ImmunityBio 2026 Benefits

What's Inside...

Welcome to Your Benefits Guide!

Please take this time to carefully review the benefit options available to you.

Welcome to Your Employee Benefits Guide

ImmunityBio is committed to offering a comprehensive and competitive benefits package, designed to support your health and well-being. Read on to learn more.

This benefits guide is a resource for understanding the benefits available to you and your eligible dependents. We encourage you to read through this information carefully and utilize it to help you make informed decisions that best suit your lifestyle and needs.

Your HR Benefits Team is here to help with questions. Please reach out to us at **benefits@immunitybio.com**.

2026 Benefits Overview

Coverage Type	Carrier & Plan Options
Medical/Rx	**Blue Shield of California** HMO|PPO *HMO available only to CA residents*
Dental	**Delta Dental** DHMO | DPPO Low | DPPO High *DHMO available only to CA & TX residents*
Vision	**EyeMed** Base Plan | Buy-Up Plan
Life insurance **Accidental Death & Dismemberment (AD&D)**	**Unum** Basic Life and AD&D Voluntary Life and AD&D *Basic plan is employer paid*
Short Term Disability **Long Term Disability**	**Unum** Core STD | Buy-Up STD Core LTD | Buy-Up LTD *Core plans are employer paid*
Voluntary Benefits	**Unum** Accident Insurance Critical Illness
Flexible Spending Accounts (FSA)	**Spending Account Service Center** Healthcare FSA Dependent Care FSA
Identity Theft Protection	**Norton LifeLock** Essential Protection Plan Premier Plan
Legal Assistance	**Metlife** Legal Assistance
Pet Insurance	**Nationwide** Pet Insurance
Employee Assistance Plan (EAP)	**Health Advocate/Unum** *Employer paid*

Getting Started:

Employee Eligibility

Regular full-time employees (those normally scheduled to work at least 30 hours per week) are eligible to enroll in employee benefits.

Dependent Eligibility

When you enroll in coverage for yourself, you may also enroll your eligible dependents.

Eligible dependents include:

- Your legally married spouse
- Registered domestic partner
- Your dependent children

Included in the definition of dependent child(ren) are:

- Your naturally born child(ren), legally adopted child(ren), step-child(ren) or court-ordered dependent child(ren) for whom you or your registered domestic partner is the legal guardian up to age 26.
- Your dependent child(ren) up to age 26 whether they are a full time student or not. Coverage ends at the end of the month following the date they turn 26.
- Your continuously disabled dependent child(ren) [if disabled prior to age 26] who are incapable of self-sustaining employment and dependent upon you for support, regardless of age.

Please Note: Domestic Partner's medical expenses cannot be reimbursed under your Health Care Flexible Spending Account (HCFSA). According to current IRS regulations, you must be legally married.

Qualified Life Events

The choices you make now will be in effect January 1, 2026- December 31, 2026. However, you can make changes during the year if you experience a qualified life event. If you need to report a life event during the year, contact the benefits team with the necessary changes within 30 days of the event. *Some examples of life events are:*

- Birth or adoption of a child
- Marriage
- Divorce and/or legal separation
- Death or loss of a spouse
- Death or loss of a dependent
- Change in your spouse's employment status causing loss or gain of benefits coverage
- Loss of dependent status due to age 26
- Change in your own employment status
- Moving to a different state
- Eligibility for Medicare

Blue Shield of California Medical Plans

blue of california

Medical coverage is available through Blue Shield of California. Plan options:

- PPO Medical Plan- available to all benefit eligible employees
- HMO Medical Plan- available to benefit eligible employees who reside in CA

To review the network of providers and find a doctor, visit the applicable BlueShield of CA microsite a shortcut created to give ImmunityBio employees a direct link to your coverage prior to enrollment.

CA Residents **Non- CA Residents**

Helpful Search Tips

1. Access the applicable microsite above.
2. Select the correct Network:
   a. PPO Providers: Select " Full PPO Network"
   b. HMO Providers : Select "Access + HMO Network"
3. Choose your area of interest
4. Filter and Sort

Once enrolled, use the Member Website to easily access tools and support.

Go to **www.blueshieldca.com**

- Click on the "Log In/Register" link.
- Register as a first-time user or enter your User Name and Password.

As a Blue Shield member you receive:

- Access to member ID card and claims
- Nurse Help 24/7
- Care programs
- Member discounts

Blue Shield of California Medical and Prescription Drug Benefits

Below is a high level overview of the medical plan options available to you. The chart highlights basic details including copayment and coinsurance levels for both in and out-of-network providers. The medical plans include a prescription drug benefit as highlighted below. Please refer to the Summary of benefits for more details on these plans.

Services	Blue Shield of California		
	HMO	PPO	
	Zero Admit 15 Plan (California Only)	Split Deductible 20-500 80/60 Plan	
	In-Network Only Access + HMO Network	In-Network Full PPO Network	Out-of Network
	Based on a Plan Year, you will pay:		
Annual Deductible: Individual Family	$0 $0	$500 $1,500	$2,000 $6,000
Out-of-Pocket Maximum: Individual Family	$7,500 $15,000	$7,500 $15,000	$15,000 $30,000
PCP Copay **Specialist/Self Referred Copay**	$15 $15/$30	$20 $20	40% after deductible 40% after deductible
Diagnostic Procedures Diagnostic x-rays MRI/MRA, CT Scans/PET	$0 $0	20% after deductible 20% after deductible	40% after deductible 40% after deductible max $350 O/P Hospital
Hospital Care Copay Inpatient Hospital (per stay)	$0	20% after deductible	40% after deductible $600/day max
Outpatient Hospital (per stay)	$0	10% (Amb. Surgery) 20% (Hosp.) /25% (Hosp Surgery) after deductible based on facility	40% after deductible $350/day max
Emergency Room Copay *(waived if admitted)*	$100	$100 + 20% after deductible	$100 + 20% after deductible
Urgent Care Copay	$15	$20	40% after deductible
Prescription Drug Coverage	**In-Network Only**	**In-Network**	**Out-of-Network**
Retail (up to 30-day supply)	**Generic:** $10 **Preferred:** $30 **Non-Preferred:** $50 **Specialty:** 20% to $250/script	**Generic:** $15 **Preferred:** $40 **Non-Preferred:** $70 **Specialty:** 30% to $250/script	After 25% coinsurance: **Generic:** $15 **Preferred:** $40 **Non-Preferred:** $70 **Specialty:** 30% to $250/script
Mail Order (31 to 90-day supply)	**Generic:** $20 **Preferred:** $60 **Non-Preferred:** $100 **Specialty:** 20% to $500/script	**Generic:** $30 **Preferred:** $80 **Non-Preferred:** $140 **Specialty:** 30% to $500/script	Not Covered

Your Blue Shield Member Card

Once you receive your card in the mail

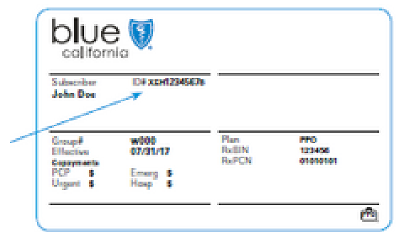
Steps to register online

Go to **blueshieldca.com**

- Select Log in/Register
- Select *Register now*
- Enter your member ID number, located on your Blue Shield member ID card, along with your month, day and year of birth.
- Follow the prompts to verify your identity and chose a username, password and security question
- Confirm delivery option (paperless or US mail) and accept online account terms.

Steps to view or print temporary card

- Once you are registered and logged in, you will be on the Dashboard page
- Click on View ID Card under "Popular tasks."
- Your ID Card should be visible on this screen
- Select print option, or right click to choose print options



Steps to order ID cards

- Log in to blueshieldca.com
- Click on your initials in the upper right corner
- Select ID card in the drop down menu
- Select how many ID cards you need, and then click Place Order

Please note- Upon enrollment, cards will automatically be sent to you. PPO members will need to order additional cards for dependents.

PPO members- Each subscriber will receive two cards with main subscriber listed and have the ability to order additional cards via customer service, the app or the website.

HMO members- Each subscriber will receive a card with assigned PCP.

Access your ID card on your smartphone

You can now view your member ID card and even more of your health plan information on the Blue Shield of California mobile app.
Download the app from the App Store or on Google Play or learn more at **blueshieldca.com/mobile**

GET IT ON Google play

Download on the App Store

Teladoc

Virtual care benefits from Teladoc (offered through Blue Shield of California) gives you a fast, convenient, and affordable care option. Depending on your healthcare needs, talk to a general medical or mental health professional 24 hours/ 7 days a week by secure video chat, phone, or mobile app.

Teladoc- General Medicine

With Teladoc General Medical, provides 24/7 access to low-cost, high-quality virtual health care for common health concerns like cough, sore throat, fever, rashes, allergies, asthma, ear infections, pink eye, nausea, and more.

How much does it cost under a HMO or PPO plan for a medical visit?

General medical per visit $0

Teladoc- Mental Health Care

Teladoc Mental Health Care provides convenient, confidential access to trusted professionals who can help you manage stress, anxiety, grief, depression, and more.

How much does it cost under a HMO or PPO plan for a mental health visit?

Psychiatrist (initial visit)..$195
Psychiatrist (recurring visit)..$95
Psychologist/therapist/counselor..............................$85

How to Activate Your Account

Registration is quick and easy. There are several ways to activate your Teladoc account so you're ready for a virtual visit when you need one:

- Visit blueshieldca.com/teladoc to register or log in and answer a few questions
- Download the Blue Shield of California mobile app to access care from anywhere
- Call **1-800-835-2362**

Blue Shield of California Prescription Drug Coverage

When you enroll in a medical plan, you automatically receive prescription drug coverage through Blue Shield of CA. Blue Shield of CA provides a defined list of FDA-approved medications chosen for their medical effectiveness and value. The formulary list includes both generic and brand- name drugs. Your share of the cost will always be less for drugs that are on the formulary list; however, coverage is available for many non-formulary drugs.

The formulary drug program is divided into copayment categories called tiers.

- Tier 1 (generic) has the lowest cost drugs,
- Tier 2 (preferred brand)
- Tier 3 (non-preferred brand) has a slightly higher cost
- Tier 4 (specialty) has the highest cost drugs in this level.

To get an updated copy of the Performance Drug List (PDL), visit **blueshieldca.com/formulary**.

RX Ultra Network

This network allows you to visit any participating network pharmacy. You'll be responsible for the copay or coinsurance listed in your benefits. If your plan has a deductible, that could also impact how much you pay. **Find an RX Ultra Pharmacy**

Save money, use mail order!

Blue Shield of California provides access to the mail order service drug benefit through Amazon Pharmacy. This offers you the convenience of receiving up to a 90- day supply of covered maintenance drugs delivered to your home or office with no charge for shipping. Using mail service can save you money, too.

Ways to Access Your Mail Service Pharmacy Online

Log in to your Blue Shield member account online at **blueshieldca.com/login** or through the Blue Shield mobile app to access your mail service account.

- **Website navigation:** In the top toolbar select Be Well, Pharmacy, Pharmacy Networks, and select Mail service pharmacy box.
- **Mobile app navigation**: In the left navigation bar select My plan, select RX on the upper right, scroll down and under Pharmacy links, select Mail service prescriptions.
- For new prescriptions filled by Amazon Pharmacy by

E-scribe: Amazon.com- Amazon Pharmacy Home Delivery
Fax: 512-884-5981
Mail: 4500 S Pleasant Valley Road, Suite 201, Austin, TX 78744
Phone: 855-206-3605, then press 1 (prescribers only)

Drug Classifications by Amazon Pharmacy

- **Class 2**- Hydrocodone, Methadone, Hydromorphone, Dexedrine, Adderall, Ritalin, Oyxcodone, Fentanyl,
- **Class 3**- Tylenol/Codeine, Ketamine, Anacolic Steriods, Testerone
- **Class 4**- Xanax, Soma, Darvon, Darvocet, Valium, Ativan, Taiwin, Ambien, Tramadol
- **Class 5**- Cough preparaton with less than 200 mg of codeine per 100ml Robitussin AC, Lomotil, Motofen, Lyrica, & Parepectolin

Transition to Amazon Pharmacy

1. Member must set up account and request their prescriber to send the prescription to Amazon Pharmacy.
2. Amazon Pharmacy does not service **Class 2** drugs (ADHD, Pain Medication), those will be transferred to a retail pharmacy.
3. Members utilizing **Class 3, 4, or 5** drugs must obtain a new prescription from their prescriber before transitioning to Amazon Pharmacy.

Please note you do not need to be a Prime member to access mail service via Amazon Pharmacy.

Generic vs. Brand-Name Drugs

The difference between generic and brand-name drugs involves the research, development and marketing investment that went into the original brand-name product. When "generic equivalents" become available, they have the same active ingredients and chemical purity as the brand-name drugs they imitate. Other ingredients such as tablet fillers, binders, coatings or flavors may differ. Because their development costs are less, generic drugs are often priced substantially lower.

When you receive a prescription from your doctor, ask if a generic equivalent is available. Many health plans charge a lower copay for patients who choose generics.

Delta Dental Plan

Delta Dental manages the dental benefit. Delta's dental program offers comprehensive dental coverage for services ranging from x -rays and routine cleanings to fillings and major care services. **FIND A DENTIST**

Dental Preferred Provider Organization (PPO)

Under the Delta Dental PPO plan, you have access to a broad range of providers in the Delta Dental PPO network. The expanded network gives you a greater selection of Delta-preferred dentists. You will maximize your benefits if you use a participating provider, which will lower your out-of-pocket costs. In-network dentists are required to accept the Delta Dental negotiated fee as payment in full. If you decide to use a non-participating dentist, however, benefits will be paid based on the maximum fee that Delta Dental will approve for a given procedure in a given region. Preventive Care is covered at 100% in or out of the network however you may still have an out of pocket expense if you visit a non-contracted dentist.

Dental Health Maintenance Organization Plan (DHMO)

Under the DHMO plan you will be required to select a primary care dentist or one is assigned to you. Services are through fixed copayments via the fee schedule, and there is no out of network. The DHMO dental plan is available to residents of California and Texas.

Feature/ Service	Delta Dental*						
	DHMO (CA/TX)	PPO Low			PPO High		
	In-Network Only	In-Network	Premier Network**	Out-of-Network	In-Network	Premier Network**	Out-of-Network
	Delta Care USA Network	Delta Dental PPO Network	Delta Dental Premier Network	N/A	Delta Dental PPO Network	Delta Dental Premier Network	N/A
	You will pay:						
Individual Annual Deductible (applies to Basic care)	**See Fee Schedule**	$25 *(waived for preventive)*	$25 *(waived for preventive)*	$25 *(waived for preventive)*	$25 *(waived for preventive)*	$25 *(waived for preventive)*	$25 *(waived for preventive)*
Family Annual Deductible *(applies to Basic and Major and waived for diagnostic, preventive and orthodontics)*		$75	$75	$75	$75	$75	$75
Annual Maximum/Person		$2,000	$2,000	$2,000	**$5,000**	**$5,000**	**$5,000**
Preventive and Diagnostic Exams, cleanings, x-rays, sealants		100%	100%	100%	100%	100%	100%
Basic Services Fillings		80%	80%	80%	80%	80%	80%
Major Services Crowns, inlays, onlays, implants and cast restorations		50%	50%	50%	50%	50%	50%
Orthodontic Care (Covered for Children & Adults)		50%	50%	50%	50%	50%	50%
Orthodontia Lifetime Maximum		$2,000	$2,000	$2,000	$2,000	$2,000	$2,000

*Limitations or waiting periods may apply for some benefits; some services may be excluded from your plan.

**Reimbursement is based on PPO contracted fees for PPO dentists, Premier contracted fees for Premier dentists and program allowance for non-Delta Dental dentists

EyeMed Vision Plan

The vision program is administered by EyeMed. The vision benefit is designed to provide routine preventive care such as eye exams, eye wear and other vision services. EyeMed has a large network of providers who offer a wide selection of eyewear for you to choose from. You'll receive the most out of your benefit when you visit a EyeMed doctor, including discounts on non-covered services and selections.

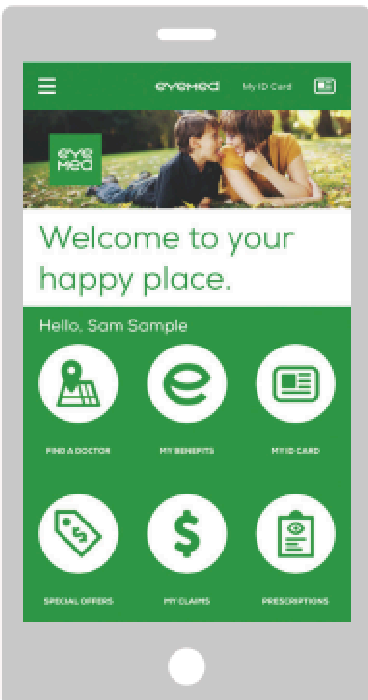
- Please utilize the **Select Network** when searching for in-network providers. If you visit a non-network provider, there is a reimbursement schedule for eyewear and other professional services. **Find an Eye Doctor**

EyeMed				
Feature/Service	**EyeMed Base Plan**		**EyeMed Buy-Up Plan**	
	In-Network	**Out-of-Network**	**In-Network**	**Out-of-Network**
Frequency *(Exams, Contacts Lenses, and Frames)*	Covered once every 12 months for exams, lenses, & contact lenses Covered every 24 months for frames		Covered once every 12 months for exams, lenses, frames & contact lenses	
Exam Copay	$10	Up to $30 reimbursement	$10	Up to $30 reimbursement
Basic Eyeglass Lenses Copay				
Single Vision	$25 copay	Up to $25	$25 copay	Up to $25 reimbursement
Lined Bifocal	$25 copay	Up to $40	$25 copay	Up to $40 reimbursement
Lined Trifocal	$25 copay	Up to $60	$25 copay	Up to $60 reimbursement
Lenticular	$25 copay	Up to $60	$25 copay	Up to $60 reimbursement
Progressive- Standard	$90 copay	Up to $40	$25 copay	Up to $67 reimbursement
Progressive- Premium	$90 copay; 20% off retail price less $120 allowance	Up to $40	$90 copay; 20% off retail price less $120 allowance	Up to $67 reimbursement
Frames				
Frame Allowance *(any frame available, including frames for prescription sunglasses)*	$0 copay; 20% off balance over $120 allowance	Up to $60 reimbursement	$0 copay; 20% off balance over $200 allowance	Up to $100 reimbursement
Contact Lenses (instead of glasses)				
Contacts- Conventional	$0 copay; 15% off balance over $120 allowance	Up to $96 reimbursement	$0 copay; 15% off balance over $200 allowance	Up to $160 reimbursement
Contacts Disposable	$0 copay; 100% of balance over $120 allowance	Up to $96 reimbursement	$0 copay; 100% of balance over $200 allowance	Up to $160 reimbursement
Contacts- Medically Necessary	$0 copay; paid in full	Up to $200 reimbursement	$0 copay; paid in full	Up to $200 reimbursement

On the go? Now your benefits are, too.

ACCESS YOUR BENEFIT INFORMATION, ANYTIME, ANYWHERE.

Our EyeMed Mobile App brings you features to help you get the most from your EyeMed experience – anytime, anywhere.



The features you love

- See benefits information at-a-glance
- Track your claims
- See special offers to help you save more
- Find an in-network eye doctor with the Provider Locator
- Gently shake your mobile device to quickly view your ID card
- Set upcoming exam and contact lens replacement reminders
- Get answers to your FAQs
- Access interactive vision guides to help you see and live your best
- Use Facial recognition, Touch ID and Apple Wallet for Apple users

Check out the App Store or Google Play to download the app.

Contributions

Each year ImmunityBio reviews our benefit programs to make revisions and updates and ensure that we continue to offer a competitive, cost-effective benefit program to you and your family. ImmunityBio will continue to cover 80% of the cost of the health benefits. Below is a chart outlining your bi-weekly payroll deductions for the 2026 plan year.

Level of Coverage	Blue Shield of California - Medical	
	HMO (CA Residents Only)	PPO
Employee	$79.40	$96.85
Employee + Spouse	$174.68	$212.90
Employee + Child(ren)	$142.92	$174.19
Family	$246.13	$300.00

Level of Coverage	Delta Dental- Dental		
	DHMO (CA/TX only)	DPPO Low	DPPO High
Employee	$1.45	$4.60	$4.75
Employee + Spouse	$2.83	$9.40	$9.67
Employee + Child(ren)	$3.06	$11.13	$11.30
Family	$4.43	$17.11	$17.43

Level of Coverage	Eye Med- Vision	
	Base	Buy-up
Employee	$2.55	$4.75
Employee + Spouse	$4.85	$9.03
Employee + Child(ren)	$5.10	$9.50
Family	$7.50	$13.97

Unum Life Benefits

ImmunityBio recognizes that certain additional insurance can provide critical financial protection to you and your loved ones. We provide Basic Life, & Accidental Death and Dismemberment (AD&D) insurance through Unum at no cost to you. All eligible, active full-time employees will have access to these benefits.

Basic Life and Accidental Death & Dismemberment Insurance AD&D (Employer-Paid)

All eligible employees working at least 30 hours per week are eligible for the Basic Life insurance coverage. This benefit will be paid to your beneficiary in the amount of 2 times your base annual earnings to a maximum of $1,000,000. There is a reduction schedule of 50% at age 70.

Voluntary Life and Accidental Death and Dismemberment Insurance (AD&D) (Employee-Paid)

You have the opportunity to purchase Voluntary Life insurance through Unum. Voluntary Life insurance is an additional layer of coverage you may purchase to help financially protect your family if you pass away.

Employee Voluntary Life: You may purchase increments of one, two, or three times your annual base salary, up to a maximum of $1,000,000. Evidence of Insurability applies to new elections and requests to increase coverage by more than one tier. (Age reduction of 50% at age 70.)
*The Guarantee Issue of $200,000 applies to New Hires, enrolling in coverage for the first time.

Spouse Voluntary Life: If you purchase coverage for yourself, you have the opportunity to purchase voluntary life coverage for your spouse. Coverage is available in increments of $5,000, ranging from $10,000 to $50,000. Evidence of Insurability applies to new elections and requests to increase coverage by more than one tier. (Age reduction of 50% at age 70.)
*The Guarantee Issue of $25,000 applies to New Hires, enrolling their spouse in coverage for the first time.

Child Voluntary Life: If you purchase coverage for yourself, you may also purchase coverage for your dependent children. Coverage is available in the amount of $5,000, $10,000, or $15,000.
*The maximum benefit for your child, birth to 14 days, is $1,000.
*The maximum benefit for your child, age 14 days to 6 months, is $2,000.

Unum Disability Benefits

Short-Term Disability (STD) Insurance

All eligible employees working at least 30 hours per week are eligible for STD coverage. STD insurance is coverage that provides you with income protection, should you lose time on the job due to an injury or illness. With disability coverage, partial replacement of lost income is paid to you.

Core Plan (Employer-Paid)

The STD Core Plan provides a benefit equal to 75% of your weekly earnings up to a maximum benefit of $3,000 per week for up to 25 weeks. Benefits begin 7 days after an accident or illness (Elimination Period). If you continue to be disabled thereafter, you may then apply for long-term disability benefits.

Buy-Up Plan (Employee- Paid)

The STD Buy-Up Plan provides a benefit equal to 90% of your weekly earnings up to a maximum benefit of $3,000 per week for up to 25 weeks. Benefits begin 7 days after an accident or illness (Elimination Period). If you continue to be disabled thereafter, you may then apply for long-term disability benefits.

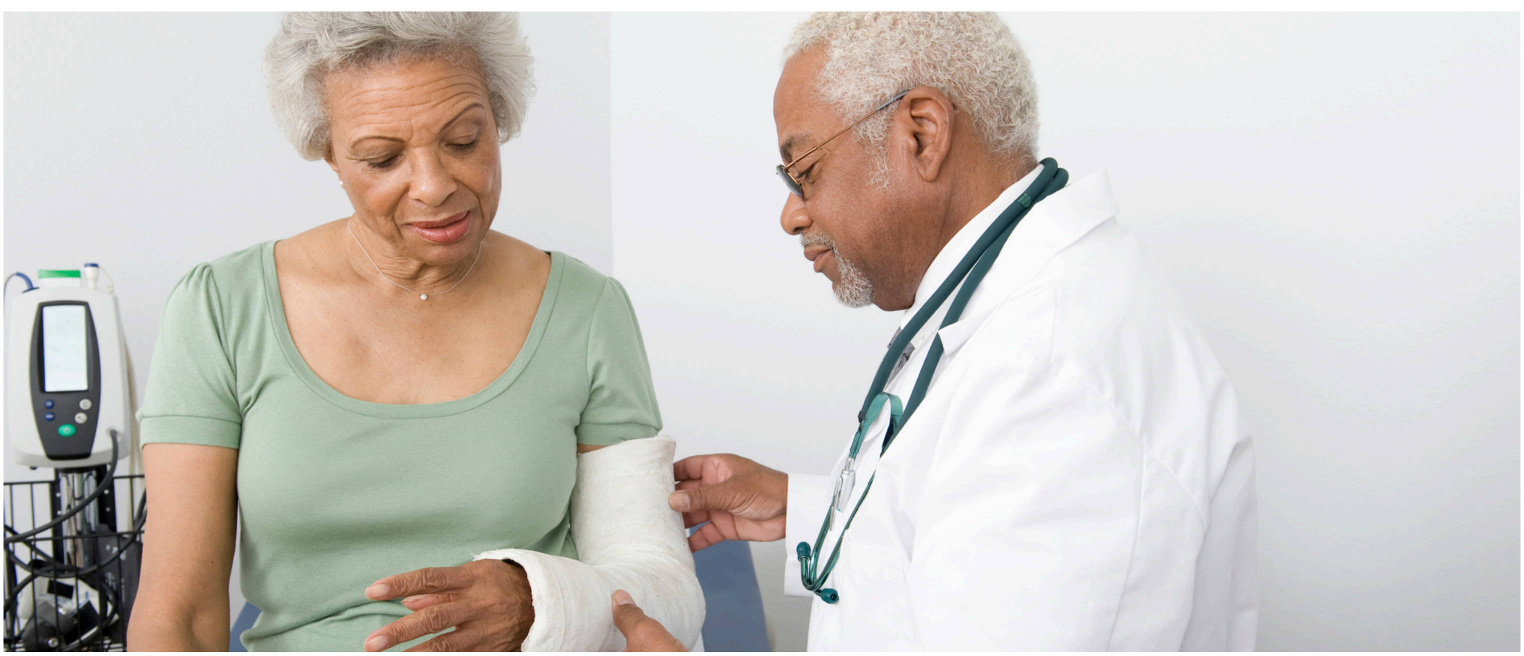
Long-Term Disability (LTD) Insurance

Core Plan (Employer-Paid)

All eligible employees working at least 30 hours per week are eligible for the Core Plan LTD coverage. The LTD benefit provides income during an extended period of disability if you are disabled and unable to return to work after 180 days. This benefit pays 60% of your monthly pre-disability earnings to a maximum monthly benefit of $5,000 for the Core Plan.

Buy-Up Plan (Employee-Paid)

All eligible employees working at least 30 hours per week are eligible for the Buy-Up Plan LTD coverage. The LTD benefit provides income during an extended period of disability if you are disabled and unable to return to work after 180 consecutive days. This benefit pays 60% of your monthly pre-disability earnings to a maximum monthly benefit of $15,000.



Unum Voluntary Benefits

Voluntary Health Benefits provide you with further protection in the event of a serious illness or accident. Group Accident, and Critical Illness Insurance offered through Unum will supplement your medical coverage (if enrolled) and provide payment separately and in addition to the benefits you receive from your other coverages. They can be used to help pay for any expense, not just medical!

Accident Insurance

Accidents are part of everyday life, but are you prepared for the added financial burden? If you have a serious accident, you'll need extra cash to help pay for unplanned expenses. Even if you have medical coverage, it may not take care of all of the added expenses you could have after an accident. Accident insurance helps provide financial protection for you and your insured family members every day of the year for covered accidents.

You can choose to enroll in insurance for yourself, your spouse or domestic partner and eligible children. All levels of Insurance are available at guaranteed issue which means there is no medical underwriting or health questions required in order to obtain insurance. This policy provides 24-hour accident protection, which means that it will pay benefits according to the schedule of benefits for accidents and injuries sustained both on and off the job.

Accident insurance is designed to help defray the out-of-pocket costs associated with an accidental injury, including follow-up physician visits and physical therapy, which could be important for recovery. This is the kind of insurance that you can keep even if you change jobs or retire. Accidents can happen to anyone – help protect your family!

Critical Illness Insurance

The Critical Illness Insurance through Unum will help pay you a percentage of the maximum coverage you choose. Diagnosed illnesses like heart attack, stroke, Alzheimer's disease and cancer are among those covered. Rates will vary, as they are based on age, smoker status and family size. Critical Illness insurance will compliment your medical and disability income coverage, which can ease the financial impact of certain critical illnesses.

HealthAdvocate

Employee Assistance- The Worklife Balance EAP

The service provides you and your dependents with confidential experienced assistance in dealing with day to day life issues or crisis support. The Work-Life Balance EAP helps keep employees productive at work by helping them deal effectively with personal or professional goals and challenges. This service is available around the clock and can be assessed online or via a toll-free number dedicated to Unum customers.

3 face to face sessions are provided by Health Advocate and include live telephone and online support. Health Advocate's masters level consultants provide information and referrals on a wide variety of issues, including

- Parenting & childcare
- Health & worksite issue
- Personnel management
- Legal & financial issues
- Emotional well being
- Addiction and recovery

By Phone: **Call 1-800-854-1446** Online: **Unum.com/LifeBalance**

Travel Emergency Assistance

With your Unum coverage, you receive an emergency travel assistance program and ID-theft protection services provided by Assist America.

This travel emergency assistance program immediately connects you to doctors, hospitals, pharmacies and other services if you experience a medical or non-medical emergency while traveling 100 miles away from your permanent residence, or in another country. One simple phone call to Assist America will connect you to:

- A state-of-the-art 24/7 Operations Center
- Experienced, multilingual crisis management professionals
- Worldwide emergency response capabilities
- Air and ground ambulance services

If you require assistance when traveling 100 miles from your permanent residence, or in another country, call Assist America's Operations Center at:

- +1 609-986-1234 (outside USA - collect call)
- +1 800-872-1414 (inside USA - toll free)
- Email at: **medservices@assistamerica.com**

Download the Mobile App

Access a wide range of global emergency assistance services from your phone by downloading the FREE Assist America Mobile app for iPhone and Android.

Reference Number : 01-AA-UN_762490

The Mobile App's features include:

- **Tap for Help:** One-touch call to our 24/7 Operations Center
- **Pre-Trip Information:** Access detailed country-specific information to prepare your trip
- **Digital ID Card:** Your Assist America membership card is stored inside the App
- **Travel Alerts:** Receive alerts on urgent global situations that may impact travel
- **Travel Status Indicator:** This feature indicates when you are eligible for services
- **Embassy & U.S Pharmacy Locator:** Locate the nearest embassy/consulate of 23 countries around the world and nearest pharmacies in the U.S.
- **Available in 7 languages:** English, Spanish, Arabic, Mandarin, Thai, Bahasa, and French

Flexible Spending Accounts (FSAs) through Spending Account Service Center

Flexible Spending Accounts (FSAs) are an easy and convenient way to get more out of your paycheck. It allows you to set aside a predetermined amount of your pretax dollars to cover certain out-of-pocket expenses as they occur throughout the plan year. Two types of accounts are available—a Health Care Spending Account and Dependent Care Spending Account.

Spending Account Service Center manages the FSAs. If you have health care or dependent care expenses, consider participating in an FSA with Spending Account Service Center. Remember, you must re-enroll in the FSA(s) each plan year if you wish to participate.

Health Care FSA

A Health Care FSA is a special account you put money into that you use to pay for certain out-of-pocket health care costs not covered by your health plan. Your Health Care FSA lets you pay for eligible medical and dental care expenses not covered by your insurance plan with pretax dollars. This means that you end up paying less in taxes and taking home more of your paycheck. Your Health Care FSA covers a wide range of medically necessary expenses including, but not limited to: copays, coinsurance, deductibles, prescriptions, dental expenses, vision expenses and orthodontia care.

The maximum annual contribution for 2026 is $3,400 per individual.

Some examples of eligible expenses include:

- Covered prescription and doctor copays and deductibles
- Medical deductibles and coinsurance
- Eyeglasses and contact lenses,
- eligible over-the-counter (OTC) items (contact lens solution, band-aids, birth control, etc.),
- orthodontics

For a complete list of items, visit the Internal Revenue Service (IRS) website at **www.irs.gov.**

Please note: Unlike medical coverage under the Affordable Care Act, FSA accounts are governed by the IRS. Therefore FSA funds can only be used toward expenses of your eligible dependents claimed on your tax return.

Use it or Lose it

As you consider you Health Care FSA contribution for 2026, be sure to carefully estimate your expenses and the amount you want to contribute to your account.

The goal in estimating carefully is to use whatever you set aside so you don't lose it. That's because the Internal Revenue Service (IRS) has a "use it or lose it" rule. While you can carryover up to $660 (subject to change) to the next plan year, you'll forfeit any remaining funds if you don't spend everything by the end of the plan year.

***Please Note: Domestic Partner's medical expenses cannot be reimbursed under you Healthcare Flexible Spending Account (HCFSA). According to current IRS regulations, you must be legally married.**

Flexible Spending Accounts (FSAs) - Continued

Balance Carryover and Run-Out Period

The Balance Carryover option allows you to carryover a certain amount of the remaining balance of your Health Care Spending Account into the next Plan Year to be used for future expenses. The maximum carryover amount is set by the IRS annually. The current maximum carryover limit is $660. Your plan also has a 90-day Run-Out Period for expenses incurred in 2025. Run Out Period means you have 90 days after the plan year to submit claims for that plan year.

Dependent Care FSA

The Dependent Care FSA lets you use pretax dollars toward qualified dependent care. You can contribute up to $7,500 per household ($3,750 per spouse if married and filing separately) for the Dependent Care FSA for children under age 13 and for disabled adults in your care.

- If you elect to contribute to the Dependent Care FSA, you may be reimbursed for:
    - The cost of child or adult dependent day care (in or out of your home)
    - Nursery schools and preschools (excluding kindergarten) and summer day camp

There are some rules to enroll in this program. If you are married, your spouse must also work, be a full-time student or be disabled and dependent upon you for support to be eligible to elect this benefit. To use funds for dependent expenses, the dependent must specifically be able to be claimed as a dependent on the employees' tax return.

Identity Theft

LifeLock monitors your identity. When activity occurs involving your information, you're alerted by email, text, or a phone call. You can respond to confirm whether the activity is legitimate, and if it's not, a U.S. based LifeLock Identity Restoration Specialist will help you resolve the issue. ImmunityBio offers employees the choice of two plans.

Benefit Essential Protection Plan

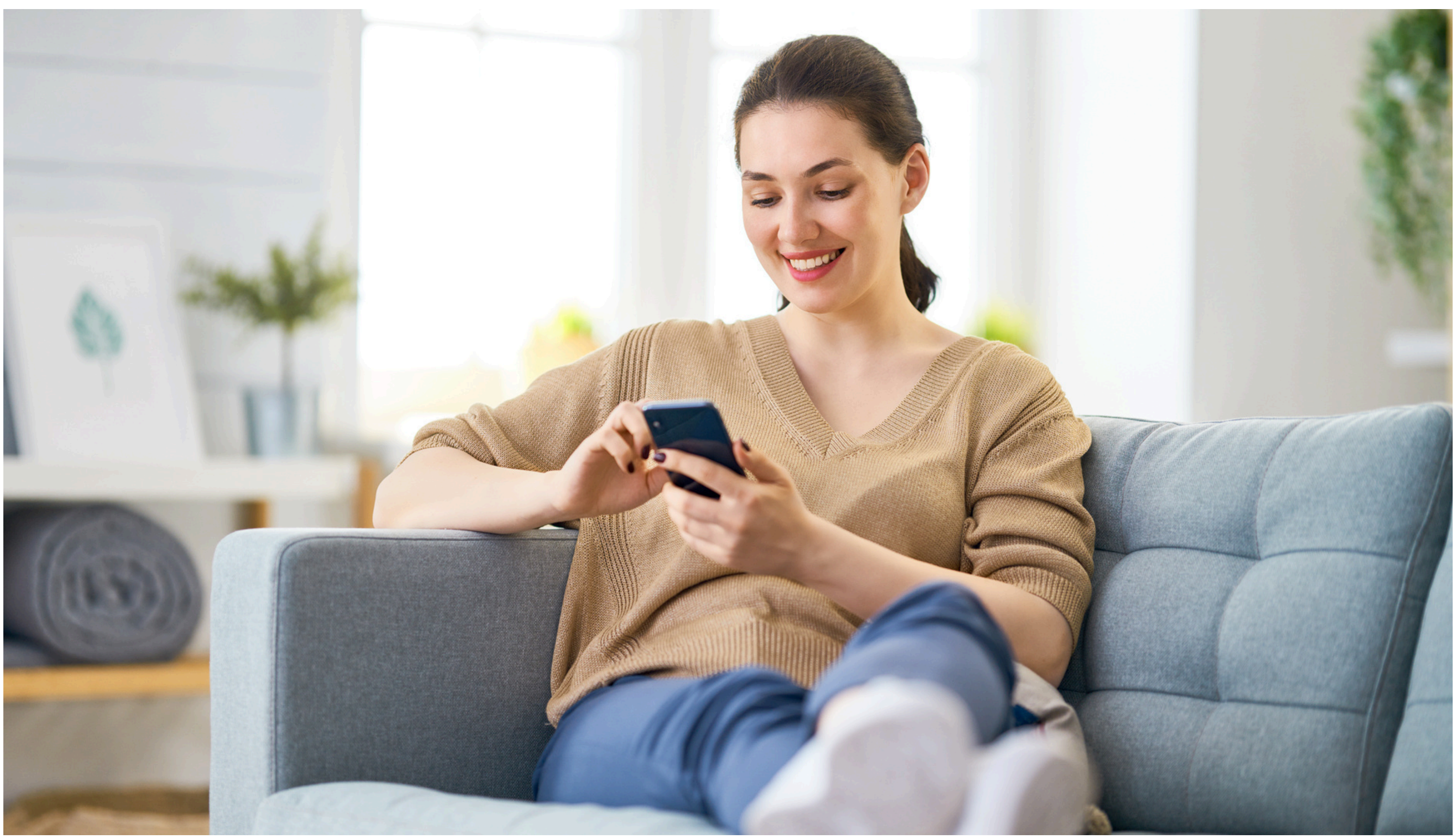
The LifeLock Benefit Elite Protection Plan is aimed squarely at what matters to employees: protecting identities and protecting nest eggs. LifeLock Benefit Elite protection helps detect potential fraud and brings it to the attention of employees through alerts via email, text, or phone.

- LifeLock Privacy Monitor
- Lost Wallet Protection
- Live U.S. Based Member Support
- Identity Restoration Support
- Data Breach Notifications

Benefit Premier Plan

The LifeLock Benefit Premier Plan is an enhanced identity protection plan that offers the features most people want and at a price to fit your budget. It includes bank account protection, credit scores, and credit reports.

- LifeLock Identity Alert System
- Black Market Web Surveillance
- LifeLock Privacy Monitor Tool
- Lost Wallet Protection
- Live U.S. Based Member Support
- Identity Restoration Support
- Data Breach Notification



Metlife Legal Plans

Metlife Legal Plans provide legal assistance for you, your spouse, and your dependents for some of the most frequently needed personal legal matters, with no waiting periods, no deductibles and no claim forms when using a network attorney for a covered matter. You can choose one from MetLife's network of pre-qualified attorneys or use an attorney outside of MetLife's network and be reimbursed for some of the cost.

Metlife Legal Plans provide legal assistance for you, your spouse, and your dependents for some of the most frequently needed personal legal matters.

Money Matters	• Debt Collection Defense • Identity Theft Defense • Negotiations with Creditors	• Personal Bankruptcy • Promissory Notes	• Tax Audit Representation • Tax Collection Defense
Home & Real Estate	• Boundary & Title Disputes • Deeds • Eviction Defense • Foreclosure	• Home Equity Loans • Mortgages • Property Tax Assessments • Refinancing of Home	• Sale or Purchase of Home • Security Deposit Assistance • Tenant Negotiations • Zoning Applications
Estate Planning	• Codicils • Complex Wills • Healthcare Proxies • Living Wills	• Powers of Attorney (Healthcare, Financial, Childcare, Immigration)	• Revocable & Irrevocable Trusts • Simple Wills
Family & Personal	• Adoption • Affidavits • Conservatorship • Demand Letters • Garnishment Defense • Guardianship • Immigration Assistance	• Juvenile Court Defense, Including Criminal Matters • Name Change • Parental Responsibility Matters • Personal Property Protection	• Prenuptial Agreement • Protection from Domestic Violence • Review of ANY Personal Legal Document • School Hearings
Civil Lawsuits	• Administrative Hearings • Civil Litigation Defense	• Disputes Over Consumer Goods & Services • Incompetency Defense	• Pet Liabilities • Small Claims Assistance
Elder-Care Issues	Consultation & Document Review for your parents: • Deeds • Leases	• Medicaid • Medicare • Notes • Nursing Home Agreements	• Powers of Attorney • Prescription Plans • Wills
Vehicle & Driving	• Defense of Traffic Tickets[2] • Driving Privileges Restoration	• License Suspension Due to DUI	• Repossession

Pet Insurance

Nationwide Pet insurance helps you cover veterinary expenses so you can provide your pets with the best care possible without worrying about the cost. We are pleased to offer our employees the opportunity to save on veterinary care through Nationwide. You can get cash back for accidents, illness, hereditary conditions and more!

Visit the Nationwide Pet Insurance website to get further information **Nationwide Pet Insurance-ImmunityBio** or call Nationwide Pet Insurance to get started **(877)-738-7874. Please note pet insurance is direct billed and not deducted via payroll.**

Fetch the best health coverage for your pet through your voluntary benefits package. With two budget-friendly plans plus a $500 wellness benefit option,[1] there's never been a better time to sign up for My Pet Protection®, available only through your workplace benefits program.

- Get cash back on eligible vet bills: Choose 50% or 70% reimbursement[2]
- Easy to use: Base plans have a $250 annual deductible and $7,500 in annual benefits
- Just for employees: Preferred pricing offered only through your company
- Use any vet, anywhere: No networks, no pre-approvals

Did you know? Nationwide is the first provider with coverage plans for birds and exotic pets.

How to use your pet insurance plan

1 Visit any vet, anywhere.

2 Submit claim.

3 Get reimbursed for eligible expenses.

Get a quote at **PetsNationwide.com • 877-738-7874**

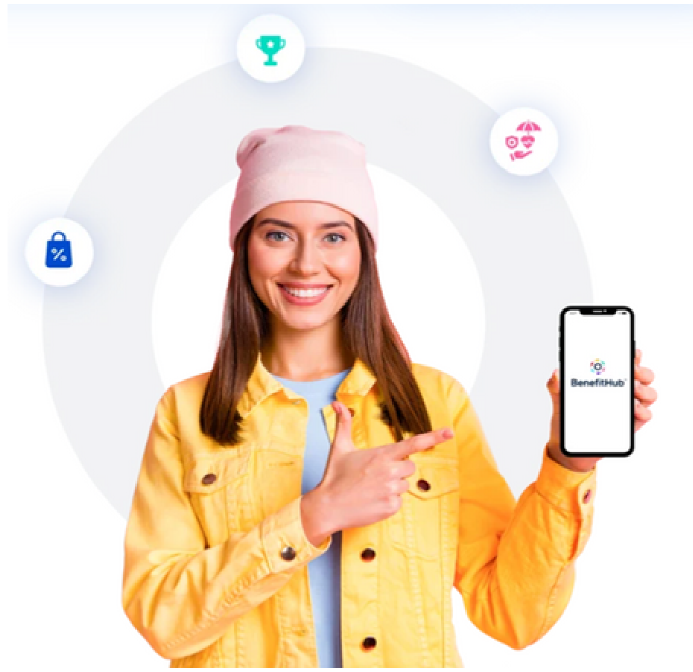
Employee Discounts

Enjoy discounts, rewards and perks on thousands of the brands you love in a variety of categories.

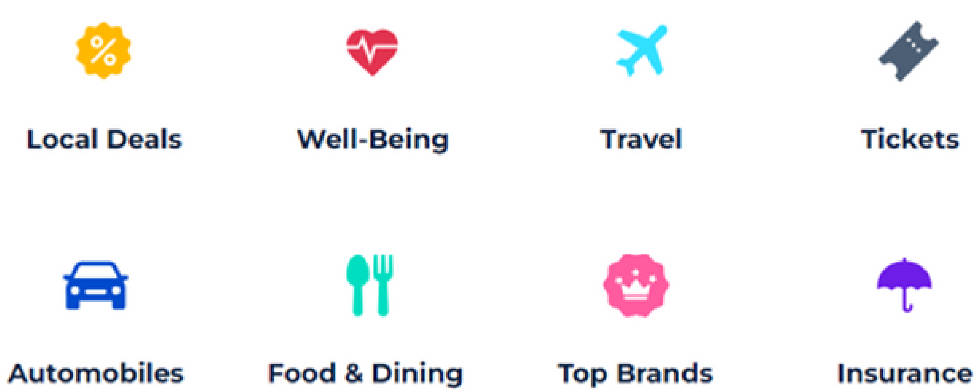
BenefitHub is easy to access and start saving!

- Visit **https://benefits.immunitybio.com/discounts**
- Create an account
- Referral Code: **5TYKKJ**
- Start saving!

  - Gym
  - Travel
  - Auto
  - Electronics
  - Apparel
  - Local Deals
  - Education
  - Entertainment
  - Restaurants
  - Health and Wellness
  - Beauty & Spa
  - Tickets
  - Sports & Outdoors



Questions? Call (866) 664-4621 or email customercare@benefithub.com



Do you have a question about your coverage? Contact your carriers directly for help with:

- Benefits questions
- Claims process
- Choosing a doctor
- ID cards
- Copayments and deductibles
- Prescription drug coverage

Contact Information			
Benefit	**Provider**	**Website**	**Phone**
Medical/Pharmacy	blue of california	www.blueshieldca.com	855-599-2650
Dental	DELTA DENTAL	www.deltadentalins.com	888-335-8227
Vision	eye med	www.eyemed.com	866-939-3633
Life and Disability	unum	www.unum.com	866-679-3054
Flexible Spending Accounts	Spending Account Service Center	trion.lh1ondemand.com	800-580-6854 **Benefit Service Center**
Voluntary Benefits	unum	www.unum.com	866-679-3054
Pet Insurance	Nationwide	https://benefits.petinsurance.com/nantworks	877-738-7874
Identity Theft	NortonLifeLock	http://norton.com/benefitplans	800-607-9174
Legal Plan	MetLife	members.legalplans.com	800-821-6400
EAP	HealthAdvocate	www.unum.com/lifebalance	800-854-1446
Benefit Hub	BenefitHub	https://benefits.nant.com/discounts	866-664-4621
ImmunityBio Benefits Team	ImmunityBio	**Benefit Portal** https://benefits.immunitybio.com **Benefits Support** benefits@immunitybio.com	

This benefits guide covers only the highlights of Immunity Bio's benefit programs. While we have tried to be as accurate as possible in developing this information, the official plan documents govern in all cases. Immunity Bio intends to continue these programs but reserves the right to change or end them at any time. Participation in the programs does not imply a contract of employment.