **Estate Planning:** Will, living will, healthcare power of attorney



HEALTH AND WELLBEING RESOURCES

MENTAL AND EMOTIONAL HEALTH






Lyra | (877) 231-9817 | irhythm.lyrahealth.com

Finding support just got easier!



Scan the QR code to access **Lyra**, your employee assistance program, or visit the Lyra page on The Pulse (formerly ZioPulse).

When you need help with work, home, or personal challenges, Lyra (also known as an Employee Assistance Program or EAP) offers you and your family a variety of covered and **confidential** services.

 24/7 Support	 Therapy	 Family Resources	 Daily Life	 Mobile App
Round-the-clock access to Lyra professional counselors whenever you need to talk.	Up to 8 covered therapy or coaching sessions included at no cost each year for you and each eligible family member.	Parenting and relationship tools, practical tips, and classes to strengthen your family.	Self-care tools, wellness apps, and on-demand resources for stress and balance.	Benefits when you need it, with an easy to use app that you can download from the Google Play or App store.



Disrupted Sleep? Feeling Anxious?

You're not alone. Lyra's mental health resources provide confidential support and guidance to help you through life's challenges.

iRhythm Wellness Day

iRhythm generally recognizes the 3rd Wednesday of April each year as a company Wellness Day.* Use this day off to rest and recharge!

In addition, as part of our commitment to Strive for Better, we dedicate April to focusing on the importance of total wellbeing and Better Health for All.

Get ready to dive into mental, physical, financial, and social wellness all month long. We partner with amazing teams across iRhythm to bring you a variety of fun activities and resources to help support your Journey to Total Wellbeing.

**The day you observe the company holiday may be different based on company needs. Please check with your manager.*



EAP: Help When You Need It

Watch to see how you can get covered, confidential therapy and resources when life piles up.



RETIREMENT

Fidelity | (800) 835-5097 | [401k.com](https://www.fidelity.com/401k)

Being ready for retirement is an important part of financial wellbeing. To help you save for the future, iRhythm offers a 401(k) plan through Fidelity.

Eligibility and Automatic Enrollment

You are eligible to participate in the 401(k) plan the first of the month following your hire date. All eligible new hires (and rehires) are automatically enrolled in the pre-tax option at a 5% contribution rate after 30 days of employment.

You may enroll in or opt out of the 401(k) plan, designate beneficiaries, and allocate your asset distribution at any time. You do not need to wait for annual open enrollment to make contribution changes.

401(k) Contributions

You may contribute between 1% and 90% of your eligible compensation into the **pre-tax** and/or **Roth** options, up to the annual IRS maximums for 2026. In addition to your personal contributions, iRhythm will match 50% of each dollar you contribute to the pre-tax and Roth options, up to \$5,000 a year.

In addition to the pre-tax and Roth options, you can also contribute between 1% to 10% of your eligible compensation to the **after-tax** option. Please note that the after-tax 401(k) plan contributions are not matched by iRhythm.

Important Information:

1. Contributions are made through payroll deductions.
2. All match contributions from iRhythm are vested immediately.
3. If you make changes to your contribution rate, it may take up to two pay periods for those changes to appear.

Getting Started

- 1) Visit [401k.com](https://www.fidelity.com/401k).
- 2) Click *Register as a New User*.
- 3) Register using your name, date of birth, and last four digits of your Social Security Number.

401(k) Highlights

- ◆ In 2026, you may contribute up to the IRS maximum of \$23,500*.
- ◆ If you are age 50 or over, you can make "catch-up" contributions up to \$7,500* annually.
- ◆ If you are between 60-63, you may contribute an additional \$11,250* in "catch-up" contributions

**IRS contribution limits for 401(k) plans have not yet been finalized for the upcoming year. Updates will be provided once official limits are announced.*

\$ RETIREMENT (CONTINUED)

Helpful Tips to Save for Retirement

- ♦ Start saving as soon as possible to grow your retirement account.
- ♦ Begin with small contributions, if necessary, and increase contributions over time.
- ♦ Make setting aside money for retirement a habit.
- ♦ Understand investment returns may fluctuate.
- ♦ Let it sit. Avoid penalties by leaving funds in your 401(k) until retirement.
- ♦ If you change jobs, you can roll over your retirement account.



\$ EMPLOYEE STOCK PURCHASE PLAN (ESPP)

iRhythm Stock Admin Team | stockadmin@irhythmtech.com

Through our ESPP, you may purchase iRhythm stock at a 15% discount through payroll deductions. You may contribute up to 15% of your eligible pay, with purchases made twice a year. Before you invest in the ESPP, do your homework. Research the company stock, consider the tax advantages, and determine the amount you are comfortable investing.

Once you set your payroll deduction rate for the 12-month offering period, you can decrease, suspend, or withdraw your contribution. You can only increase your payroll deduction rate once the enrollment period opens for the next 12-month offering period.

Eligibility

The ESPP is available to part-time and full-time employees working at least ten hours per week for more than five months annually.

Offering Periods

June 1 to May 31

December 1 to November 30

Purchase Date 1

November 30

May 31

Purchase Date 2

May 31


June 30

Questions about the ESPP?

Open a ticket with the Stock Administration team through our Fresh Service Catalog and select **Stock Compensation**.

To Enroll

 etrade.com/enroll

 **(800) 838-0908** (Press 0 to speak with a representative)
Available 24 hours, Monday to Friday
(Excluding federal holidays)

How You Might Use This Benefit

Imagine you set aside 10% of your paycheck through the ESPP. At the end of the purchase period, those funds buy iRhythm stock at a 15% discount.

Over time, the shares you buy can help you build savings or be used to invest for future goals at a lower entry price.

PAID TIME OFF (PTO)

PTO gives you flexibility to take time away from work for vacation, illness, or other personal needs. All full-time employees up to the Senior Manager level will begin accruing PTO as of their hire date. Accruals occur with every paycheck and are prorated for partial pay periods.

PTO Accrual Schedule

Length of Service	Accrual Rate (per pay period)	Annual Accrual (Full-Time)	Maximum Accrual
0-36 months	4.6153 hours	120 hours (3 weeks)	180 hours (4.5 weeks)
37+ months	6.1538 hours	160 hours (4 weeks)	240 hours (6 weeks)

Other Time Off Options

- ♦ **Floating Holidays:** Each year, all full-time employees, up to the Senior Manager level, receive two floating holidays. (For new hires, you have two floating holidays per year if hired before July 1, or one floating holiday if hired on or after July 1.)
- ♦ **Flexible Time Off (FTO):** FTO is available to US-based Directors and above. The program covers vacation or personal time, but not sick leave, family leave, or disability.

Paid Parental Leave

Paid Parental Leave helps you care for and bond with a newborn, newly adopted, or newly placed child.

- ♦ **Employees who give birth:** Up to twelve weeks at 100% base pay.
- ♦ **Employees who do not give birth:** Up to six weeks at 100% base pay.

Runs concurrently with the Family and Medical Leave Act (FMLA) and any applicable state/local regulation. The paid benefit is offset by any wage replacement program, including STD and state programs, for which you may be eligible.



US Paid Holidays

We know time away from work is important for rest, connection, and doing the things you love. Visit [The Pulse](#) (formerly ZioPulse) for a full list of paid holidays for 2026.

Wellness Day

Remember that iRhythm generally recognizes the 3rd Wednesday of April each year as company Wellness Day. The day you observe the company holiday may be different based on company needs. Please check with your manager.



ADDITIONAL PERKS AND PROGRAMS

These programs are here to help you take care of your mental and emotional health, build your family, support your career, and plan for your future. Use them to make the most of your personal and professional life.



Lifestyle Spending Account (Forma)

client.joinforma.com/login

Use wellness funds for a wide range of eligible expenses to support your overall well-being.

Note: If it's your first time, please visit the Global Wellness Lifestyle Spending Account page on The Pulse (formerly ZioPulse) to activate your account.



Pet Insurance

(877) 738-7874

partnersolutions.nationwide.com/pet/irhythmtech
Enroll in Nationwide's Pet Protection Plan for preferred pricing on vet bills, wellness options, and more.



Reward Gateway

Accessible via Okta

Your ultimate hub for rewards, recognition, and exclusive perks! Explore amazing discounts for your next purchase, including savings on travel, fitness, electronics, and more.



Lincoln Financial Group Travel Assist

Toll-Free US and Canada: (866) 525-1955
International: (603) 328-1955
myoncallportal.com (Group ID: LFGTravel123)

24/7 travel assistance when traveling more than 100 miles from home for personal travel (not for business travel). Services offered are concierge-style referrals.



Need more details?

For more information about these perks and programs, go to the Pulse (formerly ZioPulse) and use the search feature to find the benefit you're looking for.



HELPFUL BENEFIT TERMS

Check out these common terms to better understand how your health coverage works.



Benefit Acronyms

AD&D = Accidental Death & Dismemberment

EAP = Employee Assistance Program

FSA = Flexible Spending Account

STD = Short-Term Disability

LTD = Long-Term Disability

PPO = Preferred Provider Organization

Copay

A fixed dollar amount you pay the provider at the time of service; for example, a \$75 copay for an urgent care visit or a \$5 copay for a generic prescription.

Out-of-Pocket Maximum

The maximum amount you pay per year before the plan begins paying for covered expenses at 100%. This limit helps protect you from unexpected catastrophic expenses.

Deductible

The amount you pay each calendar year before the iRhythm plan begins paying coinsurance. Not all covered services are subject to the deductible. For example, the deductible does not apply to preventive care services.

In-Network

Care provided by contracted doctors within the plan's network of providers. This enables participants to receive care at a reduced rate compared to out-of-network providers.

Balance Bill

When an out-of-network health care provider bills a patient for the difference between what the patient's health insurance reimburses and what the provider charges. Balance billing charges do not count toward your out-of-pocket maximum.

Explanation of Benefits

The Explanation of Benefits (also known as an EOB) is a statement that shows what your plan paid for a service and what you owe.

Premium

The cost of your coverage. You share the cost with iRhythm and pay your portion through pre-tax payroll deductions.

Coinsurance

The percentage paid for a covered service, shared by you and the plan. Coinsurance can vary by plan. Review the plans carefully to understand your responsibility. You are responsible for coinsurance until you reach your plan's out-of-pocket maximum.

Out-of-Network Care

Care provided by a health care provider or at a facility outside of the plan's network. Your out-of-pocket costs may increase, and services may be subject to balance billing.

Preventive Care

Routine health care, including annual physicals and screenings to prevent disease, illness, and other health complications. In-network preventive care is covered at 100%.



BENEFIT CONTACTS

Benefit		Carrier and Group Number	Phone	Website
Medical	Cigna	3346545	(800) 244-6224	mycigna.com
	Kaiser (CA Only)	SoCal: 233077 NorCal: 605178	(800) 464-4000	kp.org
	HMSA (HI Only)	130477	(808) 948-6079	hmsa.com
Telehealth	Cigna MDLive	3346545	(888) 726-3171	mdliveforcigna.com
	Kaiser Video Visits	SoCal: 233077 NorCal: 605178	(800) 464-4000	kp.org
Health Savings Account (HSA)		WEX 27139	(866) 451-3399	benefitslogin.wexhealth.com
Flexible Spending Account (FSA)				
Commuter Benefit				
Dental	Cigna 3346545	(800) 244-6224	mycigna.com	
Vision	Cigna EyeMed 3346545	(888) 353-2653	mycigna.com	
Employee Assistance Program (EAP)		Lyra	(877) 231-9817	irhythm.lyrahealth.com
401(k) Retirement		Fidelity	(800) 835-5097	401k.com
Employee Stock Purchase Program (ESPP)		iRhythm Stock Admin Team	(800) 838-0908 Press 0 for a Rep	stockadmin@irhythmtech.com etrade.com
Life and AD&D (Basic and Voluntary)		Lincoln Financial Group 1148318	(877) 275-5462	lincolnfinancial.com
Disability		Lincoln Financial Group 1148318	(877) 275-5462	lincolnfinancial.com
Personal Protection Benefits (Accident, Critical Illness, Hospital Indemnity)		Lincoln Financial Group 1148318	(877) 275-5462	lincolnfinancial.com
Legal Services		LegalEase	(800) 248-9000	legaleaseplan.com/lphd
Travel Assistance		TravelConnect LFGTravel123	US and Canada: (866) 525-1955 International: (603) 328-1955	myoncallportal.com
Voluntary Pet Insurance		Nationwide	(877) 738-7874	partnersolutions.nationwide.com/pet/irhythmtech

This communication highlights some of your iRhythm benefit plans. Your actual rights and benefits are governed by the official plan documents. If any discrepancy exists between this communication and the official plan documents, the plan documents will prevail. iRhythm reserves the right to change any benefit plan without notice. Benefits are not a guarantee of employment.