



2022-2023
BENEFITS GUIDE
Non-California Hourly



quinn emanuel trial lawyers
quinn emanuel urquhart & sullivan, llp



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YOUR BARKLEY TEAM



Welcome!

As part of the team at Quinn Emanuel Urquhart & Sullivan, LLP, you are offered a wide variety of employee benefits. In this guide, you'll find detailed information on the benefits available to you and your dependents. Review the following information and if you have any questions on your benefits, contact the Benefits Department or the appropriate carrier listed at the end of this guide.

Eligibility

You are eligible for Quinn Emanuel Urquhart & Sullivan, LLP benefits, which are effective on the first day of the month, after 30 days of consecutive active full-time employment.

You may enroll your eligible dependents in the same plans you choose for yourself. Eligible dependents include your legal spouse or domestic partner (same sex or opposite sex) and your children up to age 26.

When to Enroll

You can enroll for coverage within 30 days of your eligibility date or during the annual open enrollment period.

If you are enrolling during the firm's annual open enrollment period, any changes you make will begin on September 1st

If you don't enroll for coverage within 30 days of your eligibility date, you will not receive health coverage during the plan year, unless you have a qualified change in family status (see Making Changes for details).

Making Changes

The choices you make when you are first eligible are in effect for the remainder of the plan year, which ends on August 31. Once you enroll in coverage, you must wait until the next open enrollment period to change your benefits or add/remove coverage for dependents, unless you have a qualifying event in family status as defined by the IRS.

Here are some examples of qualifying events:

- Marriage, divorce, legal separation, annulment or death of spouse
- Birth, adoption or placement for adoption
- Change in your residence or workplace (if your benefit options change)
- Loss of other health coverage
- Change in your dependent's eligibility status because of age, student status or any similar circumstance

If you have a qualifying event, **you have 30 days** to make changes to your coverage.

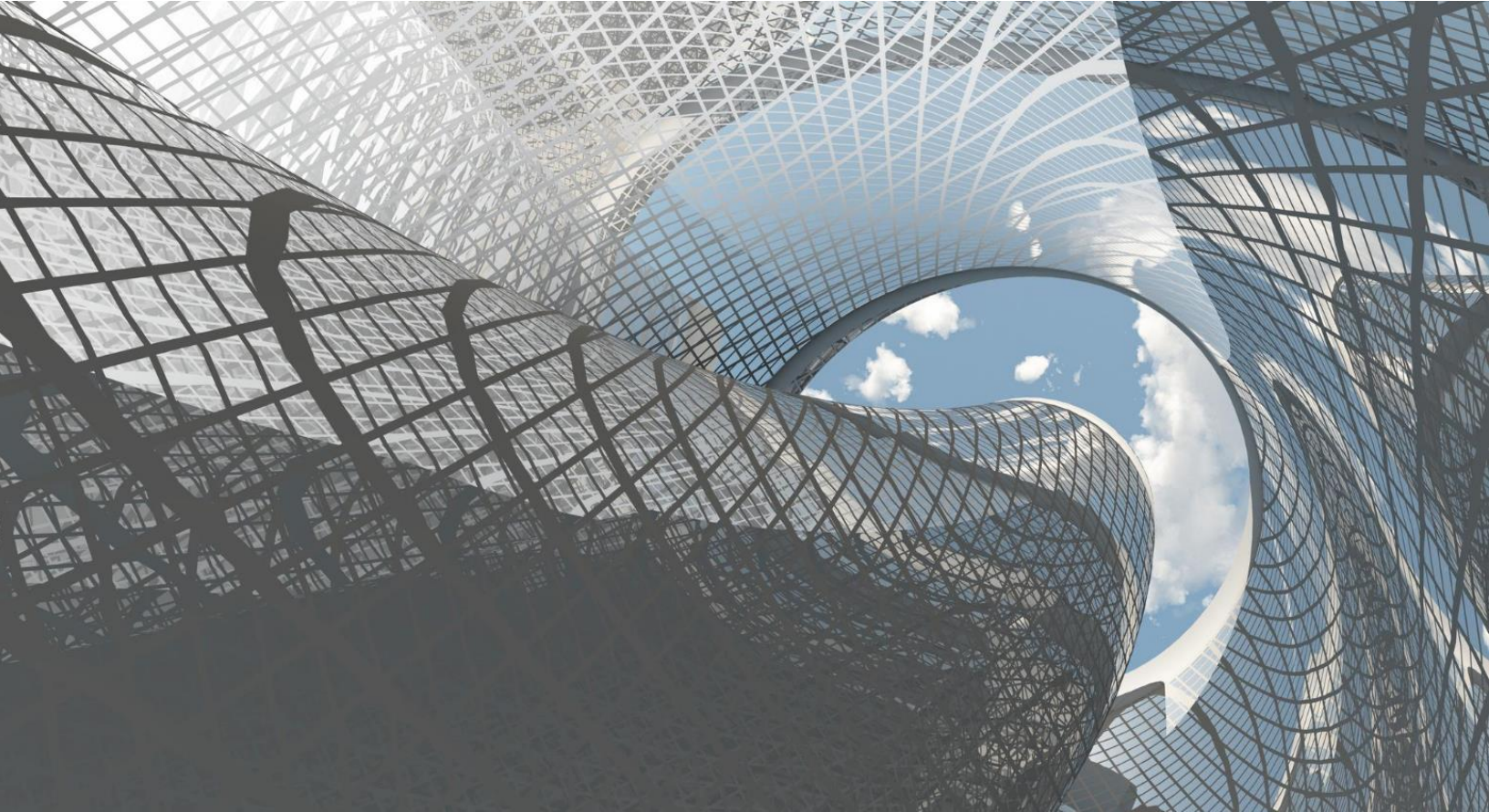
Keep this in mind: Any change you make to your coverage must be consistent with the change in status.

Medical Coverage

For your convenience and flexibility, you have a choice of several Cigna medical plans. Review this table and choose the plan that's right for you and your dependents.

Plan Features	Cigna Open Access Plus (OAP) PPO		Cigna Choice Fund HDHP Open Access Plus PPO		Cigna Open Access-In HMO (All states except CA & FL)
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network Only
Calendar Year Deductible	\$500 Individual \$1,000 Family	\$750 Individual \$1,500 Family	\$2,000 Individual \$4,000 Family	\$4,000 Individual \$8,000 Family	None
Calendar Year Out-of-Pocket Maximum	\$2,000 Individual \$4,000 Family	\$2,000 Individual \$4,000 Family	\$5,850 Individual \$11,700 Family	\$11,700 Individual \$23,400 Family	\$1,500 Individual \$3,000 Family
Primary Care Visit	\$25 copay	30% after deductible	20% after deductible	40% after deductible	\$25 copay
Specialist Visit	\$25 copay	30% after deductible	20% after deductible	40% after deductible	\$25 copay
Preventive Care	Covered in full	30% after deductible	Covered in full	Not covered	Covered in full
Emergency Room	\$100 copay (waived if admitted)		20% after deductible	20% after deductible	\$100 copay (waived if admitted)
Urgent Care	\$50 copay (waived if admitted)		20% after deductible	40% after deductible	\$50 copay (waived if admitted)
Outpatient Hospital Services	10% after deductible	30% after deductible	20% after deductible	40% after deductible	\$100/facility visit
Inpatient Hospital Services	\$250/admission, plus 10% after deductible	\$250/admission, plus 30% after deductible	20% after deductible	40% after deductible	\$240/admission
Outpatient Mental Health	\$25 copay	30% after deductible	20% after deductible	40% after deductible	\$25 copay
Inpatient Mental Health	\$250/admission, plus 10% after deductible	\$250/admission, plus 30% after deductible	20% after deductible	40% after deductible	\$240/admission
Prescription Drugs: Retail (up to a 30-day supply)					
Generic	\$15	30% after \$250	\$15	50% up to \$250	\$10
Brand Formulary	\$30	30% after \$250	\$30	50% up to \$250	\$20
Non-Formulary	\$45	30% after \$250	\$45	50% up to \$250	\$40
Prescription Drugs: Mail Order (up to a 90-day supply)					
Generic	\$30		\$30		\$20
Brand Formulary	\$60	Not covered	\$60	Not covered	\$40
Non-Formulary	\$90		\$90		\$80

This is only a brief summary of the plans. For more details, including limitations and exclusions, please review on the Intranet or contact the Benefits Department for a Summary Plan Description.



Dental Coverage

The Cigna dental plan covers a portion of approved dental procedures. Don't forget, visiting in-network dentists will save you money on out-of-pocket expenses.

Plan Features	Total Cigna DPPO	
	In-Network	Out-of-Network*
Calendar Year Deductible (waived for Preventive Services)	\$50 per person \$150 per family	
Calendar Year Maximum	\$5,000	
Diagnostic and Preventive Services (e.g., X-rays, cleanings, exams)	Covered in full	Covered in full
Basic and Restorative Services (e.g., fillings, extractions, root canals)	80%	80%
Major Services (e.g., dentures, crowns, bridges)	50%	50%
Orthodontia (deductible waived)	50%	50%
Orthodontia Lifetime Maximum (dependent children to age 19)	\$1,000	\$1,000

*Note: If you visit an out-of-network provider, you are responsible for charges above usual, customary and reasonable (UCR) limits. In Texas, the dental plan meets the state's plan design mandate.

Vision Coverage

Protect your eyesight with EyeMed vision coverage. Visit in-network doctors to save on out-of-pocket expenses. You can find in-network providers at eyemed.com. EyeMed also offers the following perks just for being a member.

- Discounts on sunglasses: \$20 off, or \$50 off your purchase of \$200 or more at Sunglass Hut.

EyeMed Vision

Member Login:
eyemedvisioncare.com/member

Provider Locator:
<https://eyedoclocator.eyemedvisioncare.com/member/en/>
 Vision PPO Network Name:
"Insight"

PLAN FEATURES	EyeMed	
	In-Network	Out-of-Network
	You pay:	Plan reimburses you:
Exam – every 12 months	\$10	Up to \$40
Frames – every 12 months	No copay; \$190 allowance, 20% off balance over \$190	Up to \$133
Lenses – every 12 months		
Single Vision	\$10 copay	Up to \$30
Bifocal	\$10 copay	Up to \$50
Trifocal	\$10 copay	Up to \$70
Lenticular	\$10 copay	Up to \$70
Contact Lenses – every 12 months (in lieu of lenses and frames)	No copay; \$200 allowance	
Elective	15% off balance over \$200	Up to \$200
Medically Necessary	Covered in full	Up to \$210

Your Cost for Health Coverage

Your per paycheck payroll deductions for medical, dental, and vision coverage are shown in the table below:

Benefit Plan	Employee Only	Employee & Spouse	Employee & Child(ren)	Family
Medical				
Cigna Open Access Plus (PPO) - All Offices	\$537.88	\$1,244.16	\$1,059.43	\$1,765.72
Cigna HDHP (PPO) - All Offices	\$365.42	\$850.14	\$659.79	\$1,046.41
Cigna Open Access Plus IN (EPO) (Non- CA)	\$447.16	\$1,043.41	\$808.52	\$1,282.80
Dental				
Cigna DPPO - CA	\$32.25	\$66.02	\$73.40	\$107.72
Vision				
EyeMed	\$3.44	\$6.53	\$6.87	\$10.10

Keep Track of Your Health with myCigna

Organize Your Health Plan Information with myCigna

myCigna.com is a simple way to personalize, organize, and access your important plan information.

Register at [myCigna.com](https://mycigna.com) and login anytime to:

- Manage and track claims
- View ID Card information
- Find doctors and compare costs and quality ratings
- Review your coverage
- Track your account balances and deductibles
- Refill your prescription drugs online and check order status with Cigna Home Delivery Pharmacy

Get started today! Register at [myCigna.com](https://mycigna.com) or download the myCigna Mobile App for Apple, Android, Kindle Fire, or Blackberry.

What Matters Most? Your Health

Finding your way on your health journey can be challenging, but Cigna is here to help.

Cigna offers personalized support to meet you where you are on your health journey and get you where you need to be. You'll receive the information, tools, and inspiration you need to take greater charge of your health. It's easy, fun, and available at no additional cost to you!

- Take a simple, game-like online assessment that helps you identify your health goals
- Keep track of all your important health information—BMI, blood pressure, cholesterol, and more
- Discover popular health & wellness apps that work best for you—then track your progress
- Find fun new ways to better manage your health

Your health matters. Cigna is here to make your journey easier. Visit [myCigna.com](https://mycigna.com) from your desktop, smartphone, or tablet to get started.

MotivateMe Rewards Your Healthy Actions (plan participation is limited to employees, not dependents)

Being healthy doesn't happen overnight; it takes consistency in making good choices every day. To encourage you on your health journey, Cigna's MotivateMe program allows you to earn gift card rewards by participating in a variety of activities, including:

- Health assessment
- Annual preventive exams

Getting started is easy! Visit [myCigna.com](https://mycigna.com) and select Incentive Awards Program or call 800-244-6224 to:

- Review detailed instructions on how the MotivateMe program works
- View a list of eligible goals and matching rewards
- Check and track your completed goals and earned rewards

Make Smarter Medical Decisions with Cigna One Guide

Get the most out of your medical plan with Cigna One Guide. This service will assist you in making more informed choices, so you can stay healthy and save money. You can access Cigna One Guide through the myCigna mobile app or call 800-244-6224 to get answers to your health plan questions. Your One Guide team will help you:

- Understand your coverage and how it works
- Locate in-network doctors and facilities
- Connect with health coaches, pharmacists and more
- Receive dedicated one-on-one support for complex health issues
- Maximize your benefits and earn incentives
- Get cost estimates and service comparisons

Finding an In-Network Doctor Is Easy

Is your doctor or hospital in the Cigna network? Cigna's online directory makes it easy to find who (or what) you're looking for.

4 Simple Steps to Find a Doctor or Facility:

Step 1

Go to [Cigna.com](https://www.cigna.com) and click on "Find a Doctor, Dentist or Facility" at the top of the screen. Then, under "Not a Cigna Customer Yet?" select "Plans through your employer or school." (If you're already a Cigna customer, log in to [myCigna.com](https://www.mycigna.com) or the myCigna® app to search your current network. To search other networks, use the [Cigna.com](https://www.cigna.com) directory.)

Step 2

Enter the geographic location you want to search.

Step 3

Select specialty or type of doctor.

Step 4

Enter geographic location you reside in and select medical plan.

That's it! You can also refine your search results by distance, years in practice, specialty, languages spoken, and more.

Convenient? Yes.
Costly? No.

Medical virtual care for minor conditions cost less than ER or urgent care center visits, and maybe even less than an in-office primary care provider visit.

Cigna Virtual Care

WHEN LEAVING THE HOUSE IS EASIER SAID THAN DONE.

Get care whenever and wherever with medical and behavioral/mental health virtual care.

Life is demanding. It's hard to find time to take care of yourself and your family members as it is, never mind when one of you isn't feeling well. That's why your health plan through Cigna includes access to medical and behavioral/mental health virtual care.

Whether it's late at night and your doctor or therapist isn't available, or you just don't have the time or energy to leave the house, you can:

- Access care from anywhere via video or phone.
- Get medical virtual care 24/7/365 – even on weekends and holidays.
- Schedule a behavioral/mental health virtual care appointment online in minutes.
- Connect with quality board-certified doctors and pediatricians, as well as licensed counselors and psychiatrists.
- Have a prescription sent directly to your local pharmacy, if appropriate

Medical Virtual Care

Board-certified doctors and pediatricians can diagnose, treat and prescribe most medications for minor medical conditions, such as:

- Acne
- Allergies
- Asthma
- Bronchitis
- Cold and flu
- Constipation
- Diarrhea
- Earaches
- Fever
- Headache
- Infections
- Insect bites
- Joint aches
- Nausea
- Pink eye
- Rashes
- Respiratory infections
- Shingles
- Sinus infections
- Skin infections
- Sore throats
- Urinary tract infections

Behavioral/Mental Health Virtual Care

Licensed counselors and psychiatrists can diagnose, treat and prescribe most medications for nonemergency behavioral/mental health conditions, such as:

- Addictions
- Bipolar disorders
- Child/adolescent issues
- Depression
- Eating disorders
- Grief/loss
- Life changes
- Women’s Issues
- Men’s Issues
- Panic Disorders
- Parenting Issues
- Postpartum depression
- Relationship and marriage issues
- Stress
- Trauma/PTSD

Cigna Virtual Wellness Care – MDLIVE.

Wellness Screenings/Preventive Care can be done anywhere via phone, tablet or computer.

Virtual wellness screenings through MDLIVE are now available to all Cigna members. There is NO cost for the screening and lab work that is required. Your screening is provided by a board-certified MDLIVE provider. Simply make your appointment online through www.mycigna.com and go for a quick visit to a lab for your blood work and biometrics. The rest is completed online and via video or phone, wherever it’s most convenient for you.

It’s important that you proactively identify health issues such as high cholesterol and other risk factors before they become serious and costly. A summary of your preventive care visit will be provided to you for your records.

MDLIVE® = medical and behavioral/mental health virtual care.
888.726.3171

STEP 1	Complete your MDLIVE online health assessment.
STEP 2	Choose an in-network lab and schedule an appointment.**
STEP 3	Choose an MDLIVE provider and schedule your virtual visit.
STEP 4	Go to your lab appointment. You'll receive a notification when the results are available in the MDLIVE customer portal.
STEP 5	Attend your virtual visit from anywhere via video or phone. After your visit, you'll receive a summary of your screening results for your records.

Cigna Behavioral Health also provides access to video-based counseling through Cigna’s network of providers. To find a provider:

- Visit myCigna.com, go to “Find Care & Costs” and enter “Virtual counselor” under “Doctor by Type”
- Call the number on the back of your Cigna ID card 24/7

CIGNA BEHAVIORAL EXPANDS ITS NETWORK TO INCLUDE NEW VIRTUAL PROVIDERS IN CALIFORNIA.

Utilize your behavioral benefits to access care.

Talkspace

Available nationwide

Connect with a licensed therapist or psychiatrist online, by video or text using Talkspace, available for Cigna Behavioral customers, ages 13 and up.

To schedule an assessment, go to talkspace.com/Cigna.



Contact your Cigna representative for details and information.

Meru Health

Only available to customers in CA, CO and AZ

This 12-week virtual counseling program offers support for people suffering from depression, anxiety or burnout. The program includes live virtual counseling and private texting with licensed therapists, as well as an online peer support community and other educational resources for ages 18 and above.

To schedule your free screening session, go to meruhealth.com/Cigna

NOCD

Only available to customers in CA, MI and NC

Get personalized treatment for obsessive compulsive disorder (OCD) through virtual live therapy and app-based digital tools, including texting with a therapist. Available to Cigna Behavioral customers ages 6 and up.

For a free assessment, go to TreatMyOCD.com.

The health information line is here for you 24/7

It can be a fever in the middle of the night or a question about a popular medication. Whether you're looking for general information or have a specific health concern, the health information line is open 24 hours a day, seven days a week.

Dial 800.Cigna24 and you'll be connected with a nurse who is ready to help answer your health questions.

And there's more.

You can also listen to hundreds of podcasts in English and Spanish on almost any health topic to be better informed about your health. To listen:

- Select a topic and listen via livestream. Visit myCigna.com for more information.
- Call the health information line, follow the voice prompts, enter a code for the audio library, and you will be listening in seconds.



For more information, visit myCigna.com or call **800.Cigna24**

Flexible Spending Accounts (FSAs)

Save money for medical or dependent care expenses with pre-tax dollars deducted from your paycheck. With HealthEquity, you can set aside up to \$2,500 in a Health Care FSA and up to \$5,000 in a Dependent Care FSA.

Important Rules to Keep in Mind

FSAs offer huge tax advantages, but these accounts are subject to strict IRS regulations:

- If you don't use the full amount in your FSAs by the end of the plan year, your unused account balance can be carried over and used to pay for health care expenses incurred in the first 2½ months of the next plan year.
- Once you enroll in the FSAs, you can't change your contribution amount during the year unless you experience a qualified status change such as marriage or birth of a child.
- You cannot transfer funds from one FSA to another.
- **This is a "Use it or Lose it" benefit. Claims must be submitted by March 31, 2023 for your 2022 expenses. No Exceptions!**

Helpful Hints

- Manage your FSA(s) online at <https://healthequity.com/loginhelp>
- Download the HealthEquity mobile app for iPhone or Android for quick access to your account including reimbursement forms and information
- When Logging in you will see two options; select "WageWorks"

Health Care FSA

With a Health Care FSA, you can use account funds for numerous health care related products and services – for yourself, your spouse, and your qualifying child or relative. IRS rules state that expenses reimbursed under your Health Care FSA may not be reimbursed under any other plan or program, and only qualified out-of-pocket expenses are eligible. Expenses must be incurred within the plan period.

Health Care FSA Expenses

The following are a few examples of eligible and ineligible Health Care FSA expenses:

Eligible Expenses

- Acupuncture and chiropractic services
- Birth control, condoms, contraceptives
- Co-pays, co-insurance, deductibles
- Dental exams, cleanings, fillings, orthodontia, qualified services
- Eye exams, vision correction surgery, eyeglasses, contact lens solution
- Insulin, diabetic supplies, test kits
- Prescription drugs
- Acne Medicine
- Ambulance
- Contact LensesRx
- Dental Cleanings
- Disposable Face Masks
- EyeglassesRx
- Eye Surgery
- Hearing Aids
- Motorized Wheelchair
- PrescriptionsRx
- X-Rays
- Allergy Medicines
- Braces
- Crutches
- Denturist
- Doctor Fees
- Eye Exams
- Flu Shot
- Ibuprofen
- Orthodontia
- Sanitizing Wipes
- And much more...

Ineligible Expenses

- Cosmetic dental procedures
- Cosmetic prescription drugs, surgery, procedures
- Cosmetics, makeup, perfume
- Deodorant, soap, shaving cream, razors
- Diapers or diaper service
- Feminine hygiene products
- Hair removal treatments and waxes
- For Eligible personal items, visit www.fsastore.com

Health Care FSA Reimbursement

You must complete and submit a reimbursement form along with required documentation before a final determination is made. Examples of documentation include an explanation of benefits (EOB), itemized statement from the service provider, and itemized receipts. Access forms by logging in to your personal HealthEquity account at <https://healthequity.com/loginhelp>. When Logging in you will see two options; select "WageWorks."

Dependent Care FSA Expenses

Dependent care expenses must be for a qualifying individual who is:

- Your dependent child under the age of 13 and lives with you for more than half the year.
- Your spouse or other qualifying dependent who is physically or mentally incapable of self-care and lives with you for more than half the year.

A special note to divorced individuals: If you're divorced and are the custodial parent, your child is a qualifying individual even if you don't claim the child as a tax dependent. A divorced, non-custodial parent cannot be reimbursed under a Dependent Care FSA, even if the divorced, non-custodial parent claims the child as a tax dependent.

Eligible dependent care expenses for the Dependent Care FSA are those that allow you and your spouse (if you are married) to work or attend school full time. These services generally include day care, babysitters, most day camps, and caregivers for disabled dependents. These expenses must be incurred during the current plan year.

Dependent Care FSA Reimbursement Requirements

- A signed and dated Request for Reimbursement Form must accompany each reimbursement request. Access the form online from your personal HealthEquity account at <https://healthequity.com/loginhelp>. When Logging in you will see two options; select "WageWorks".
- If both the participant and provider certifications on the reimbursement form are completed and signed, additional documentation is not required.
- For reimbursement forms without the provider's signature, an itemized statement from the dependent care provider is required.
- Itemized statements should include the date of service, name and date of birth of dependent, itemization of charges, and provider's name, address, and Tax ID or Social Security Number.

Helpful Hint

Save your itemized receipts, EOBs, and other supporting documents along with copies of your reimbursement forms. Due to IRS Rules, HealthEquity may ask you to verify your expenses. When Logging in you will see two options; select "WageWorks"

Health Care and Dependent Care FSA Reimbursement Submission Process

HealthEquity offers several options to submit reimbursement requests:

- Online at <https://healthequity.com/loginhelp>. When Logging in you will see two options; select "WageWorks"
- HealthEquity mobile app for Apple and Android
- Fax reimbursement forms and documentation to the number on the form
- Mail reimbursement forms and copies of supporting documentation to the address listed on your form

Transportation Allowance

Commuter Account Benefits

With a HealthEquity Commuter Account, each month you may elect to deduct an amount ranging from \$20 to \$265 monthly from your paycheck on a pre-tax basis to use toward out-of-pocket transit, eligible vanpools, and qualified parking costs.

Transit Eligibility

Work-related transit expenses incurred by employees include vouchers, passes, tokens, and fare cards for transportation via bus, commercial vanpool, subway, train, ferry, and streetcar.

Eligible parking expenses incurred by employees include parking at or near work. Parking at or near a transportation service site, and park and ride expenses.

Ineligible expenses include car maintenance, carpools, gasoline, and tolls (E-ZPass, FasTrak, TollTag, ZipCash, etc.).

Special Rules for Commuter Expenses

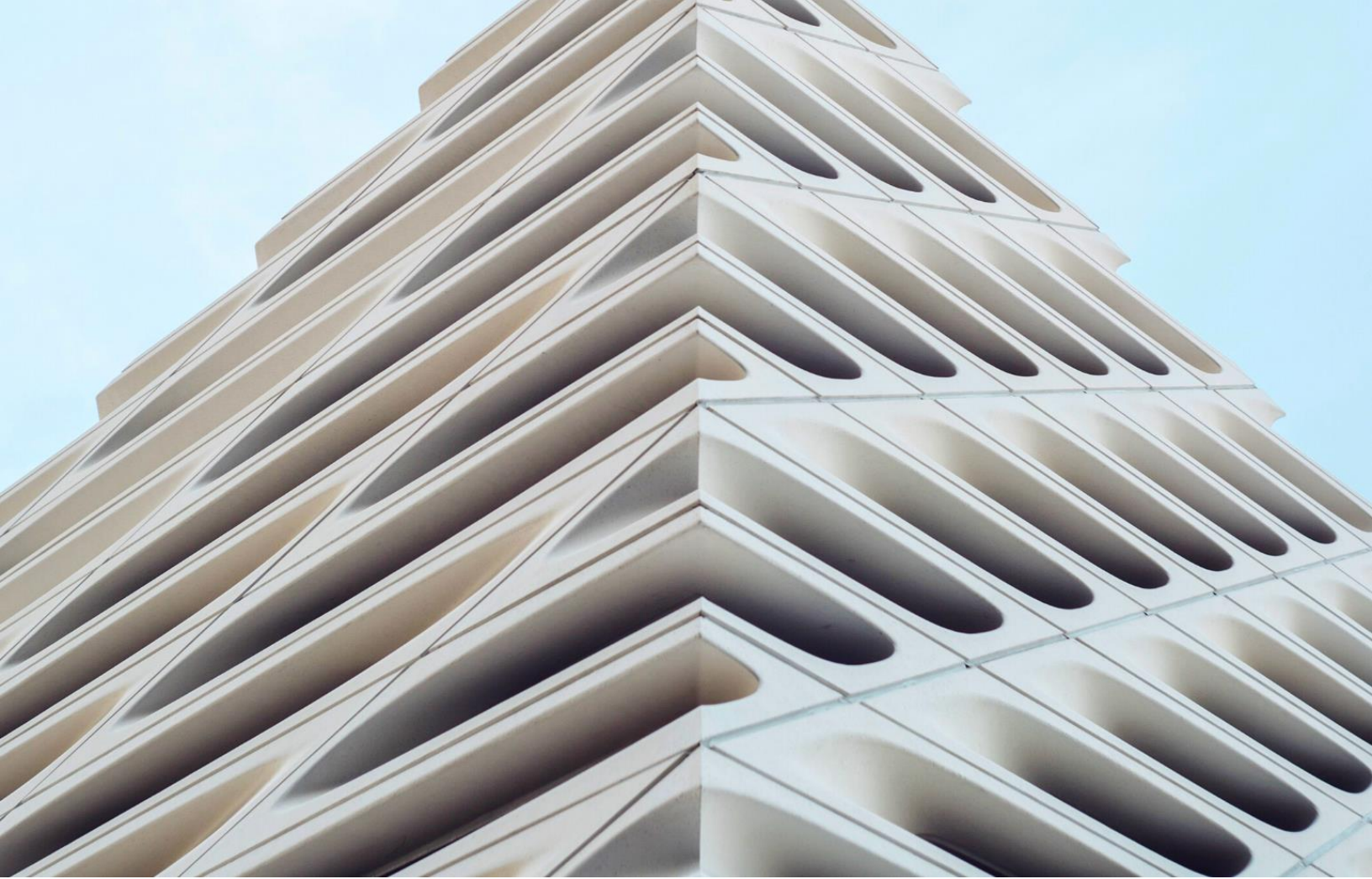
- Unused funds are forfeited and cannot be “cashed out.”
- Qualified expenses include transportation expenses incurred between an employee’s residence and their workplace. Spouse or dependent expenses are not eligible.
- Unused amounts cannot be used to reimburse a participant after they are terminated.
- Expenses over the monthly maximum may not be carried over to the next coverage period.
- If you are an active participant, you may carry forward unused contributions to subsequent coverage periods.
- Reimbursement is limited to the amount contributed by the employee.

Helpful Hint

Manage your account online or on your mobile device with the **HealthEquity** mobile app. Learn more at

<https://healthequity.com/>
&
<https://healthequity.com/loginhelp>

When Logging in you will see two options; select "WageWorks"



Transit Ordering and Reimbursement Process

Place your transit orders by logging in to your online HealthEquity account at <https://healthequity.com/loginhelp>. When Logging in you will see two options; select "WageWorks". Additional documentation is not required for transit expenses purchased online through your HealthEquity account.

Parking and Transit Reimbursement Documentation

Reimbursement requests must include standard documentation. Submit these required documents within 180 days after payment is made:

- Signed and dated reimbursement form with an itemized receipt showing the date of service and amount charged.
- A receipt is required unless receipts are unobtainable through the normal course of business. If a receipt isn't available, you should check the appropriate box under Supporting Documentation on the reimbursement form.

Reimbursement Submission Process

You have three ways to submit your reimbursement request:

- Online at <https://healthequity.com/loginhelp>. When Logging in you will see two options; select "WageWorks"
- Fax reimbursement forms and documentation to the number on the form
- Mail reimbursement forms and copies of supporting documentation to the address listed on your form



401(k)

You are eligible to participate in a Merrill Lynch 401(k) plan after six months of employment on the first day of the next calendar quarter. Enrollments are effective on a quarterly basis. Once enrolled, you may drop contributions to zero at any time, but can only adjust up or down on the calendar quarter. An employer match is not available.

Merrill Lynch offers Benefits OnLine® to help plan for your future. Use this online resource to:

- Enroll in your 401(k) plan
- Check your balance
- Track investment performance
- Review transactions and account statements
- Chart your rate of return
- Change your elections and contribution rate
- Find tips and tools about investing in retirement

Visit benefits.ml.com (desktop) or m.benefits.ml.com (mobile) for more information.

Time Off

The following provides information on the time off available to active full-time employees. [it Time Off](#)

Benefit	Time Off
	24 paid hours per year available on January 1 of each year. Sick days are pro-rated for you year of employment. Available for use following 90 days of employment. <i>Variations based on local ordinances.</i>
Sick Leave	San Francisco: Sick time is accrued at a rate of 1 hour per every 30 hours worked. Maximum accrual of 10 sick days per year. Los Angeles: 48 paid hours per year available on January 1 of every year. Sick days are pro for the first year of employment. Available for use following 90 days of employment.



Help, when you need it most

With your Employee Assistance Program and Work/Life Balance services, confidential assistance is as close as your phone or computer.



EMPLOYEE ASSISTANCE PROGRAM (EAP)

Your EAP is designed to help you lead a happier and more productive life at home and at work. Call for confidential access to a Licensed Professional Counselor* who can help you.

A Licensed Professional Counselor can help you with:

- Stress, depression, anxiety
- Relationship issues, divorce
- Anger, grief and loss
- Job stress, work conflicts
- Family and parenting problems
- And more

WORK/LIFE BALANCE

You can also reach out to a specialist for help with balancing work and life issues. Just call and one of our Work/Life Specialists can answer your questions and help you find resources in your community.

Ask our Work/Life Specialists about:

- Child care
- Elder care
- Financial services, debt management, credit report issues
- Identity theft
- Legal questions
- Even reducing your medical/dental bills!
- And more

Who is covered?

Unum's EAP services are available to all eligible partners and employees, their spouses or domestic partners, dependent children, parents and parents-in-law.

Always by your side

- Expert support 24/7
- Convenient website
- Short-term help
- Referrals for additional care
- Monthly webinars
- Medical Bill Saver™ — helps you save on medical bills

Help is easy to access:

Phone support: 1-800-854-1446

Online support: unum.com/lifebalance

In-person: You can get up to three visits, available at no additional cost to you with a Licensed Professional Counselor. Your counselor may refer you to resources in your community for ongoing support.

Better benefits at work.™

unum.com

* The counselors must abide by federal regulations regarding duty to warn of harm to self or others. In these instances, the consultant may be mandated to report a situation to the appropriate authority. Unum's Employee Assistance Program and Work/Life Balance services, provided by HealthAdvocate, are available with select Unum insurance offerings. Terms and availability of service are subject to change. Service provider does not provide legal advice; please consult your attorney for guidance. Services are not valid after coverage terminates. Please contact your Unum representative for details. Insurance products are underwritten by the subsidiaries of Unum Group.

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Life and Disability Insurance

Disability Insurance

Disability and Sick Leave, if available, are mandated by City and/or State regulations. In NY, WA, DC, HI, NJ, RI and Puerto Rico, Short Term Disability is mandated by programs through the respective state and District of Columbia. Coverage through UNUM is unavailable. Consult your Office Manager for more information

Voluntary Life Insurance

You may purchase additional Unum life insurance coverage for yourself at group rates. Consider costs such as funeral expenses, legal expenses, and general living expenses for your surviving family members when determining an appropriate amount of additional coverage.

Employee: You may choose amounts up to 5x your base salary in increments of \$10,000 to a maximum of \$500,000. The guaranteed issue amount for employees is \$200,000 during initial enrollment only. Unum's Lock-In Feature: If the minimum of \$10,000 is selected at initial enrollment, the benefit amount may be increased up to the full guaranteed issue amount during future open enrollments.

If you enroll in additional coverage for yourself, you may choose to elect coverage for your spouse and/or your child(ren) in the following amounts:

Spouse: \$5,000 increments up to 100% of additional employee life insurance. The guaranteed issue amount is \$50,000.

Child(ren): \$2,000 increments up to \$10,000.

Please note: Evidence of Insurability is required prior to approval for coverage above guaranteed issue amounts and for late entrants.

For more details on Voluntary Benefits including Voluntary Life, Accident, Critical Illness and Hospital Insurance please visit: <https://flimp.live/Quinn2022?t=n>.



Accident Insurance

How does it work?

Accident Insurance pays a set benefit amount based on the type of injury you have and the type of treatment you need. It covers accidents that occur on and off the job. And it includes a range of incidents, from common injuries to more serious events.

Why is this coverage so valuable?

It can help you with out-of-pocket costs that your medical plan doesn't cover, like co-pays and deductibles. You'll have base coverage without medical underwriting. The cost is conveniently deducted from your paycheck. You can keep your coverage if you change jobs or retire. You'll be billed directly.

Who can get coverage?

You	If you're actively at work*
Your spouse	Can get coverage as long as you have purchased coverage for yourself.
Your children	Dependent children from birth until their 26th birthday, regardless of marital or student status.

*Employees must be legally authorized to work in the United States and actively working at a U.S. location to receive coverage. See Schedule of benefits for a complete listing of what is covered.

How much does it cost?

Your monthly premium	Option 1
You	\$7.81
You and your spouse	\$13.47
You and your children	\$17.94
Family	\$23.60

Accident Insurance can pay you money for covered accidental injuries and their treatment.



Since our founding in 1848, Unum has been a leader in the employee benefits business.

Innovation, integrity and an unwavering commitment to our customers has helped us become a global leader in financial protection benefits.



Critical Illness Insurance

How does it work?

If you're diagnosed with an illness that is covered by this insurance, you can receive a lump sum benefit payment. You can use the money however you want.

Why is this coverage so valuable?

- The money can help you pay out-of-pocket medical expenses, like co-pays and deductibles.
- You can use this coverage more than once. Even after you receive a payout for one illness, you're still covered for the remaining conditions and for the reoccurrence of any critical illness with the exception of skin cancer. The reoccurrence benefit can pay 100% of your coverage amount. Diagnoses must be at least 180 days apart or the conditions can't be related to each other.

What's covered?

Critical illnesses	
<ul style="list-style-type: none"> • Heart attack • Stroke • Major organ failure • End-stage kidney failure 	<ul style="list-style-type: none"> • Coronary artery disease Major (50%): Coronary artery bypass graft or valve replacement Minor (10%): Balloon angioplasty or stent placement
Cancer conditions	
<ul style="list-style-type: none"> • Invasive cancer — all breast cancer is considered invasive 	<ul style="list-style-type: none"> • Non-invasive cancer (25%) • Skin cancer — \$500
Progressive diseases	Supplemental conditions
<ul style="list-style-type: none"> • Amyotrophic Lateral Sclerosis (ALS) • Dementia, including Alzheimer's disease • Multiple Sclerosis (MS) • Parkinson's disease 	<ul style="list-style-type: none"> • Loss of sight, hearing or speech • Benign brain tumor • Coma • Permanent Paralysis • Infectious Diseases (25%)

Please refer to the certificate for complete definitions about these covered conditions. Coverage may vary by state. See exclusions and limitations.

Why should I buy coverage now?

- It's more affordable when you buy it through your employer and the premiums are conveniently deducted from your paycheck.
- Coverage is portable. You may take the coverage with you if you leave the company or retire. You'll be billed at home.

Be Well Benefit

Every year, each family member who has Critical Illness coverage can also receive a payment for getting a covered Be Well Benefit screening test, such as:

- | | |
|---|--|
| <ul style="list-style-type: none"> • Annual exams by a physician include sports physicals, well-child visits, dental and vision exams • Screenings for cancer, including pap smear, colonoscopy • Cardiovascular function screenings | <ul style="list-style-type: none"> • Screenings for cholesterol and diabetes • Imaging studies, including chest X-ray, mammography • Immunizations including HPV, MMR, tetanus, influenza |
|---|--|

Who can get coverage?

You:	Choose \$10,000, \$20,000 or \$30,000 of coverage with no medical underwriting to qualify if you apply during this enrollment.
Your spouse:	Spouses can only get 50% of the employee coverage amount as long as you have purchased coverage for yourself.
Your children:	Children from live birth to age 26 are automatically covered at no extra cost. Their coverage amount is 50% of yours. They are covered for all the same illnesses plus these specific childhood conditions: cerebral palsy, cleft lip or palate, cystic fibrosis, Down syndrome and spina bifida. The diagnosis must occur after the child's coverage effective date.

Monthly costs		
Age	Employee coverage: \$10,000 Spouse coverage: \$5,000 Be Well benefit: \$50	
	Employee	Spouse
under 25	\$2.94	\$2.39
25-29	\$3.44	\$2.64
30-34	\$4.24	\$3.04
35-39	\$5.14	\$3.49
40-44	\$6.74	\$4.29
45-49	\$9.04	\$5.44
50-54	\$12.24	\$7.04
55-59	\$16.74	\$9.29
60-64	\$23.44	\$12.64
65-69	\$33.64	\$17.74
70-74	\$49.64	\$25.74
75-79	\$68.04	\$34.94
80-84	\$89.04	\$45.44
85+	\$129.94	\$65.89

Monthly costs		
Age	Employee coverage: \$30,000 Spouse coverage: \$15,000 Be Well benefit: \$100	
	Employee	Spouse
under 25	\$8.82	\$7.17
25-29	\$10.32	\$7.92
30-34	\$12.72	\$9.12
35-39	\$15.42	\$10.47
40-44	\$20.22	\$12.87
45-49	\$27.12	\$16.32
50-54	\$36.72	\$21.12
55-59	\$50.22	\$27.87
60-64	\$70.32	\$37.92
65-69	\$100.92	\$53.22
70-74	\$148.92	\$77.22
75-79	\$204.12	\$104.82
80-84	\$267.12	\$136.32
85+	\$389.82	\$197.67

Monthly costs		
Age	Employee coverage: \$20,000 Spouse coverage: \$10,000 Be Well benefit: \$75	
	Employee	Spouse
under 25	\$5.88	\$4.78
25-29	\$6.88	\$5.28
30-34	\$8.48	\$6.08
35-39	\$10.28	\$6.98
40-44	\$13.48	\$8.58
45-49	\$18.08	\$10.88
50-54	\$24.48	\$14.08
55-59	\$33.48	\$18.58
60-64	\$46.88	\$25.28
65-69	\$67.28	\$35.48
70-74	\$99.28	\$51.48
75-79	\$136.08	\$69.88
80-84	\$178.08	\$90.88
85+	\$259.88	\$131.78

Learn more about your annual Be Well Benefit

Your Unum plan pays a Be Well Benefit for one Be Well screening each year.

With Unum's Be Well Benefit, you and other covered family members can receive a valuable incentive for important tests and screenings. Many of these tests are routinely performed, so it's easy to take advantage of this benefit.

Your Critical Illness Be Well benefit is tied to the coverage amount you choose. For instance, if you choose a coverage amount of \$10,000, your Be Well benefit will be \$50. A coverage amount of \$30,000 will have a Be Well benefit of \$100.

BE WELL SCREENINGS

- Annual exams by a physician including sports physicals and well-child visits, dental and vision exams
- Cancer screenings including pap smear, colonoscopy
- Cardiovascular function screenings
- Cholesterol and diabetes screenings
- Imaging studies, including chest X-ray, mammography
- Immunizations including HPV, MMR, tetanus, influenza



IT'S EASY TO FILE A CLAIM

You can receive a benefit for tests that are performed after your initial coverage date.

Follow these simple steps:

File your claim online with a one-time registration on **unum.com**, by mail or over the phone. Simply call **1-800-635-5597** to learn more.

You will need to provide the following:

- First and last names of the employee and claimant (the employee might not be the claimant)
- Employee's Social Security number or policy number
- Name and date of the test
- Name of physician and the facility where the test was performed.



Each year, you can earn a valuable incentive just for taking care of your health. And so can each of your covered family members.

For more information, please contact your HR representative.



Hospital Insurance

How does it work?

Hospital Insurance helps covered employees and their families cope with the financial impacts of a hospitalization. You can receive benefits when you're admitted to the hospital for a covered accident, illness or childbirth.

Why is this coverage so valuable?

- The money is paid directly to you — not to a hospital or care provider. The money can also help you pay the out-of-pocket expenses your medical plan may not cover, such as co-insurance, co-pays and deductibles.
- You get affordable rates when you buy this coverage at work.
- The cost is conveniently deducted from your paycheck.
- The benefits in this plan are compatible with a Health Savings Account (HSA).
- You may take the coverage with you if you leave the company or retire, without having to answer new health questions. You'll be billed directly.

Hospital Insurance can pay benefits that help you with the costs of a covered hospital visit.

Who can get coverage?

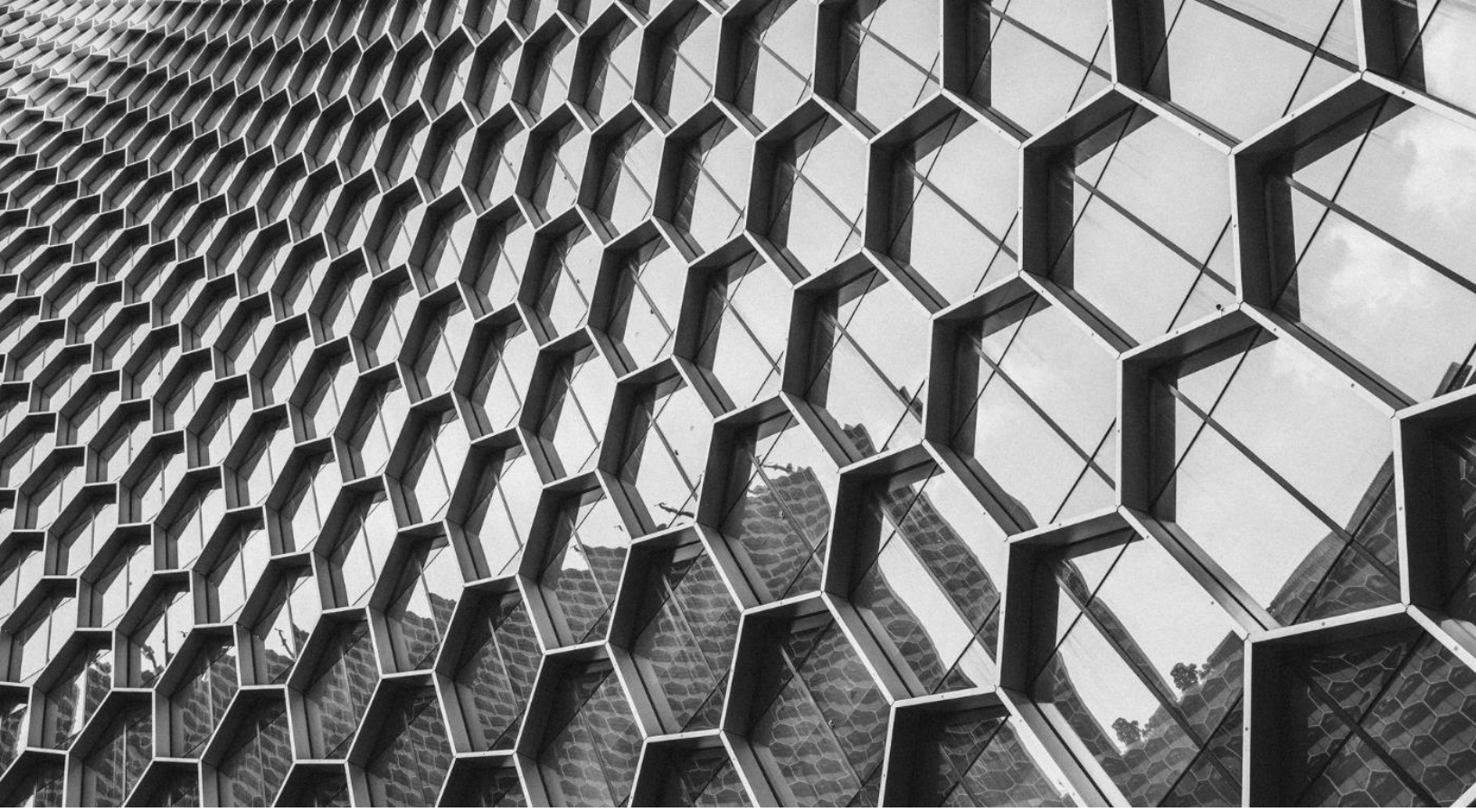
You:	If you're actively at work.
Your spouse:	Can get coverage as long as you have purchased coverage for yourself.
Your children:	Dependent children newborn until their 26th birthday, regardless of marital or student status

Employee must purchase coverage for themselves in order to purchase spouse or child coverage. Employees must be legally authorized to work in the United States and actively working at a U.S. location to receive coverage.

Hospital		
Hospital Admission	Payable for a maximum of 1 day per year	\$1,000
ICU Admission	Payable for a maximum of 1 day per year	\$1,000
Hospital Daily Stay	Payable per day up to 365 days	\$100
ICU Daily Stay	Payable per day up to 30 days	\$100

How much does it cost?

Your monthly premium	
You	\$8.14
You and your spouse	\$16.29
You and your children	\$11.67
Family	\$19.82



Workers' Compensation Benefits

At time of injury, contact your office manager. The insurance carrier is CHUBB Group of Insurance with the exception of Washington employees. The Washington insurance carrier is the Washington State Department of Labor & Industries.

Workers' Compensation Carrier

CHUBB Group of Insurance/
Federal Insurance Company
555 S. Flower Street, 3RD Floor
Los Angeles, CA 90071
Phone: 213-612-0880
Policy Effective Date: 04/01

Washington Workers' Compensation Carrier

Claims Administration
Department of Labor & Industries
P.O. Box 44291
Olympia, WA 98504-4291
Phone: 1-800-941-2976

Questions?

Ask Here

All Summary Plan Descriptions, Claim Forms, and Enrollment Forms can be found on the Intranet and ADP Self-Service System.

Benefit	Contact	Telephone	Website or Email
General Information	QE Benefits Department: Kathy Starr	(213) 443-3637	intranet.quinnemanuel.com Email: benefitsdepartment@quinnemanuel.com Email: kathystarr@quinnemanuel.com Member Login ADP Payroll Portal
Medical	Cigna	(800) 244-6224	mycigna.com
Telehealth Services	Cigna	MDLive for Cigna 888-726-3171	mdliveforcigna.com Mobile app search: MDLive for Cigna
Dental	Cigna	(800) 244-6224	mycigna.com
Vision	EyeMed	(888) 439-3633	Member Login: eyemedvisioncare.com/member Provider Locator: https://eyedoclocator.eyemedvisioncare.com/member/en/
Flexible Spending Accounts (FSAs, Medical, Dependent Care & Commuter)	HealthEquity	(877) 924-3967	https://www.healthequity.com/login
401(k)	Merrill Lynch	(800) 228-4015	benefits.ml.com (desktop)
Basic Life and AD&D	Unum	(800) Ask-UNUM	Email: askunum@unum.com
Unum Voluntary Benefits-Life, Accident, Critical Illness and Hospital	Unum	(800) Ask-UNUM	Email: askunum@unum.com https://www.unum.com/employees https://flimp.live/Quinn2022?t=n
Employee Assistance Program (EAP)	Unum	(800) 854-1446	unum.com/lifebalance
Travel Assistance	Unum	U.S. (800) 872-1414 Outside U.S. +(609)986-1234	Email: medservices@assistamerica.com

This communication highlights your Quinn Emanuel Urquhart & Sullivan, LLP 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. Quinn Emanuel Urquhart & Sullivan, LLP reserves the right to change any benefit plan without notice. Benefits are not a guarantee of employment.

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AN ALERA GROUP COMPANY