

BENEFITS GUIDE

OF COUNSEL & ASSOCIATES

ALL OFFICES EXCEPT CALIFORNIA

2023-2024

quinn emanuel trial lawyers
quinn emanuel urquhart & sullivan, llp



**Plan Year
September 1st, 2023
to August 31, 2024**

**FOCUSING ON YOUR BENEFITS
SO YOU CAN FOCUS ON YOUR
LIFE AND HEALTH**

YOUR BARKLEY HEALTH ADVOCATES



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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 about your benefits, contact the Benefits Department or the appropriate carrier listed at the end of this guide.

HELPFUL HINTS

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

ELIGIBILITY

You are eligible for Quinn Emanuel Urquhart & Sullivan, LLP benefits on your date of hire.

You may enroll eligible dependents such as a legal spouse/registered domestic partner (same sex or opposite sex) and/or eligible dependents up to age 26.

WHEN TO ENROLL

You can enroll for coverage within 30 days of your eligibility date or during the firm's Annual Open Enrollment period. Enrollment elections can be made by logging into your ADP portal.

If you do not enroll into coverage within 30 days of your eligibility date, you will not receive health coverage during the plan year, unless you have experienced a qualifying life event (see Making Changes for details).

MAKING CHANGES

Elections made during enrollment will be effective until the end of the plan year on August 31, 2024. Once enrolled, you will be unable to make benefit changes or add/remove dependents until the next enrollment period or unless you have a qualifying life event.

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 experienced a qualifying life event, **you will have 30 days** from the date of the event to make changes to your benefits coverage.

If you do not meet the deadline then you will be unable to make changes until the next open enrollment period in Fall 2024.

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 <i>Physician's Office</i>	\$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	Not covered	\$30	Not covered	\$20
Brand Formulary	\$60		\$60		\$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 help you save money on out-of-pocket expenses.

PLAN FEATURES	TOTAL CIGNA DENTAL PPO	
	IN-NETWORK	OUT-OF-NETWORK*
Calendar Year Deductible <i>(waived for Preventive Services)</i>	\$50 per person \$150 per family	
Calendar Year Maximum	\$5,000 per person	
Diagnostic and Preventive Services <i>(e.g., X-rays, cleanings, exams)</i>	Covered in full	Covered in full
Basic and Restorative Services <i>(e.g., fillings, extractions, root canals)</i>	80%	80%
Major Services <i>(e.g., dentures, crowns, bridges)</i>	50%	50%
Orthodontia <i>(deductible waived)</i>	50%	50%
Orthodontia Lifetime Maximum <i>(dependent children to age 19)</i>	\$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:

<https://member.eyemedvisioncare.com/member/en>

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 copay	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 <i>(in lieu of lenses and frames)</i>	No copay; \$200 allowance	Up to \$200
Elective	15% off balance over \$200	Up to \$200
Medically Necessary	Covered in full	Up to \$210
LASIK OR PRK from U.S. Laser Network	15% off retail or 5% off promo; Call 1-800-988-4221	Not covered
OTHER: Hearing Care from Amplifon Network	Up to 64% off hearing aids; Call 1-877-203-0675	Not covered

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) <i>All Offices</i>	\$0.00	\$352.97	\$260.66	\$613.63
Cigna HDHP (PPO) <i>All Offices</i>	\$0.00	\$0.00	\$0.00	\$0.00
Cigna Open Access Plus IN (EPO) <i>(Non-CA)</i>	\$0.00	\$0.00	\$0.00	\$0.00
Dental				
Cigna DPPO <i>Non-CA</i>	\$0.00	\$30.34	\$36.97	\$67.81
Vision				
EyeMed	\$3.44	\$6.53	\$6.87	\$10.10

KEEP TRACK OF YOUR HEALTH WITH MYCIGNA

ORGANIZE YOUR HEALTH PLAN INFORMATION WITH MYCIGNA

<https://my.cigna.com> is a simple way to personalize, organize, and access your important plan information. Register at <https://my.cigna.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 <https://my.cigna.com> or download the myCigna Mobile App for Apple, Android, Kindle or Fire.

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://my.cigna.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 <https://my.cigna.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

HEALTH CARE THAT'S THERE FOR YOU WHEN AND WHERE YOU NEED IT

Head-to-toe virtual care¹ from MDLIVE.[®]



It's not always easy to find time for the health care you need. After all, doctors' appointments traditionally involve time and travel. That can lead to putting off care until problems become more serious, and potentially more expensive.

That's why Cigna has partnered with MDLIVE to offer a comprehensive suite of convenient virtual care options — available by phone or video whenever it works for you. MDLIVE board-certified doctors, dermatologists, psychiatrists and licensed therapists have an average of over 10 years of experience, and provide personalized care for hundreds of medical and behavioral health needs.

Now you don't have to wait — or travel — for the care you need.

Connect with video or phone, whenever it's convenient for you. Best of all, virtual care from MDLIVE board-certified doctors is available to you and your eligible dependents as part of your health benefits.

MDLIVE[®]

Primary Care

Preventive care, routine care, and specialist referrals

- Preventive care checkups/wellness screenings available at no additional cost² to identify conditions early
- Routine care visits allow you to build a relationship with the same primary care provider (PCP) to help manage conditions
- Prescriptions available through home delivery or at local pharmacies, if appropriate
- Receive orders for biometrics, blood work and screenings at local facilities³

Urgent Care

On-demand care for minor medical conditions

- On-demand 24/7/365, including holidays
- Care for hundreds of minor medical conditions
- A convenient and affordable alternative to urgent care centers and the emergency room
- Prescriptions available, if appropriate

Behavioral Care

Talk therapy and psychiatry from the privacy of home

- Access to psychiatrists and therapists
- Schedule an appointment that works for you
- Option to select the same provider for every session
- Care for issues such as anxiety, stress, life changes, grief and depression

Dermatology⁴

Fast, customized care for skin, hair and nail conditions — no appointment required

- Board-certified dermatologists review pictures and symptoms; prescriptions available, if appropriate
- Care for common skin, hair and nail conditions including acne, eczema, psoriasis, rosacea, suspicious spots and more
- Diagnosis and customized treatment plan, usually within 24 hours

3 easy steps to connect to care

Virtual care visits are convenient and easy.
To schedule an appointment:



Access MDLIVE by logging into myCigna.com and clicking on “Talk to a doctor.” You can also call MDLIVE at 888.726.3171. (No phone calls for virtual dermatology.)

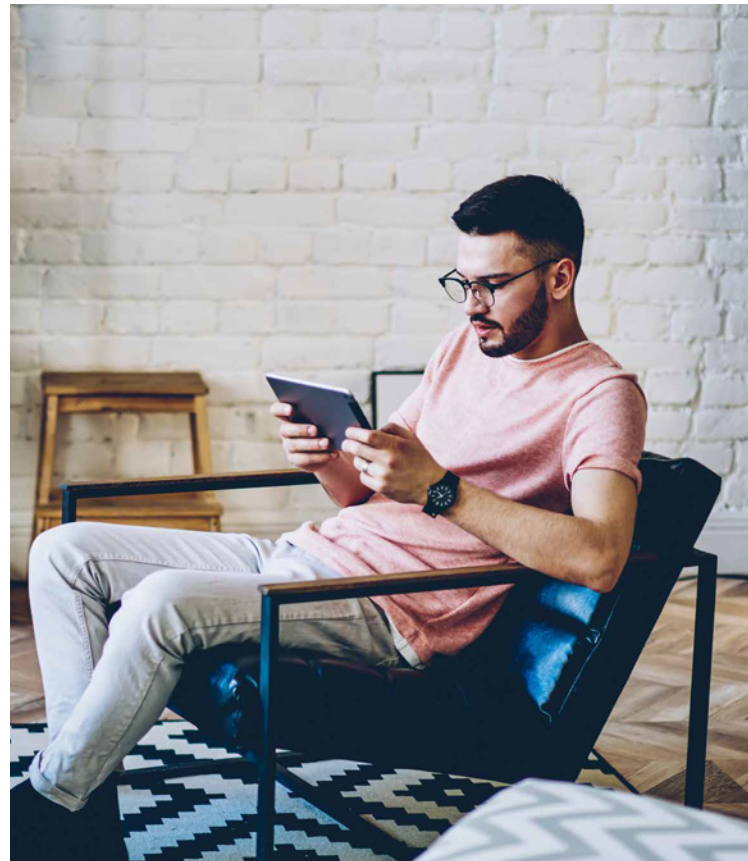


Select the type of care you need: medical care or counseling; cost will be displayed on both myCigna.com and MDLIVE



Follow the prompts for an on-demand urgent care visit, to make an appointment for primary or behavioral care, or to upload photos for dermatology care

Appointments are available via video or phone, whenever it's most convenient for you. Virtual dermatology does not require an appointment.



Visit myCigna.com to make an appointment for virtual care today.

Together, all the way.®



1. Cigna provides access to virtual care through national telehealth providers as part of your plan. This service is separate from your health plan's network and may not be available in all areas or under all plans. Referrals are not required. Video may not be available in all areas or with all providers. Refer to plan documents for complete description of virtual care services and costs. Virtual primary care through MDLIVE is only available for Cigna medical members aged 18 and older.
2. For customers who have a non-zero preventive care benefit, MDLIVE virtual wellness screenings will not cost \$0 and will follow their preventive benefit.
3. Limited to labs contracted with MDLIVE for virtual wellness screenings.
4. Virtual dermatological visits through MDLIVE are completed via asynchronous messaging. Diagnoses requiring testing cannot be confirmed. Customers will be referred to seek in-person care. Treatment plans will be completed within a maximum of 3 business days, but usually within 24 hours.

WHERE DO YOU START?

Each woman's journey to motherhood is unique. Enrolling in the Cigna Healthy Pregnancies, Healthy Babies[®] program is an important first step toward a healthy future for you and your baby.



Get started now

We can help you stay healthy before and during your pregnancy and in the days and weeks following your baby's birth. Call **800.615.2906** to enroll today.

Plan for a healthy pregnancy

When you enroll before becoming pregnant, we can help you be as healthy as possible. You'll have access to preconception planning tools and resources, including information from the March of Dimes on:

- › Eating right
- › Maintaining a healthy weight
- › Taking prenatal vitamins
- › Stopping alcohol and tobacco use
- › Controlling any medical conditions you may have

Have questions? Call the toll-free number on the back of your ID card anytime to speak with a Cigna maternity specialist who has nursing experience and can help you find in-network health care providers.

Learn about infertility support

If you're facing difficulty becoming pregnant, your case manager can help you find a Center of Excellence for infertility in your area. We can also answer any questions about your infertility benefits, which depend on your specific plan.

Find pregnancy support early and often

During your pregnancy:

- › Tell us about you and your pregnancy so we can get to know you and understand how we can help you.

- › Ask us anything - your maternity specialist, who has a nursing background, is there to support you during your whole pregnancy.

Learn as much as you want

Get live support 24 hours a day, seven days a week. Just call the number on your ID card to:

- › Get help with everything from tips on how to handle your discomfort during pregnancy to birthing classes and maternity benefits.
- › Access an audio library of health topics.

You can also visit **myCigna.com** for tools to help you track your pregnancy week by week, prepare for delivery and care for your baby.

The **Cigna Healthy Pregnancy™ app** is another resource available to you. The app is designed to help you and your baby stay healthy during pregnancy. This valuable resource offers you an easy way to track and learn about your pregnancy. It also provides support for baby's first two years!

Download the app now,* available on Google Play™ or the App Store®.



All Cigna Healthy Pregnancies, Healthy Babies services are confidential.

HEALTHIER PREGNANCIES EVERY STEP OF THE WAY.

Download the Cigna Healthy Pregnancy app today.

The Cigna Healthy Pregnancy® app is designed to help you and your baby stay healthy during pregnancy. This valuable resource offers you an easy way to track and learn about your pregnancy. It also provides support for baby's first two years!

Use this app to:

- ▶ Enroll in the Cigna Healthy Pregnancies, Healthy Babies® program.*
- ▶ Click to call a Cigna maternity specialist or case manager.*
- ▶ Learn about available incentives for program completion.*
- ▶ Keep a list of things to talk about with your health care provider, and set reminders.
- ▶ Watch educational videos about your baby's weekly development.
- ▶ Connect with your baby with the Baby Boost relaxation tool.
- ▶ Link to Cigna benefits and resource pages.
- ▶ Get personalized notifications on developmental milestones and to-dos for baby's first two years.
- ▶ View our expanded content library with helpful information on topics such as, behavioral health, loneliness, gun safety, coping with loss and pediatrics for baby's first two years.
- ▶ Add toddlers (from birth to two) to your profile and receive new specific content just for them.

There's a lot to keep track of when you're pregnant. The Cigna Healthy Pregnancy app can help make it simple. The app can guide you in talking with your provider about an issue, track your weight, help provide support and resources to actively manage your pregnancy and even promote a relaxing minute for you and your baby.

Download the Cigna Healthy Pregnancy app now.**

It's easy to use. Just enter your due date and **myCigna®** user ID and password.***

The content for Cigna Healthy Pregnancy was developed in conjunction with a board-certified OB-GYN who has over 15 years' experience caring for pregnant women and their babies. Other contributors include nurse midwives and other medical experts. Our content follows national clinical guidelines and is updated annually.



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Together, all the way.®



* If provided by your employer.

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*** To register for myCigna go to myCigna.com.

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

UTILIZE YOUR BEHAVIORAL BENEFITS TO ACCESS CARE.



CONTACT YOUR CIGNA REPRESENTATIVE FOR DETAILS AND INFORMATION.

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 <https://www.talkspace.com/Cigna>.

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 <https://www.meruhealth.com/sign-up/cehealth/>.

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 <https://www.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 <https://my.cigna.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](https://mycigna.com) OR CALL 800.CIGNA24

FLEXIBLE SPENDING ACCOUNTS (FSA)

A Flexible Spending Account (FSA) with Health Equity is an account that allows you to set aside pretax dollars from your paycheck to use on eligible healthcare and dependent expenses.

The IRS annual maximum contribution to the Health Care FSA is up to \$3,050 and Dependent Care FSA is up to \$5,000.

IMPORTANT RULES TO KEEP IN MIND

An FSA offers huge tax advantages, but these accounts are subject to strict IRS regulations:

- If you don't use the full amount in your FSA 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 FSA, 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, 2024 for your 2023 expenses. No Exceptions!**

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...

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.

FLEXIBLE SPENDING ACCOUNTS (FSA) CONTINUED

INELIGIBLE EXPENSES

- Cosmetic dental procedures
- Cosmetic prescription drugs, surgery, procedures
- Cosmetics, makeup, perfume
- Deodorant, soap, shaving cream, razors
- Diapers or diaper service
- Hair removal treatments and waxes
- For Eligible personal items, visit <https://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.

FLEXIBLE SPENDING ACCOUNTS (FSA) CONTINUED

HELPFUL HINTS

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"

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.

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

HELPFUL HINTS

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

<https://healthequity.com/>

&

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

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

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.

TRANSPORTATION ALLOWANCE CONTINUED

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 <https://www.benefits.ml.com> (desktop) or <https://m.benefits.ml.com> (mobile) for more information.

PROFIT SHARING PLAN

You are eligible to participate in the Profit Sharing Plan if you were hired July 1 or prior of the current year and have worked at least 1,000 hours. You must also be employed on December 31 to receive the contribution.

Employer contribution is a fixed percentage contingent upon the firm's profitability and discretion. Employees are fully vested upon funding.

The contribution is made into your 401(k) plan. If you are not participating in the voluntary portion of the 401(k), the firm will open an account in your name for the purposes of the Profit Sharing Plan.

EQUINOX GYM MEMBERSHIP

Associates/Of Counsels are eligible for a complimentary Equinox gym membership. The firm will pay up to \$225 per month for the membership (anything over that amount is the responsibility of the associate/of counsel), and the taxes paid for the membership will be passed along in paychecks as taxable fringe.

TIME OFF

The following chart provides information on the time off available to active full-time employees.

BENEFIT	TIME OFF
<p>Vacation</p>	<p>U.S. Associate and Of Counsel attorneys have unlimited vacation days, subject to case and business needs. As long as individual lawyers meet their obligations, they are eligible to take as much or as little vacation as desired.</p>
<p>Sick Leave</p>	<p>10 paid sick days per year. Sick days are pro-rated for the first year of employment and accrual methods vary by office.</p>
<p>Holidays</p>	<p>Holidays are paid. The holiday calendar is distributed annually.</p>
<p>Parental Leave - Primary Caregiver LOA</p>	<p>A Primary Caregiver is defined as someone who has primary responsibility for the immediate care of a child who has been added to the family through birth or adoption. Full time Associate and Of Counsel attorneys are entitled to up to 20 weeks Primary Caregiver leave. The leave payments will be reduced by any benefit amount available from State or City disability or paid leave programs, or the firm's Short Term Disability plan, as applicable. The Benefits Department will assist attorneys in filing any necessary claim forms to receive these outside benefits. The leave will run concurrent with time off granted through the Family and Medical Leave Act ("FMLA Leave") and any State or local job protection leaves of absence. Notice of an anticipated leave of absence should be given to the Benefits Department as soon as practical, and a doctor's statement is needed to estimate the start date for the leave.</p>
<p>Parental Leave - Non-Primary Caregiver LOA</p>	<p>A Non-Primary Caregiver is defined as someone who has secondary responsibility for the care of a child who has been added to the family through birth or adoption. Full time Associate and Of Counsel attorneys are entitled to up to 8 weeks Non-Primary Caregiver leave. The leave payments will be reduced by any benefit amount available from State or City disability or paid leave programs, as applicable. The Benefits Department will assist attorneys in filing any necessary claim forms to receive these outside benefits. Notice of an anticipated leave of absence should be given to the Benefits Department as soon as practical, and a doctor's statement is needed to estimate the start date for the leave. It is intended that the 8 weeks available for Non-Primary Caregiver leave be taken in one lump time period and not on an intermittent basis, and within 12 months of the arrival of a new child.</p>
<p>Family Building Benefit</p>	<p>The firm has partnered with New Life Agency to improve our family building benefit. New Life is the only insurance agency with exclusive insurance solutions serving the assisted reproductive community. The benefit provides Associates, Of Counsels and Partners, who have been with the firm for a year or more, a loan up to \$75,000 (lifetime maximum) toward infertility services. This loan will be forgiven, but subject to applicable taxes, if the employee/partner is still with the firm 12 months after the date of the last disbursement. Participants who leave the Firm for any reason, prior to 12 months following the last disbursement will require you to reimburse the firm for the full amount of the loan. Claims and/or requests for reimbursement are sent directly to New Life Agency. Contact Benefits for information on covered services.</p>

LIFE AND DISABILITY INSURANCE

SHORT-TERM DISABILITY (STD)

You are automatically covered under the STD plan at no cost to you. (Excluding Employees in CA, WA, DC, HI, NJ, NY, RI and Puerto Rico.)

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.

LONG-TERM DISABILITY (LTD)

You're automatically covered under the LTD plan at no cost to you.

Unum LTD coverage will replace 60% of your base salary to a monthly maximum of \$10,000 if you are disabled for more than 90-days and are unable to work.

LTD benefits are offset with other sources of income, such as Social Security and workers' compensation.

BASIC LIFE AND ACCIDENTAL DEATH & DISMEMBERMENT (AD&D) INSURANCE

As an active employee, the firm provides \$60,000 of Basic Life and AD&D coverage at no cost to you.

VOLUNTARY LIFE AND ACCIDENTAL DEATH AND DISMEMBERMENT (AD&D) INSURANCE

You may purchase additional Unum life and AD&D 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 and AD&D 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.

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.

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



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		
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

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.

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

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

This plan has a pre-existing condition limitation. See the disclosures for more information.

If enrolling, and eligible for Medicare (age 65+; or disabled) the Guide to Health Insurance for People with Medicare is available at www.medicare.gov/sites/default/files/2022-03/02110-medigap-guide-health-insurance.pdf

CONTACT TRAVEL ASSISTANCE ANYWHERE IN THE WORLD, DAY OR NIGHT:

Within U.S.: (800) 872-1414

Outside U.S.: +609-986-1234

Email: medservices@assistamerica.com



HELPFUL HINTS

Access useful resources online at <https://www.unum.com/support/employees/life-balance>



EMPLOYEE ASSISTANCE PROGRAM

The Employee Assistance Program (EAP) through Unum is available to you and your household family members 24 hours a day, seven days a week at (800) 854-1446. All calls are completely confidential and there is no cost to you for using the service.

The professionals at the EAP will help by assessing, advising, and recommending options to help you or your family members deal with problems. In addition to unlimited telephonic counseling, you are eligible for 3 face-to-face counseling sessions per incident per year.

THE EAP CAN HELP WITH MANY ISSUES INCLUDING:

- Locating childcare or eldercare services
- Financial or legal problems
- Personal or work relationships
- Depression or grief
- Substance abuse
- Identity theft protection



TRAVEL ASSISTANCE

Whenever you travel 100 miles or more from home, make sure to bring the travel assistance phone number! Travel assistance helps both you and your family have access to medical and other important travel services 24 hours a day.

USE UNUM TRAVEL ASSISTANCE FOR QUICK ACCESS TO:

- Emergency medical evacuation
- Prescription replacement assistance
- Care and transport of unattended minor children
- Emergency message service
- Emergency trauma counseling
- Referrals to Western-trained, English-speaking medical providers
- Passport replacement assistance



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.



WORKERS' COMPENSATION BENEFITS

At time of injury, contact your office manager. Below are the required forms and Medical Network information.

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

Medical Provider Network (MPN)

Corvel MPN
1100 Town & Country Road, Suite 400
Orange, CA 92868
MPN Assistance: 800.966.5307
MPN Lookup Must Select Workers' Compensation Network:
<http://www.corvel.com/ppo-lookup/>

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	http://intranet.quinnemanuel.com Email: benefitsdepartment@quinnemanuel.com Email: kathystarr@quinnemanuel.com Member Login ADP Payroll Portal
Medical	Cigna	(800) 244-6224	https://my.cigna.com
Telehealth Services	Cigna	MDLive for Cigna 888-726-3171	http://mdliveforcigna.com Mobile app search: MDLive for Cigna
Dental	Cigna	(800) 244-6224	https://my.cigna.com
Vision	EyeMed	(888) 439-3633	Member Login: https://eyemedvisioncare.com/member/en 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	https://www.benefits.ml.com (desktop)
Basic Life and AD&D	Unum	(800) Ask-UNUM	Email: askunum@unum.com
Unum Voluntary Benefits-Life and AD&D, Accident, Critical Illness and Hospital	Unum	(800) Ask-UNUM	Email: askunum@unum.com https://www.unum.com/employees https://flimp.live/Quinn2022?t=n
Long-Term Disability	Unum	(800) Ask-UNUM	Email: askunum@unum.com
Employee Assistance Program (EAP)	Unum	(800) 854-1446	https://www.unum.com/support/employees/life-balance
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.