



STAFF AND PRACTICE GROUP ATTORNEYS

EMPLOYEE BENEFITS

BENEFIT PLANS EFFECTIVE
JANUARY 1–DECEMBER 31, 2022

FENNEMORE.
EMPLOYEE BENEFITS

We are an organization where exceptional people continually strive to exceed expectations, and we want to help you thrive.

Our benefit programs are aimed at supporting you and your loved ones through life's various stages as well as providing financial stability and protection. We're proud to offer you and your family a variety of benefits—it's a key aspect of what makes our firm a great place to work.

Use this guide as a tool to help you make the best benefits decisions for you and your family for the 2022 plan year (January 1—December 31, 2022). The information inside this guide can help you review your health coverage options, check out tax savings opportunities, and learn about voluntary benefits options.

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ELIGIBILITY

If you are scheduled to work at least 30 hours per week, you are eligible for benefits on the first day of the month following 30 days of employment.

As you become eligible for benefits, so do your eligible dependents. In general, eligible dependents include:

- **Your spouse or partner:** This includes your legal spouse, civil union partner, or domestic partner.*
- **Your child(ren):** This includes your children to age 26, regardless of student, marital, or tax-dependent status (including a stepchild, legally-adopted child, a child placed with you for adoption, or a child for whom you are the legal guardian) as well as children of any age who are physically or mentally unable to care for themselves.

*Medical coverage is not offered to spouses/partners who are eligible to enroll in his/her own employer offered medical plan. Medical coverage is not offered to a child under age 26 who has enrolled in his/her employer-offered medical plan.

WHEN TO ENROLL

You can only sign up for benefits or change your benefits at the following times.

- Within 30 days of joining Fennemore Craig as a new employee.
- During the annual benefits enrollment period.
- Within 30 days of a qualifying life event.

The choices you make at this time will remain in place through December 31, 2022, unless you experience a qualifying life event as described on page 4. If you do not sign up for benefits during your initial eligibility period, you will not be able to elect coverage until the next open enrollment period.

CHANGING YOUR BENEFITS

Due to IRS regulations, once you have made your elections for 2022, you cannot change your benefits until the next annual open enrollment period.

The only exception is if you experience a qualifying life event. Election changes must be consistent with your life event.

Qualifying life events include, but are not limited to:

- Marriage, divorce, or legal separation.
- Birth or adoption of an eligible child.
- Death of your spouse or covered child.
- Spouse's work status changed affecting their benefits.
- Child's eligibility for benefits changed.
- Qualified Medical Child Support Order.

To request a benefits change, notify The Benefits Department within 30 days of the qualifying life event. Change requests submitted after 30 days cannot be accepted. You will need to provide proof of the event, such as a copy of the marriage license or birth certificate.

KEY TERMS TO KNOW

Take the first step to understanding your benefits by learning these four common terms.



COPAY

A fixed dollar amount you may pay for certain covered services. Typically, your copay is due at the time of service.



DEDUCTIBLE

The amount you must pay each year for certain covered health services before your insurance plan will begin to pay.



COINSURANCE

After you meet your deductible, you may pay coinsurance, which is your share of the costs of a covered service.



OUT-OF-POCKET MAXIMUM

This includes copays, deductibles, and coinsurance. Once you meet this amount, the plan pays 100% of covered services the rest of the year.

MEDICAL BENEFITS—CIGNA

Fennemore Craig offers two medical plan options through Cigna. You can select the plan that works best for you. In most locations, you also have a choice of networks.

The medical plans that offer both the Open Access Plus and LocalPlus network options are available to employees in these offices: Bakersfield, Denver, Las Vegas, Phoenix, Sacramento, and Tucson. Only the Open Access Plus network is available to employees in the Nogales, Fresno, and Reno offices.

Two additional Kaiser Permanente medical plan options are available for our California offices. Contact the Benefits Department for more information.

Before you enroll in medical coverage, take some time to fully understand how each plan works. Refer to page 7 for an overview of the plan benefits. Once you do enroll, download the myCigna app to organize and access your health insurance.

ASK YOURSELF THESE QUESTIONS:

1
Can you set aside money from your paycheck to save for out-of-pocket health care costs?

Consider the High Deductible Plan. You will have the option to fund a health savings account (HSA) that can save you money on your health care costs.

2
Do you prefer to pay less when you visit the doctor's office?

Consider the Traditional Plan. While you will pay more from your paycheck each month for coverage, you will only be responsible for a small copay or cost share when you need care.

3
Do you or your covered family members take any prescription medications on a regular basis?

Consider the Traditional Plan with LocalPlus Network. By using a narrow network of high-quality providers and complying with more stringent prescription rules, you'll save more money.

CIGNA EASY CHOICE

Cigna provides assistance in determining the medical plan that best fits your needs. To get started, visit decisionsupport.cigna.com/sds/external/public/web/index.html#/login (access code: LNAH7XRW).

ARE YOU COVERING YOUR SPOUSE AND/OR CHILDREN?

- **Traditional Plan members:** If you elect employee + spouse, employee + child(ren), or family coverage, the individual deductible and out-of-pocket maximum apply to each covered member of the family (capped at family amount).
- **High Deductible Plan members:** If you elect employee + spouse, employee + child(ren), or family coverage, the individual deductible DOES NOT apply. All family members contribute towards the family deductible. An individual cannot have claims covered under the plan coinsurance until the total family deductible has been satisfied. However, the individual out-of-pocket maximum applies to each covered member of the family (capped at family amount). If the family out-of-pocket maximum has been met prior to the individual out-of-pocket being met, individual claims will be paid at 100%.

MEDICAL BENEFITS—CIGNA

The medical plans offer in- and out-of-network benefits, providing you the freedom to choose any provider. However, you will pay less out of your pocket when you choose a contracted Cigna provider or facility.

Depending on your selection, you will use one of two Cigna networks: the Open Access Plus (OAP) or the LocalPlus (not available in Nogales, Reno, or Fresno). The OAP is the broadest network of providers. The LocalPlus option is more narrow and includes additional rules for the pharmacy program. Although the premium is less for this network, there are significant restrictions that may not work for your personal situation. Carefully evaluate your needs before deciding. Locate a Cigna provider or facility in either network at cigna.com or call 800-CIGNA24.

The table below summarizes the benefits of each medical plan. The coinsurance amounts listed reflect the amount you pay. Please refer to the official plan documents for additional information on coverage and exclusions.

Summary of Covered Benefits	Traditional Plan with OAP Network	Traditional Plan with LocalPlus Network	High Deductible Plan with OAP Network	High Deductible Plan with LocalPlus Network
	In Network	In Network	In Network	In Network
Plan Year Deductible Individual/Family	\$750/\$2,250	\$750/\$2,250	\$3,100/\$6,200	\$3,100/\$6,200
The annual amount that the firm contributes to your health savings account (If you are eligible and make the minimum contribution)	None	None	Employee-only: \$750 All other coverage levels: \$1,200	Employee-only: \$750 All other coverage levels: \$1,200
Out-of-Pocket Maximum Individual/Family	\$4,250/\$8,250	\$4,250/\$8,250	\$6,000/\$12,000	\$6,000/\$12,000 ¹
Preventive Care	Plan pays 100%	Plan pays 100%	Plan pays 100%	Plan pays 100%
Physician Services				
Primary Care Physician	\$30 copay	\$30 copay	20% after ded.	20% after ded.
Specialist	\$45 copay	\$45 copay	20% after ded.	20% after ded.
MDLIVE Telehealth	\$10 copay	\$10 copay	MDLIVE: \$45	MDLIVE: \$45
Urgent Care	\$45 copay	\$45 copay	20% after ded.	20% after ded.
Lab/X-Ray				
Diagnostic Lab/X-Ray	20% after ded.	20% after ded.	20% after ded.	20% after ded.
High-Tech Services (MRI, CT, PET)	20% after ded.	20% after ded.	20% after ded.	20% after ded.
Hospital Services				
Inpatient	20% after ded.	20% after ded.	20% after ded.	20% after ded.
Outpatient	20% after ded.	20% after ded.	20% after ded.	20% after ded.
Emergency Room	20% after ded.	20% after ded.	20% after ded.	20% after ded.
Prescription Drugs				
Generic	\$10 copay	\$10 copay	Deductible waived for preventive drugs 20% after ded.	Deductible waived for preventive drugs 20% after ded.
Preferred Brand	\$45 copay	\$45 copay	20% after ded.	20% after ded.
Non-Preferred Brand	\$75 copay	\$75 copay	20% after ded.	20% after ded.
Mail Order (Up to a 90-day supply)	2x retail copay	2x retail copay	20% after ded.	20% after ded.

(1) The in-network out-of-pocket maximum for an individual within a family is \$6,200.

Note: Under the High Deductible Plan, preventive medications will bypass the deductible and you will only be responsible for the coinsurance. These medications will have a (PM) symbol after the drug name on the Cigna formulary drug list. Visit cigna.com/individuals-families/member-resources/prescription to find the preventive medication list.

MEDICAL BENEFITS—CIGNA

PRESCRIPTION DRUG COVERAGE

The OAP network utilizes the Cigna Standard Formulary. Visit cigna.com/individuals-families/member-resources/prescription to learn how your prescriptions will be covered.

The LocalPlus network utilizes the Value Formulary (not available in Nogales, Reno, or Fresno). Visit cigna.com/individuals-families/member-resources/prescription to learn how your prescriptions will be covered.

CVS and Walgreens are included in the Cigna pharmacy network.

CHOOSE GENERICS

Under the Fennemore Craig medical plans, if you decide to fill a prescription for a brand name medication instead of the available generic, you'll pay a higher amount. You'll pay the brand name cost plus the difference in cost between the brand name and the generic medication (up to the discounted cost of the brand).

MEDICATIONS THAT NEED APPROVAL FOR COVERAGE

Certain medications will need approval from Cigna before your plan will cover them. These medications will have a (PA) next to them on the drug list. To view your prescription drug list, visit cigna.com > **Individuals & Families > Member Resources > Prescription Drug Lists & Coverage > Cigna's Drug List for Plans Offered by Employers**; select the "Standard 3 Tier" if you are enrolled in an Open Access Plus plan or select the "Value 3 Tier" if you are enrolled in a LocalPlus plan.

What types of medications typically need approval? Medications that:

- May be unsafe when combined with other medications.
- Have lower-cost, equally effective alternatives available.
- Should only be used for certain health conditions.
- Are often misused or abused.

Your plan will only cover these medications if your doctor's office requests and receives approval from Cigna.

MEDICAL COSTS

Listed below are the semi-monthly costs for medical insurance. The amount you pay for coverage is deducted from your paycheck on a pre-tax basis, which means you don't pay taxes on the amount you pay for coverage. The costs below do not include the Kaiser Permanente plans available in California. Kaiser Permanente medical plan costs are age based. Please contact the Benefits Department for more information.

Level of Coverage	Traditional Plan with OAP Network	Traditional Plan with LocalPlus Network	High Deductible Plan with OAP Network	High Deductible Plan with LocalPlus Network
Employee Only	\$108.00	\$75.00	\$53.00	\$25.00
Employee + Spouse	\$338.00	\$269.00	\$224.00	\$164.00
Employee + Child(ren)	\$226.00	\$167.00	\$128.00	\$77.00
Employee + Family	\$443.00	\$342.00	\$275.00	\$187.00

MEDICAL BENEFITS—CIGNA

MEDICATIONS THAT HAVE QUANTITY LIMITS

For some medications, your plan only covers up to a certain amount over a certain length of time. For example, your plan may only cover 30mg a day for 30 days. These medications will have a (QL) next to them on the drug list. To view your prescription drug list, visit [cigna.com](https://www.cigna.com) > **Individuals & Families** > **Member Resources** > **Prescription Drug Lists & Coverage** > **Cigna's Drug List for Plans Offered by Employers**; select the "Standard 3 Tier" if you are enrolled in an Open Access Plus plan or select the "Value 3 Tier" if you are enrolled in a LocalPlus plan.

What types of medications typically have quantity limits? Medications that are often taken in amounts larger than—or for longer than—may be appropriate, misused, or abused.

Your plan will only cover a larger amount if your doctor's office requests and receives approval from Cigna.

HOME DELIVERY FOR SPECIALTY MEDICATIONS

Under the Cigna prescription drug plans, you and your dependents can fill one prescription for specialty medications at a retail pharmacy. After that, your specialty medications will only be covered when you use Cigna Specialty Pharmacy Services—a convenient home delivery pharmacy. Call 800-351-3606 to order your medications.

PRESCRIPTION MAIL ORDER

Do you have medications that you take regularly? If so, save time—and maybe money too—by using a mail-order pharmacy. Mail-order pharmacies fill three-month prescriptions—meaning less time spent requesting refills and often a decreased cost per dose. Additionally, these orders are conveniently delivered to your doorstep! Log into mycigna.com to sign up.

OMADA

Omada combines the latest technology with ongoing support so you can make the changes that matter most—whether that's around eating, activity, sleep, or stress.

You'll receive the program **AT NO COST** if you or your covered adult dependents are enrolled in a Fennemore Craig medical plan, are at risk for diabetes or heart disease, and are accepted into the program. Visit omadahealth.com/fclaw and complete the risk screener to find out if you are eligible to enroll.

Omada can help you:

- **Eat healthier:** Learn the fundamentals of making smart food choices.
- **Increase activity:** Discover easy ways to move more and boost your energy.
- **Overcome challenges:** Gain skills that allow you to break barriers to change.
- **Strengthen habits:** Zero in on what works for you, and find lasting motivation.

You'll get your own:

- Interactive program
- Wireless smart scale
- Weekly online lessons
- Professional Omada health coach
- Small online group of participants

MEDICAL BENEFITS—CIGNA

CENTERS OF EXCELLENCE

You have access to Cigna's Centers of Excellence (COE)—higher-performing hospitals that are rated above other in-network hospitals when it comes to health outcomes and have extra savings for you for certain procedures or conditions.

Visit mycigna.com and look for the COE symbol for your next procedure.

Here are the condition level categories that use a Cigna COE:

- Back surgery
- Cardiac cath and angioplasty
- Child delivery
- Heart surgery
- Joint replacement
- Pulmonary medical

CIGNA ONE GUIDE

The Cigna One Guide service can help you make smarter, informed choices, and get the most from your plan. One Guide personal support, tools, and reminders can help you stay healthy and save money. Start using Cigna One Guide today by downloading the myCigna app or calling 800-CIGNA24 to talk with your personal guide.

The Cigna One Guide team can help you:

- Know your coverage and how it works.
- Find an in-network doctor, lab, or urgent care center.
- Stay on track with appointments and preventive care.
- Take advantage of dedicated one-on-one support for complex health situations.
- Get cost estimates and service comparisons.
- Learn more about Cigna's Centers of Excellence and participating facilities.

PREVENTIVE CARE

In-network preventive care is 100% free for medical plan members.

You won't have to pay anything out of your pocket when you receive in-network preventive care. Practice preventive care and reap the rewards of a healthier future.

Preventive care helps keep you healthier long-term.



An annual preventive exam can help **IDENTIFY FUTURE HEALTH RISKS** and treat issues early when care is more manageable and potentially more effective.

Preventive care helps keep your costs low.



With a preventive care exam each year, you can **TARGET HEALTH ISSUES EARLY** when they are less expensive to treat. You can also effectively manage chronic conditions for better long-term health.

Preventive care keeps your health up to date.



Yearly check-ins with your doctor keeps your health on track with **AGE- AND GENDER-SPECIFIC EXAMS, VACCINATIONS, AND SCREENINGS** that could save your life.

Some services are generally not considered preventive if you get them as part of a visit to diagnose, monitor, or treat an illness or injury. Please be aware that you will be responsible for the cost of any non-preventive care services you receive at your preventive care exam based on your plan design.

Learn more about preventive care at mycigna.com.



MEDICAL BENEFITS—CIGNA

VIRTUAL CARE

You have access to virtual care through MDLIVE. Get the care you need when and wherever you need it. Whether you're on the go, at home, or at the office, care comes to you in the form of virtual care.



Get care for non-emergency conditions.

Virtual care can connect you to a doctor, without an appointment, from your phone, computer, or tablet. Receive care for common health issues like allergies, asthma, sore throat, fever, headache, rashes, and much more.



Receive mental health support and counseling.

Licensed counselors and psychiatrists can help diagnose, treat, and even prescribe medication when needed for depression and anxiety, substance abuse and panic disorders, PTSD, men and women's issues, grief and loss, and more.



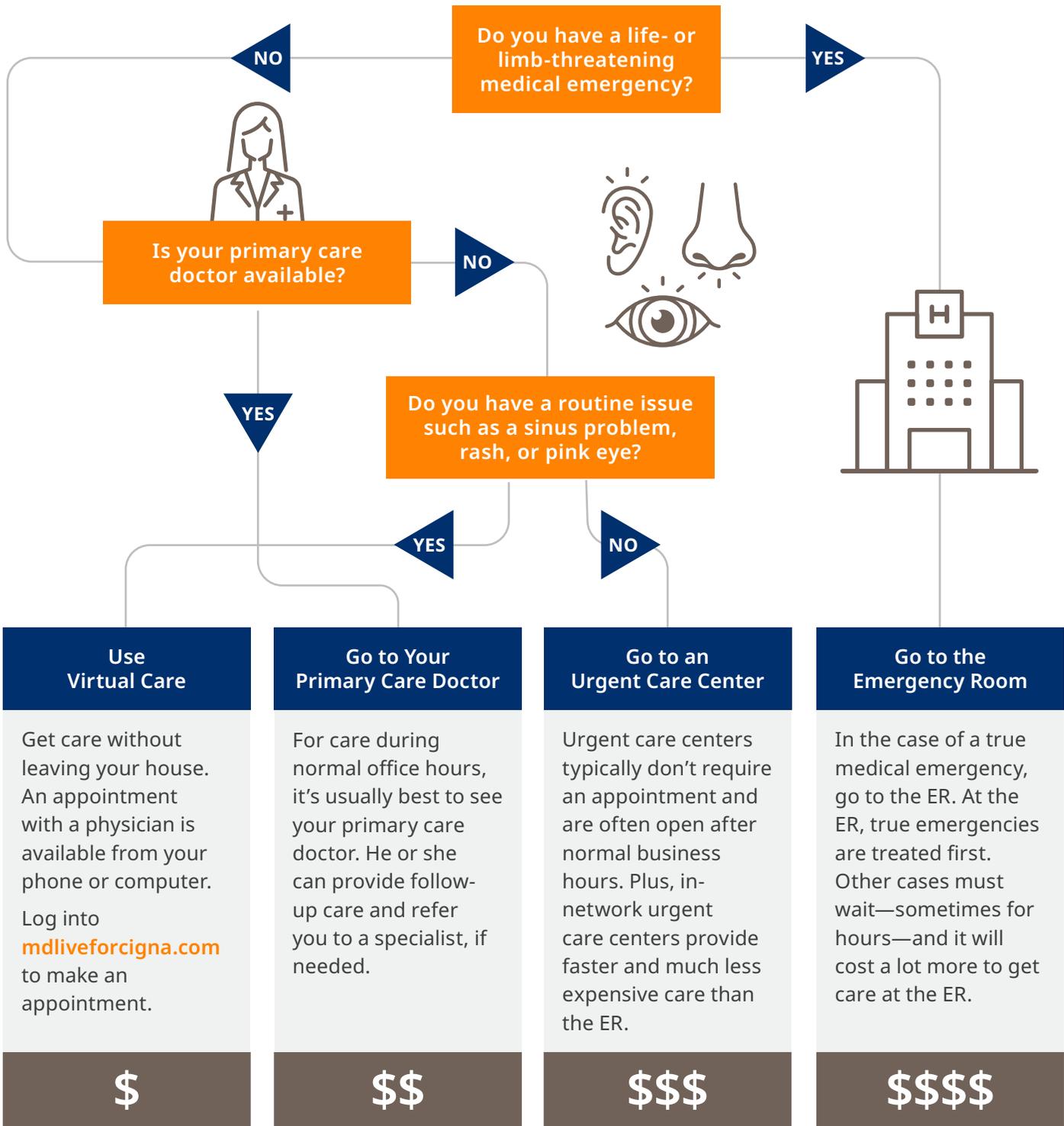
Talk with a doctor by phone or video, 24/7.

Use virtual care to prioritize your health by getting the care you need when you need it. Visit mdliveforcigna.com, download the myCigna mobile app, or call 888-726-3171 to get started.

MEDICAL BENEFITS—CIGNA

Know where to go for care.

Where you go for medical services can make a big difference in how much you pay and how long you wait to see a health care provider. Use the chart below to help you choose where to go for care.



WELLNESS PORTAL

Healthy you equals happy wallet.

Fennemore Craig cares about your health and wants to help you get and stay healthy. The firm's online wellness portal is available through Cigna's MotivateMe website, whether you are enrolled in a Cigna medical plan or not. You will be able to access both your medical plan information (if enrolled) and your wellness activities at mycigna.com.

Earning cash rewards is easy. Visit mycigna.com, select "Incentive Awards Program," and choose your goals and matching rewards. Track your activities and earn up to \$250 in gift cards.



Complete an annual physical.

Visit your doctor for your annual physical and have them complete the physician form. Or, get credit for completing a qualified preventive test such as a pap smear, mammogram, or colonoscopy.



Complete a biometric screening.

Visit your doctor and have them complete the physician form. If you completed a biometric screening in 2021, you do not need to complete another biometric screening.



Complete the online health assessment.

Knowing your current health status is an important first step in living a healthy lifestyle. Complete the online health assessment at mycigna.com and learn what you're doing right, where you can improve, and how to live healthy every day. The assessment takes just 15 minutes to complete, and you get your results immediately. To get the most accurate results, have your key health numbers from your biometric screening handy (blood pressure, cholesterol, BMI, waist circumference, HDL, LDL, triglyceride, and fasting glucose). You can still complete the assessment if you do not know these numbers.



More money in your pocket.

In completing just three activities, your annual physical, biometric screening, and online health assessment, you can earn up to \$250 in gift cards.

DENTAL BENEFITS

Fennemore Craig offers two dental insurance plan options through Cigna.

The dental plans offer in- and out-of-network benefits, providing you the freedom to choose any provider. However, you will pay less out of your pocket when you choose a DPPO Advantage provider. Locate a Cigna network provider at cigna.com.

The table below summarizes key features of the dental plans. The coinsurance amounts listed reflect the amount you pay. Please refer to the official plan documents for additional information on coverage and exclusions.

Summary of Covered Benefits	Low Option Dental Plan			High Option Dental Plan		
	DPPO Advantage	Cigna DPPO	Out of Network	DPPO Advantage	Cigna DPPO	Out of Network
Plan Year Deductible Individual/Family	\$75/\$225			\$50/\$150		
Plan Year Benefit Maximum	\$1,500			\$2,000		
Preventive Care (Oral exams, cleanings, x-rays)	10%	20%	20%	Plan pays 100%	20%	20%
Basic Services (Periodontal services, endodontic services, oral surgery, fillings)	30% after ded.	40% after ded.	40% after ded.	10% after ded.	20% after ded.	20% after ded.
Major Services (Bridges, crowns [inlays/onlays], dentures [full/partial])	50% after ded.	95% after ded.	95% after ded.	50% after ded.	50% after ded.	50% after ded.
Dental Implants	Not covered			50% after ded.	50% after ded.	50% after ded.
Orthodontia Services (To age 19)	Not covered			50%		
Orthodontia Lifetime Maximum	Not covered			\$1,500		

DENTAL COSTS

Listed below are the semi-monthly costs for dental insurance. The amount you pay for coverage is deducted from your paycheck on a pre-tax basis, which means you don't pay taxes on the amount you pay for coverage.

Level of Coverage	Low Option Dental Plan	High Option Dental Plan
Employee Only	\$5.54	\$11.65
Employee + Spouse	\$11.08	\$23.28
Employee + Child(ren)	\$12.75	\$26.76
Employee + Family	\$20.23	\$42.49

VISION BENEFITS

Fennemore Craig offers a vision insurance plan through Superior Vision.

Treatment for illness or injury of the eye is provided through the medical plan. For routine vision care expenses, however, you may want to consider vision insurance. You have the freedom to choose any vision provider. However, you will maximize the plan benefits when you choose a network provider. Locate a Superior Vision network provider at superiorvision.com.

The table below summarizes key features of the vision plan. Please refer to the official plan documents for additional information on coverage and exclusions.

Summary of Covered Benefits	Superior Vision Plan	
	In Network	Out of Network
Eye Exam (Every 12 months)	\$10 copay	Reimbursement up to \$40
Standard Plastic Lenses (Every 12 months) Single/Bifocal/Trifocal	\$10 copay	Reimbursement up to \$29/\$43/\$53
Frames (Every 24 months)	Reimbursement up to \$130	Reimbursement up to \$65
Contact Lenses (Every 12 months in lieu of standard plastic lenses) Elective Medically Necessary	\$120 allowance Plan pays 100%	Reimbursement up to \$100 Reimbursement up to \$210

VISION COSTS

Listed below are the semi-monthly costs for vision insurance. The amount you pay for coverage is deducted from your paycheck on a pre-tax basis, which means you don't pay taxes on the amount you pay for coverage.

Level of Coverage	Superior Vision Plan
Employee Only	\$3.76
Employee + Spouse	\$7.45
Employee + Child(ren)	\$7.29
Employee + Family	\$11.09

BUDGETING FOR YOUR CARE

Fennemore Craig offers two types of pre-tax accounts: a health savings account (HSA) and flexible spending accounts (FSAs).

When you put money into a pre-tax account, you can save up to 20%* on your care and increase your take home pay. This is because you don't pay tax on your contributions.

Enrolled in the High Deductible Plan?	Enrolled in the Traditional Plan?	Enrolled in the High Deductible Plan?	Paying for child or elder care expenses?
<p>Health Savings Account</p>	<p>Health Care Flexible Spending Account</p>	<p>Limited Purpose Flexible Spending Account</p>	<p>Dependent Care Flexible Spending Account</p>
<p>Consider funding a health savings account (HSA).</p> <ul style="list-style-type: none"> ◦ Fennemore Craig contributes the following amounts per year: Individual—\$750 Family—\$1,200 ◦ Roll over all funds each year ◦ Invest funds for long-term savings ◦ Spend funds penalty-free after age 65 	<p>Consider funding a health care flexible spending account. If you fund an HSA, you cannot fund a health care FSA.</p> <ul style="list-style-type: none"> ◦ No Fennemore Craig contribution ◦ No roll over allowed 	<p>Consider funding a limited purpose flexible spending account. You can choose to fund both a limited purpose FSA and an HSA.</p> <ul style="list-style-type: none"> ◦ No Fennemore Craig contribution ◦ No roll over allowed ◦ Dental and vision expenses only 	<p>You may fund a dependent care flexible spending account.</p> <ul style="list-style-type: none"> ◦ No Fennemore Craig contribution ◦ No roll over allowed ◦ Dependent care expenses only
			

*Percentage varies based on your tax bracket.

HEALTH SAVINGS ACCOUNT

If you enroll in the High Deductible Plan, you may be eligible to open and fund a health savings account (HSA).

An HSA is a savings account that you can use to pay out-of-pocket health care expenses with pre-tax dollars.

FENNEMORE CRAIG CONTRIBUTION

If you enroll in the High Deductible Plan, Fennemore Craig will help you save by contributing to your account.

- **Employee-only:** \$750
- **All other coverage levels:** \$1,200

2022 IRS HSA CONTRIBUTION MAXIMUMS

Contributions to an HSA (including the Fennemore Craig contribution) cannot exceed the IRS allowed annual maximums.

- **Individuals:** \$3,650
- **All other coverage levels:** \$7,300

If you are age 55+ by December 31, 2022, you may contribute an additional \$1,000.

HSA ELIGIBILITY

You are eligible to fund an HSA if:

- You are enrolled in the High Deductible Plan.

You are NOT eligible to fund an HSA if:

- You are covered by a non-HSA eligible medical plan, health care FSA (excluding the limited purpose health care FSA), or health reimbursement arrangement.
- You are eligible to be claimed as a dependent on someone else's tax return.
- You are enrolled in Medicare, TRICARE, or TRICARE for Life.

Refer to **IRS Publication 969** for additional eligibility details. If you are over age 65, please contact The Benefits Department.

MAXIMIZE YOUR TAX SAVINGS WITH AN HSA

SPEND

Pay for eligible expenses such as deductibles, dental and vision exams, menstrual care products, and prescriptions.



SAVE

Roll over funds every year to boost your long-term savings. Even if you switch health plans or jobs, the money is yours to keep.



INVEST

Invest and grow HSA funds tax free—including interest and investment earnings. After age 65, spend HSA dollars on any expense penalty free.



FLEXIBLE SPENDING ACCOUNTS

Fennemore Craig offers three flexible spending account (FSA) options through Employee Benefits Corporation (EBC).

Log into your account at ebcflex.com to: view your account balance(s), calculate tax savings, view eligible expenses, download forms, view transaction history, and more.

HEALTH CARE FSA (NOT ALLOWED IF YOU FUND AN HSA)

Pay for eligible out-of-pocket medical, dental, and vision expenses with pre-tax dollars.

The health care FSA maximum contribution is \$2,850 for the 2022 calendar year. The minimum contribution is \$240 per year. Expenses must be incurred on or before December 31, 2022.

LIMITED PURPOSE HEALTH CARE FSA (IF YOU FUND AN HSA)

If you fund an HSA, you can also fund a limited purpose health care FSA. The limited purpose health care FSA can only be used for dental and vision expenses.

The limited purpose health care FSA maximum contribution is \$2,850 for the 2022 calendar year. The minimum contribution is \$240 per year. Expenses must be incurred on or before December 31, 2022.

DEPENDENT CARE FSA

The dependent care FSA allows you to pay for eligible dependent day care expenses with pre-tax dollars. Eligible dependents are children under 13 years of age, or spouse, a child over 13, or elderly parent residing in your home who is physically or mentally unable to care for him or herself.

You may contribute up to \$5,000 to the dependent care FSA for the 2022 plan year if you are married and file a joint return or if you file a single or head of household return. If you are married and file separate returns, you can each elect \$2,500 for the 2022 plan year. The minimum contribution is \$240 per year.

HOW TO USE AN FSA

CONTRIBUTE



Decide how much to contribute to your FSA on a plan year basis up to the maximum allowable amounts. This amount will be evenly divided by the number of pay periods and deducted on a pre-tax basis from your paycheck.

PAY



Use your FSA debit card to pay for eligible expenses at time of service or submit a claim for reimbursement at ebcflex.com. Keep all Explanation of Benefits to document your expenses when submitting medical claims to EBC.

USE IT OR LOSE IT



Use your FSA funds before the end of the year—there is no roll over allowed.

LIFE AND AD&D BENEFITS

Fennemore Craig's comprehensive benefits package includes financial protection for you and your family in the event of an accident or death.

BASIC LIFE AND AD&D INSURANCE

Fennemore Craig automatically provides basic life and AD&D insurance through Unum to all benefits-eligible employees **AT NO COST**. However, because the benefit is firm-paid, the IRS requires that employees be taxed on the value of coverage in excess of \$50,000 as determined under an IRS table. The imputed income is based on your age as of December 31 of each year, and you will see a notice on each paycheck of the applicable amount next to the description "GTL." This is not a deduction, but rather an addition to your pay that is taxable. You may not waive the group life insurance benefit until age 65 or older and will be notified at that time.

If you die as a result of an accident, your beneficiary would receive both the life benefit and the AD&D benefit. **Please be sure to keep your beneficiary designations up to date.**

- **Employee life benefit:** 2x annual earnings up to a maximum of \$150,000
- **Employee AD&D benefit:** \$50,000

SUPPLEMENTAL LIFE AND AD&D INSURANCE

Fennemore Craig provides you the option to purchase supplemental life and AD&D insurance for yourself, your spouse, and your dependent children through Unum.

You must purchase supplemental coverage for yourself in order to purchase coverage for your spouse and/or dependents. Supplemental life rates are age-banded. Benefits will reduce to 65% at age 70 and to 45% at age 75. Life insurance benefits are fully portable (up to certain limits), if you have a reduction in hours or leave the firm.

- **Employee:** \$10,000 increments up to \$500,000 or 5x annual salary, whichever is less—
new hire guarantee issue: \$300,000
- **Spouse:** \$5,000 increments up to \$500,000 or 100% of the employee's election, whichever is less—
new hire guarantee issue: \$50,000
- **Dependent children:** 6 months to age 26: \$2,000 increments up to \$10,000—
new hire guarantee issue: \$10,000

Note: If you elect supplemental coverage when you're first eligible to enroll, you may purchase up to the guarantee issue amount(s) without completing a statement of health (evidence of insurability). If you do not enroll when first eligible, and choose to enroll during a subsequent annual open enrollment period, you will be required to submit evidence of insurability for any amount of coverage. Coverage will not take effect until approved by Unum.

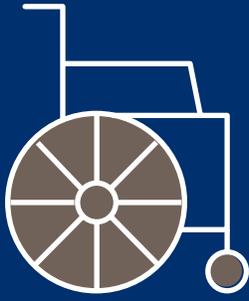
SUPPLEMENTAL LIFE INSURANCE RATES

The rates for supplemental life insurance are listed below. The amount you pay is deducted from your paycheck on a post-tax basis.

Supplemental Life Insurance Rates Per \$1,000			
Employee and Spouse			
Age 30-34	\$0.05	Age 55-59	\$0.37
Age 35-39	\$0.06	Age 60-64	\$0.43
Age 40-44	\$0.09	Age 65-69	\$0.48
Age 45-49	\$0.13	Age 70+	\$1.08
Age 50-54	\$0.20		
Dependent Child(ren)			
\$0.10			

DISABILITY BENEFITS

Disability insurance keeps you and your family financially protected if you become unable to work due to an illness or injury.



INJURY



DISABILITY
INSURANCE



FINANCIAL
PROTECTION

SHORT-TERM DISABILITY SALARY CONTINUATION PLAN

Fennemore Craig automatically provides short-term disability (STD) salary continuation plan to all benefits-eligible employees **AT NO COST**. STD salary continuation is designed to help you meet your financial needs if you become unable to work due to an illness or injury; this may be supplemented by earned paid time off (PTO) or extended absence bank (EAB) hours up to 100% income replacement.

- **Benefit:** Employees with less than 5 years of service receive a benefit of 60% of earnings; employees with 5 years of service or more receive a benefit of 75% of earnings
- **Elimination period:** 10 business days, during which accrued PTO or EAB can be used for payment
- **Benefit duration:** Up to full waiting period for long-term disability

LONG-TERM DISABILITY INSURANCE

Fennemore Craig automatically provides long-term disability (LTD) insurance through New York Life to all benefits-eligible employees **AT NO COST**. LTD insurance is designed to help you meet your financial needs if your disability extends beyond the STD period.

- **Benefit:** 66.67% of base monthly pay up to \$18,000 when claim approved by Cigna
- **Elimination period:** 90 days
- **Benefit duration:** Length of disability to maximum of age 70

You have the choice to pay taxes on the amount Fennemore Craig pays for your coverage (the premium) or pay taxes on the disability benefit amount you receive. This policy is not portable if you leave the firm or have a reduction in hours.



LONG-TERM CARE INSURANCE

Fennemore Craig provides you the option to purchase long-term care insurance through Unum.

Long-term care insurance is designed exclusively to cover long-term care services should you become unable to care for yourself for 90 days or longer. It provides coverage for an assisted living facility, skilled nursing facility, or even care in your own home. Benefits are activated when you need assistance with two out of the six activities of daily living, or become cognitively impaired.

Activities of daily living include:

- Eating
- Bathing
- Dressing
- Transferring
- Toileting
- Continence

Long-term care insurance covers costs not covered by regular health insurance or Medicare. This coverage helps you pay for those costs and avoid an enormous financial burden or needing to rely on loved ones to provide care. The policy is priced based on the age at enrollment and premiums do not automatically increase based on age. The policy is fully portable if you leave the firm or experience a reduction in hours and coverage is also available to parents and grandparents. Visit unuminfo.com/fennemore/index.aspx for more information and contact the Benefits Department for assistance enrolling.

EMPLOYEE ASSISTANCE PROGRAM

Assistance is always available for you. The employee assistance program (EAP) services are provided AT NO COST to you and your household through Cigna Behavioral Health.

Tools and resources



Browse tools and resources to help you make life's big decisions with budget trackers, wellness self-assessments, and more.

Care options



Find child and elder care to support you and your family's day-to-day needs.

Legal and financial guidance



Receive guidance for buying a home, planning for retirement, budgeting, and more.

Support all year



Connect with a mental health professional about addiction, family, and individual counseling.

Your EAP is a free, strictly confidential service that includes 24/7 online and telephonic counseling and up to **six free face-to-face** visits per person, per issue, per year with a licensed counselor.

When is the best time to use your EAP?

- When you feel burnt out or stretched thin, call to connect with a counselor to find relief.
- When you need help finding care for your child or loved one, call to find care solutions.
- When you need someone to talk to with 24/7 support, you can connect when it's convenient.
- When you're not sure of the next step to take, reach out for legal and financial planning.

Don't hesitate to reach out whenever you need it. No personal information is ever shared with Fennemore Craig and access to the EAP is completely confidential.

GET
SUPPORT

Access your free EAP 24/7 by calling 888-371-1125 or visiting mycigna.com.

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CONTACTS

If you have any questions regarding your benefits or the material contained in this guide, please contact Fennemore Craig Benefits Department at benefits@fclaw.com, or you may contact one of the following individuals:

Cheryl Mostrom Cecil, CEBS,
SPHR
Chief People Officer
602-916-5273
cmostrom@fclaw.com

Stephanie Lessem, CWPC
Senior Benefits Administrator,
Health and Wellness
602-916-5058
slessem@fclaw.com

Mary Nagode, MBA
Senior Benefits Administrator,
Retirement Plan and HRIS
602-916-5274
mnagode@fclaw.com

Provider/Plan	Contact Number	Website
Medical—Cigna	800-CIGNA24 (800-244-6224)	cigna.com
Dental—Cigna	800-CIGNA24 (800-244-6224)	cigna.com
Vision—Superior Vision	800-507-3800	superiorvision.com
Flexible Spending Accounts— Employee Benefits Corporation	800-346-2126	ebcflex.com
Life Insurance—Unum	800-275-8686	unum.com
Long-Term Disability Insurance— New York Life	Contact the Benefits Department	Contact the Benefits Department
Long-Term Care Insurance—Unum	800-275-8686	unum.com
Employee Assistance Program— Cigna Behavioral Health	888-371-1125	cigna.com

This summary of benefits is not intended to be a complete description of the terms and Fennemore Craig insurance benefit plans. Please refer to the plan document(s) for a complete description. Each plan is governed in all respects by the terms of its legal plan document, rather than by this or any other summary of the insurance benefits provided by the plan. In the event of any conflict between a summary of the plan and the official document, the official document will prevail. Although Fennemore Craig maintains its benefit plans on an ongoing basis, Fennemore Craig reserves the right to terminate or amend each plan, in its entirety or in any part at any time.

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