



2025 Benefits For Partners Open Enrollment Guide

Explore Benefits Fit for the Journey Ahead

Open Enrollment: November 11–25, 2024

Welcome to Your Benefits Enrollment for 2025



Check out all the pages of this **new benefits microsite** for everything you need to know about enrolling for your 2025 benefits. Access the site on your phone, tablet, or computer 24/7.

The strength and ingenuity you cultivate every day allows us to stand out and provide unique experiences with our clients. We strive to offer benefits that match that same mindset.

As a result, we are proud to present your 2025 benefits, which are comprehensive and designed to support you and your family while on your journey here at Goodwin.

Be sure to take your time exploring this Open Enrollment Guide featuring our offered benefits, updated plan details, and enhanced programs in the coming year.

Remember to enroll by November 25 for coverage that starts January 1, 2025.



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QUESTIONS ABOUT YOUR OPEN ENROLLMENT OPTIONS?

Schedule an online consultation with a member of the Goodwin Benefits team.

Your Enrollment Checklist

Open Enrollment is your once-a-year opportunity to make any necessary changes to your benefits coverage for you and your eligible dependents (spouse or domestic partner and dependent children up to age 26).

- 1. Think about your 2025 health coverage needs, and determine whether they are different from 2024, for example, you start taking a new prescription, a new child is on the way, or your spouse becomes eligible for health coverage through their employer. Changes in your life may mean that a different health plan will better meet your needs in 2025.
- 2. Compare our medical plan options to determine which one best fits your needs for 2025. Check out our convenient <u>health plan comparison tool</u> to see the benefits and savings from an HSA-qualified plan versus a traditional health plan.
- **3. Review 2025 plan changes and benefit enhancements.** You can read about the 2025 changes on page 4.
- **4. Thoroughly review the <u>new benefits microsite</u> that highlights what you need to know to prepare for Open Enrollment.**

Ready to Enroll?

Between November 11 and November 25, 2024, at midnight local time zone:

- Visit Workday, and select the Open Enrollment event in your inbox to enroll in or make changes to your medical, dental, and vision coverage, add or drop a dependent, and enroll in an HSA, supplementary insurance plan, or any voluntary benefits. Refer to the <u>Open Enrollment QRC</u> for enrollment instructions.
- Confirm that your personal details (address and phone number) and beneficiary information are up to date, or make updates, if necessary.
- Review your elections to confirm they are correct before submitting.

Now Is the Time to Act

If you don't enroll by November 25, 2024, your current medical, dental, vision, HSA election, and voluntary benefits including voluntary term life, voluntary long-term care, critical illness, accident, hospital indemnity, and legal insurance will carry over into 2025.

WHY ENROLL?

You must complete the enrollment process if you want to:

- Add or drop a dependent.
- Increase your HSA contribution to maximize the IRS limit for 2025.
- Enroll in or make changes in any of the voluntary benefits including critical illness, accident, hospital indemnity, term life, or legal insurance.

NOTE: If you don't make an HSA election during Open Enrollment, you can still decide to begin or change monthly contributions at any time during 2025.



What's New for 2025?

Around-the-Clock Access to Benefits Information

Visit the **benefits microsite** for everything you need to know about enrolling for your 2025 benefits. Access the site on your phone, tablet, or computer 24/7.

Prescription Drug Cost-Share Assistance Program

If you're enrolled in the BCBS PPO plan for 2025, you can take advantage of a new prescription drug co-pay assistance program, available through PillarRx.

When you fill an eligible prescription, as determined by BCBS, a manufacturer's coupon will be applied at checkout and you'll pay \$0 to \$35, depending on the medication.

Enrollment is automatic if you're already using drug coupons. If you're not using coupons for an eligible medication beginning on January 1, 2025, or you or your dependent start taking an eligible medication during the plan year, PillarRx will call you to discuss the program and help you enroll. If you decide to opt out, you'll be responsible for paying 30% of the full retail cost of eligible medications.

View the <u>list of eligible medications</u> or log in to <u>bluecrossma.org</u>, select **Cost-Share Assistance** under **My Medications**, then **Eligible Medications**.

You can also call PillarRx Care at 636-614-3128 (TTY: 711), Monday through Friday, 8 a.m. to 7 p.m. ET.

Redesigned MyBlue app

The enhanced app offers:

- Detailed claims information that will make it easier to find and understand your claims.
- A new section, Find Care, that allows you to more easily search for in-network providers and access telehealth.
- Tracking for deductibles and out-of-pocket maximums, benefit descriptions, and fitness and weight-loss reimbursement submissions.
- A digital ID card that makes it easier to access and share card information, including the option to add it to your digital wallet

Download the app now (Google Play | App Store).

Blue Cross Blue Shield Mind and Body Reimbursement Program

BCBS members are eligible to receive a \$300 reimbursement per family per calendar year for eligible holistic health expenses, such as massage therapy, tai chi, or other well-being services. To receive reimbursement, you'll need to complete **the applicable form** and mail it to BCBS by March 31 for expenses incurred in the previous year (for example, expenses incurred in 2025 must be submitted by March 31, 2026, for reimbursement).

SAVE EVEN MORE

You may also save up to 30% when you use alternative health practitioner in the BCBS network who are accredited in their field and meet specific requirements for education, training, and facilities. To search for a network practitioner, go to **bluecrossma.org**.

Remember that BCBS members are also eligible to receive reimbursement up to \$150 per family per year for eligible fitness expenses and up to \$150 per family per year for eligible weightloss expenses. The **reimbursement fact sheet** provides details on how you can take advantage of the reimbursement programs.

For more information: Sign in to MyBlue at bluecrossma.com/myblue, or call the Member Services number located on your ID card.

Virtual Physical Therapy Through Hinge Health

If you're enrolled in a BCBS plan for 2025, you and your covered dependents, age 18 and older, will have access to free virtual physical therapy through Hinge Health. Therapy is provided for back, joint, and muscle care, as well as personalized pelvic health support.

Accessing Hinge Health Care

Once you complete your application via the Hinge Health app (Google Play | App Store), you can receive treatment whenever you need it. You'll have access to an exercise-based physical therapy program with dedicated one-on-one support to keep you moving and help with:

- Reducing pain or improving mobility
- Recovering from an injury
- Preparing for and recovering from surgery
- Staying healthy and pain free

For pelvic health support, you'll work with a specialized care team including a pelvic floor physical therapist, a women's health coach, and, if needed, a urogynecologist. They'll develop a personalized exercise plan for you, making any necessary changes over the course of your treatment.

Supplemental Disability Coverage for Partners

Based on compensation criteria, eligible partners may enroll in individual disability coverage through Unum of \$5,000 per month to supplement other disability benefits.

During this year's Open Enrollment period, any eligible partner who enrolls will not be subject to evidence of insurability. Eligible partners will receive an email from the benefits department with enrollment information and a link to enroll.

Health Savings Account Limits

The annual contribution limit for health savings accounts (HSAs) is increasing for 2025 and the new limits are as follows:

- Individual: \$4,300
- Two-person and Family: \$8,550
- Additional catch-up amount for ages 55+: \$1,000

Refer to page 9 for more details on enrolling in an HSA.

2025 Premiums

We are pleased to share that we have limited our premium increase to 3.8% for those enrolled in the Blue Cross Blue Shield plans and 10.16% for those enrolled with Kaiser. Delta Dental premiums will increase 4.6% while VSP rates will remain unchanged. Visit the iNet to view the **2025 premium rates**.

Voluntary Benefits Enhancements

Through our partnership with Voya, we will continue to offer our suite of critical illness, accident insurance and hospital indemnity plans. While these programs will not replace your medical insurance coverage, they can help manage your out-of-pocket expenses if you get diagnosed with a serious health condition, are injured in an accident or experience an unplanned hospital stay. In 2025, the list of conditions and benefits our voluntary plans cover will be expanded and offered to you at lower costs.

- Hospital Indemnity Enhancements include an increased hospital admission benefit, and an increased number of covered admissions, with the addition of newborn coverage. Mental health substance abuse facilities are also now eligible for reimbursement.
- **Critical Illness** In addition to stroke, cancer and type 1 diabetes, covered illnesses now include Parkinson's, multiple sclerosis, and ALS.
- Accident Insurance –Covers hospital care when you've been injured in an accident, and now will include a more comprehensive list of care services and richer benefits paid to you for those services.

Review the voluntary benefits section for details and links to plan summaries on page 12.

HSA Contributions

If you're currently contributing to an HSA and want to keep your current contribution amount for 2025, you do not need to take action. Your 2024 contribution election will automatically carry over to next year. If you want to contribute the increased allowable IRS HSA contribution amount for 2025, you will need to make a new election.



Eligibility

Whom You Can Cover

In addition to yourself, you may enroll eligible dependents in health benefits through the firm. Eligible dependents include:

- Your legal spouse or qualified domestic partner
- Your biological, adopted, or foster children under age 26, regardless of dependency or marital status
- Your children age 26 or older who are fully dependent on you for support due to a mental or physical disability, and who are indicated as such on your federal tax return

Midyear Changes

It is important to note that you cannot make changes to some benefits, such as medical, dental and vision after Open Enrollment ends and during the year unless you experience a qualifying life event.

Examples of qualifying life events include:

- Marriage, divorce, or legal separation
- The birth, adoption, placement for adoption, or change in custody of your child
- A dependent child whom you cover reaches age 26
- The death of a dependent
- A change in employment status
- Your spouse or domestic partner gains or loses eligibility for health coverage through their employer
- You receive a court order to provide health care coverage to a dependent child via a qualified medical child support order

Your Medical Plan Choices

Goodwin offers three medical plan options to choose from. Partners may elect to enroll in the preferred provider option (PPO) plan or the high deductible health plan (HDHP) through Blue Cross Blue Shield of Massachusetts (BCBS). Additionally, partners in California may opt to enroll in the Kaiser Permanente HMO.

BCBS Options

Both BCBS plans provide you with valuable, affordable coverage and have the following common features:

- Coverage for you and your eligible dependents for the same care and services, including no-cost preventive care.
- Access to the Blue Care national network of physicians, hospitals, and specialists. Visit bluecrossma.org and select Find Care to find in-network care near you.
- **Coverage for out-of-network services is available**, but you'll pay more; for example, the deductibles are higher for out-of-network care.
- Prescription drug coverage is included; CVS Caremark administers the retail pharmacy network for prescription drug benefits and also offers convenient delivery of prescription refills through its mail-order program.
- Telehealth services with Well Connection for medical or behavioral health visits using your smartphone, tablet, or computer. Download the MyBlue app (Google Play | App Store), or visit bluecrossma.org/telehealth to learn more.



Here Are Ways The Plans Differ

THE BCBS BLUE CARE ELECT PREFERRED PPO

- Higher premium costs but a lower annual deductible and a lower out of pocket maximum
- Fixed copays for many services without having to meet a deductible first; for example, \$25 copay for office visits and \$40 for specialist visits
- No deductible to meet before the plan covers prescription drugs

THE BCBS BLUE CARE ELECT SAVER HDHP

- Lower premium costs, but a higher annual deductible and a higher out-of-pocket maximum
- If you cover yourself and one or more dependents, you must pay the entire family medical deductible before the plan begins paying benefits for medical care and prescription drugs.
- The plan pays 90% for covered in-network services once you meet the deductible.
- This plan is paired with a Health Savings Account (HSA), which allows you to save money tax-free for health care expenses now, or to invest and grow tax-free for future health care expenses even in retirement. See page 9 for details about the HSA.

BCBS Plans at a Glance

The following table highlights the two BCBS options and assumes you'll receive in-network services. Review plan summaries for out-ofnetwork benefits and details about the **Blue Care Elect Preferred PPO** and the **Blue Care Elect Saver HDHP**.

A key factor in deciding which Medical plan to choose is the monthly premiums. You'll find the **2025 premium rates** on the iNet which you can review to ensure that you enroll in the best plan for you.

| | BCBS Blue Care Elect Preferred PPO | BCBS Blue Care Elect Saver HDHP | |
|---|--|--|--|
| Annual Deductible | | | |
| Individual | \$1,000 | \$2,000 | |
| Family | \$2,000 | \$4,000 | |
| Annual Out-of-Pocket Maximum | | | |
| Individual | \$3,500 | \$5,000 | |
| Family | \$7,000 | \$10,000 | |
| Medical Services | | | |
| Preventive care visits | \$0 | | |
| Non-preventive office visits | \$25 copay No deductible | 10% coinsurance after deductible | |
| Specialist visit | \$40 copay No deductible | 10% coinsurance after deductible | |
| Emergency room | \$150 per visit after deductible (waived if admitted) | \$100 per visit after deductible (waived if admitted) | |
| Inpatient hospitalization | \$500 per admission after deductible | 10% coinsurance after deductible | |
| Outpatient hospitalization | \$500 per admission after deductible | 10% coinsurance after deductible | |
| MRI/CT/PET/nuclear cardiac imaging tests | 10% coinsurance after deductible | 10% coinsurance after deductible | |
| Prescription Drug Copa | y (30-Day Supply) | | |
| Tier I | \$10 (no deductible) | \$10 (after deductible) | |
| Tier II | \$35 (no deductible) | \$35 (after deductible) | |
| Tier III | \$60 (no deductible) | \$60 (after deductible) | |
| Mail-Order Drug Copay | (90-Day Supply) | | |
| Tier I | \$20 (no deductible) | \$20 (after deductible) | |
| Tier II | \$70 (no deductible) | \$70 (after deductible) | |
| Tier III | \$120 (no deductible) | \$120 (after deductible) | |

USING NETWORK PROVIDERS SAVES YOU MONEY

To find doctors and facilities in the BCBS Blue Care network, visit <u>bluecrossma.org</u> or download the MyBlue app.

Kaiser Permanente Traditional HMO Plan

(for California Participants Only)

The Kaiser HMO plan is a health maintenance organization (HMO). It offers a managed approach to in-network health care, but with less flexibility than the BCBS plan options. Kaiser is only offered in California. Therefore, if you cover a dependent who lives in another state, you may want to consider a different option.

For the Kaiser HMO, you must designate a primary care physician (PCP). Your PCP manages all your care and refers any specialty care you may need. There are no deductibles for this plan and there are no claim forms to file. A copay applies for most non-preventive office visits. **Out-of-network care is not covered (except in emergencies).**

Kaiser HMO Features

- Services covered through designated Kaiser facilities in California only
- Preventive care and telehealth services covered in full with no-copay
- Primary care physician (PCP) and specialist office visits limited to a \$25 co-pay per visit
- Out-of-pocket maximums capped at \$1,500 for individuals and \$3,000 for families

For more information on this plan, please refer to the Kaiser California benefits summary.

STAY WITHIN THE KAISER NETWORK

If you're eligible for the Kaiser network, you can find a network provider at **my.KP.org**.



Health Savings Account (HSA)

A health savings account (HSA) is a tax-advantaged savings account that lets you use pre-tax dollars to pay for eligible health care expenses and future health care needs. HealthEquity will continue to be our HSA administrator. Only those enrolled in the **BCBS Blue Care Elect Saver HDHP** are eligible to enroll in an HSA.

Eligibility

To be eligible for an HSA, participants must meet the following criteria:

- You must be enrolled in a high-deductible health plan.
- You cannot be covered by another health plan, including Medicare.
- You cannot be claimed as a dependent on another individual's tax return.
- You cannot have access to dollars in a general purpose health care FSA, including a spouse's FSA.

If you're eligible, you can elect your HSA contribution for 2025 during Open Enrollment.

Advantages of an HSA

- 1. You save on taxes three ways:
 - Your HSA contributions are made on a pretax basis, before federal and state* taxes are calculated. Maximum contribution amounts are subject to annual IRS limits.
 - Your HSA account can grow tax-free.
 - HSA dollars used to pay for qualified health care expenses are not subject to taxes. (If you use the money in your HSA for non-eligible expenses, a tax penalty of 20% may apply.)
- 2. Your HSA belongs to you always. Your account balance is yours to keep and use even if you change health plans or leave Goodwin. As a result, you can use the HSA to save for future health expenses, including those in retirement.
- 3. You can catch up on savings as you near retirement age. If you are age 55 or older, you are eligible to make an additional catch-up contribution, up to annual IRS limits, and can save even more in your HSA.
- 4. Once your HSA balance reaches \$1,000, you can invest your money in a variety of investment options to help your savings grow. You may select from a core group of passively managed Vanguard funds and choose from HealthEquity's AutoPilot, GPS, or Self-driven investment advisor solutions to manage your portfolio. More information about HSAs and HealthEquity HSA investments can be found on the iNet.

*In some states, including California and New Jersey, HSA contributions are subject to state tax.

HSA Contributions for 2025

When you enroll in an HSA, you choose your contribution amount, and you can change it throughout the year. The HSA election you choose is made as a monthly paycheck contribution to your account over the year.

| Coverage Type | 2025 Maximum Contribution Limit |
|--|------------------------------------|
| Individual coverage | \$4,300 |
| Two-person coverage | \$8,550 |
| Family coverage | \$8,550 |
| If you are 55+, you can make a catch-up contribution | Additional \$1,000 |

Visit <u>HealthEquity</u> for details on using your HSA to pay eligible expenses and for investing your account for the future.

Using Your HSA to Cover Dependent Expenses

Important notes about tax-dependent children and domestic partners tax-dependent rule: medical expenses can be paid through a parent's HSA for tax-dependent children up to age 19 or, if a full-time student, up to age 24. When a child is no longer a tax dependent but is on a parent's HDHP plan (up to age 26), out-of-pocket medical expenses cannot be paid from the parent's HSA. The adult child is required to set up their own HSA to pay for medical expenses.

Under IRS rules, individuals with a domestic partner may contribute up to the annual maximum for individual-plus-one or family coverage, but the domestic partner is only eligible to use the funds in the HSA tax-free if he or she is a qualified tax dependent under Internal Revenue Code Section 152.

Dental Coverage

Goodwin's dental plan is the PPO Plus Premier Plan provided through Delta Dental of Massachusetts. The plan provides nationwide coverage and gives you and your covered dependents access to two extensive networks (where three out of four dentists participate):

- **Delta Dental PPO:** Receive the greatest value with more than 283,000 participating locations
- Delta Dental Premier: Receive the greatest flexibility with the largest dental network in the country and more than 358,000 dentist locations

To find an in-network dentist near you, visit **deltadentalma.com**. This plan also allows you to visit a dentist outside the network, but you will pay more for care.

Dental Plan Features

The table below highlights your dental in- network benefits. For plan details and out-of-network benefits, view the **Delta Dental summary**.

| Plan Feature | Coverage Amount |
|------------------------------------|---|
| Preventive and diagnostic services | No cost; plan covers 100% (no deductible) |
| Annual deductible | Services that are not preventive and diagnostic are subject to annual deductible and coinsurance. |
| Annual out-of-pocket maximum* | \$2,000 per person (per calendar year) |
| Orthodontia | |
| Coinsurance | 50% |
| Lifetime maximum | \$2,000 |

*The dental plan offers a \$600 rollover maximum, meaning up to \$600 of your unused annual out-of-pocket maximum can be carried over from one plan year to the next.

Vision Coverage

Vision coverage for you and your covered dependents is provided through VSP. You have access to in network or out-of-network doctors, but it is more beneficial to utilize in-network doctors for low, or no out-of-pocket costs Out-of-pocket costs will be higher if you visit a provider not participating in the VSP network.

USING YOUR BENEFIT IS EASY

Create an account on **vsp.com** to view your in-network coverage, find the VSP network doctor who's right for you, and discover additional savings.

VSP Vision Plan Features

The table below highlights your VSP in-network benefits. For out-of-network benefits, view this **VSP summary**.

| Plan Provisions | VSP Choice Provider Network |
|--|--|
| WellVision Exam | \$15 copay (one per calendar year) |
| Prescription eyeglasses (frames and lenses) | \$0 copay (up to frame allowance maximum); every other calendar year for frames, and every calendar year for lenses |
| Contact lenses instead of glasses | Up to \$60 copay (up to \$200 allowance for contacts) includes lens exam; every calendar year |

Financial Protection

Goodwin offers partners the following financial protection benefits to help you secure your future. For the most part, benefits are not elected during Open Enrollment through Workday—exceptions are noted below.

Group term life insurance: Partners are required to maintain a \$1,000,000 group term life Insurance policy through Unum. This policy is guaranteed issue and partners are automatically enrolled. Partners age 65 and older may waive life insurance coverage. Waivers are subject to maintaining enrollment thresholds under the terms of the group life policy.

Group accidental death and dismemberment (AD&D) insurance: Partners may purchase coverage for \$500,000 (\$14 per month) or \$1,000,000 (\$28 per month) through Hartford Financial Services Group, Inc. You may elect Group AD&D coverage through Workday during Open Enrollment.

Short-Term Disability insurance: The firm will continue to pay 100% of your monthly minimum distribution during the first 180 calendar days of disability.

Long-Term Disability insurance: Eligible partners are required to purchase coverage through Unum. If you are disabled and unable to work beyond 180 calendar days, this benefit replaces 60% of earnings to a maximum benefit of \$40,000 per month.

The plan integrates group income protection coverage with individual disability coverage. Partners have an individual policy that covers 20% income replacement to \$13,333 per month and group coverage that provides 40% income replacement to a maximum of \$26,667 per month.

Eligible partners may purchase additional voluntary coverage that will replace up to an additional \$5,000 of income per month. Income is based on your prior year K-1 or first year target compensation for new partners. See page 5 for more information about enrollment in this coverage.

Group Excess Long-Term Disability insurance: Equity partners are automatically enrolled in coverage through Lloyd's of London. The mandatory coverage provides up to an additional \$20,000 benefit per month.

Voluntary coverage (if eligible) can provide up to an additional \$60,000 in coverage. Partners age 59 and older as of April 1 each year may waive group excess long-term disability insurance coverage. Coverage for this plan renews on April 1 each year.

Business Travel Accident Insurance: The firm provides partners with \$1,000,000 of coverage.

For more information on these policies, visit the Human Resources pages on the **iNet** or email **benefitsdepartment@goodwinlaw.com**.

Voluntary Term Life Insurance

During Open Enrollment, you may elect, increase or cancel voluntary term life coverage for yourself, your spouse or domestic partner and your child(ren) through Workday. In order to purchase coverage for your spouse or child, you must purchase voluntary term life coverage for yourself.

Evidence of insurability (EOI) is required to purchase coverage for yourself and your spouse or domestic partner, but not for your children. The partner benefits team will follow up with you if EOI is required. Rates for partner and spouse or domestic partner coverage are based on your age at the time your coverage goes into effect and increase as you get older. Premiums for coverage are withheld from your monthly draw. Here are your options:

- Partner voluntary term life insurance You may purchase additional term life insurance coverage for yourself in the amount of \$250,000 or \$500,000, subject to EOI, or medical underwriting.
- Spouse or domestic partner voluntary term life insurance You may purchase term life insurance coverage for your spouse or domestic partner in \$5,000 increments up to \$250,000, subject to EOI.
- Child voluntary term life insurance You may purchase \$10,000 of term life insurance coverage for your child(ren) up to age 26 (the benefit is \$1,000 if your child is less than 6 months old). Children are not subject to EOI. The premium rate for child term life coverage is \$2 per month, regardless of the number of children covered.

Note that you can enroll in voluntary term life coverage at any time, but Open Enrollment is a good time to review and update your coverage.

Voluntary Long-Term Care Insurance

The Voluntary Long-Term Care Insurance Plan available through Trustmark provides reimbursement for covered services for people who may not be able to take care of themselves because of chronic illness, injury or the effects of aging. The plan includes coverage for a variety of services, including care in the home, nursing home care, adult day care and temporary homemaker services. Coverage is available for you, your spouse, your domestic partner and your parents and parents-in-law. For more information, please visit the Long-Term Care Insurance **iNet** page, or contact the Benefits Department at **benefitsdepartment@goodwinlaw.com**.

Voluntary Insurance through Voya

Voluntary insurance through Voya can offer another layer of financial protection for serious accidents or illnesses. Your medical plan insurance is your primary source for comprehensive coverage for the care you need to stay healthy or to treat an injury or illness. But, when you're sick or injured, you may also need help with other expenses, such as child care, groceries, and everyday household bills. That's where voluntary insurance can step in.

Plans Available to You

- Voluntary Accident Insurance: If you experience a covered accident, this insurance pays benefits for specific injuries and events, such as surgery, hospital admission and confinement, and medical equipment. The benefit depends on the type of injury and treatment received. For more information and the cost of coverage, please refer to the Summary of Benefits.
- Voluntary Critical Illness Insurance: This coverage pays a lump-sum benefit if you are diagnosed with a covered illness or condition. For more information and the cost of coverage, please refer to the Summary of Benefits.
- Voluntary Hospital Indemnity Insurance: This plan pays a daily benefit if you have a covered stay in the hospital, critical care unit or rehabilitation facility. For more information and the cost of coverage, please refer to the Summary of Benefits.

Enrolling in Voluntary Insurance

During Open Enrollment, you may elect voluntary insurance for yourself, your spouse or domestic partner, and/or child(ren) up to age 26, with no EOI required.

Note that you can elect voluntary insurance at any time during the year, but coverage will only apply to accidents, diagnoses or hospital stays that occur on or after the coverage start date. Coverage may also be subject to EOI.

Legal Insurance

Legal insurance isn't just for the serious issues. It's for your everyday needs, too. Some things are planned, like creating a will, and others are more unexpected — like fighting a traffic ticket or getting your deposit back from a difficult landlord. With legal insurance, network attorney's fees are 100% paid-in-full for most covered matters.

Enrolling in Legal Insurance

During Open Enrollment, you may purchase an Ultimate Advisor legal insurance plan through ARAG effective January 1, 2025. The legal insurance plan covers your spouse or domestic partner, and eligible dependent children.

Visit the **iNet** to learn more about the legal insurance plan.



Benefits Available Anytime

Goodwin automatically provides a variety of benefits and services to enhance your well-being any time of year. For more details on these benefits, visit the **iNet**.

One Medical: 24/7 access to inperson or over-the-phone medical care. Goodwin covers the cost of membership fees for you and your eligible dependents. One Medical is considered in-network for the BCBS MA medical plans.

Cleo: Family planning services designed to help parents from the early stages of preconception and planning to support for pregnancy, returning to work, parenting and finding vetted child care providers for children ages 1 to 12.

Pet insurance: Goodwin offers group discounts on pet insurance for your household pets through Spot. Spot offers a 10% discount on the first pet and a 10% discount on any additional pets (up to a maximum of a 20% discount).

Wellthy: Care support for you and your family with problems big or small, including Community, a private space for caregivers to connect, share stories, ask questions, and exchange knowledge across a range of care topics. **Carrot Fertility:** Free access to expert guidance on inclusive fertility, hormonal health, and family-forming benefits including fertility health, assisted reproduction like IVF, elective preservation like egg or sperm freezing, adoption, surrogacy, pregnancy, postpartum and early parenting. Partners are not eligible for reimbursement.

Bright Horizons Family Solutions®:

Family support to help guide you through all personal and professional stages of life including priority enrollment for our childcare centers, one-on-one dedicated support to assist with family care needs, college coaching from admission experts, pet care services through Rover or Wag!, and additional resources.

Health Advocate: Support from a team of medical doctors and administrative experts for assistance with finding the best care, obtaining services for elderly parents, addressing insurance claims and/or billing issues, and more, at no cost to you.

Employee assistance program (EAP):

Guide is your free and confidential concierge-level EAP offered through BHS. You have up to eight (8) free, confidential counseling sessions, wellbeing coaching, and unlimited work-life services. A Guide Care Concierge will ask you questions to personalize a care plan and connect you with a licensed clinician, mental health counselor, or professional coach depending on your situation. Referrals for longterm counseling, community-based resources, or a treatment or provider facility are also available.

Behavioral Health Consultants: Free, confidential consultations with a U.S. behavioral health consultant for support for a range of topics, including stress management, burnout, goal setting, relationships, and everyday challenges.

Headspace: A guide to mindfulness by helping to reduce stress, increase focus, and improve sleep with hundreds of meditation exercises. Receive free access for the Headspace meditation app by enrolling with your Goodwin email address.



Virtual Medical Care Anywhere

If you need medical care and it's not life-threatening or an emergency, you can access One Medical or the telehealth feature of the plan you're enrolled in. We encourage you to register ahead of time so you'll be ready when you do need care.

With telehealth, your copay is \$0* for a video visit with a U.S.licensed doctor for convenient, secure care through your phone or computer. Consider using telehealth services when you have:

- Nonemergency medical conditions such as flu, sore throat, rashes, allergies, and ear, eye, or sinus infections
- Minor rashes
- Prescriptions sent directly to your pharmacy.

*For the HDHP plan, your copay is \$0 after deductible for a primary care visit or 10% coinsurance after deductible for other preferred providers.

How to Get Started

| Medical Plan | Telehealth Service | How to Access |
|--------------|--------------------|---|
| BCBS | Well Connection | Use the MyBlue app for medical virtual visits. Download the app or go to bluecrossma.com/telehealth, and register with your BCBS ID number. |
| | One Medical | One Medical is considered in-network for BCBS (but not for Kaiser) and offers access to same-day urgent care appointments in person, or a virtual health visit. |
| | | Visit onemedical.com/myhealth to register using your email address and code GOODXMED. |
| | | Download the One Medical app (Google Play App Store). |
| Kaiser | Kaiser Telehealth | Call the phone number on the back of your ID card, available 24/7, or log in to your Kaiser account at my.kp.org or the Kaiser app to make an appointment. You may also schedule an appointment with Kaiser 24/7 at 866-454-8855. |



How You Pay for Coverage

As a partner, you are responsible for paying the full cost of all programs in which you elect to participate. Generally, these deductions are withheld on an after-tax basis from your monthly draw. The cost for programs that may qualify for favorable tax treatment will be reported on your K-1 so that you may take the deduction, if applicable, when filing your income taxes. You should consult with your tax advisor to determine the extent to which your premiums or contributions may be tax deductible. Visit **iNet** to learn more.

Contacts

We recommend you visit the **iNet** Benefits page to look for any unanswered questions you may still have. It's the place to go if you are looking for specific information on our benefit programs, links to vendors' websites, and various documents and forms.

To access the Benefits page from the **iNet** home page, click on **Human Resources**, and then click on **Benefits – US** from the menu on the left. If a specific topic is not addressed in this guide, email **benefitsdepartment@goodwinlaw.com**.

| Benefits Vendors | | | |
|---|------------------------|--|--------------|
| Plan | Vendor | Website / Email Address | Phone Number |
| Behavioral Health Consultants | BHS | iNet | |
| Bright Horizons Family Solutions® | Bright Horizons | clients.brighthorizons.com/goodwinlaw (First-time users: Username: GoodwinLaw; Password: gpbackup) | 877-242-2737 |
| Cleo Considering, Cleo Baby, and Cleo Kids | Cleo | iNet | |
| Dental | Delta Dental | deltadentalma.com | 800-872-0500 |
| Guide Employee Assistance Program (EAP) | BHS | portal.bhsonline.com (Username: Goodwin) | 888-784-5665 |
| Headspace Meditation App | Headspace | work.headspace.com/goodwinprocter/member-enroll (Use your Goodwin email address to enroll) | |
| Health Savings Accounts (HSAs) | HealthEquity | healthequity.com | 866-346-5800 |
| Health Advocate | Health Advocate | members.healthadvocate.com/Home | 866-695-8622 |
| Mail-Order Pharmacy | CVS Caremark | | 877-817-0477 |
| Medical PPO and HDHP | Blue Cross Blue Shield | bcbsma.com | 800-262-2583 |
| Medical HMO | Kaiser | kaiserpermanente.org | 800-464-4000 |
| Medical | One Medical | onemedical.com/sponsored-membership (Use your Goodwin email address to enroll) | 888-663-6331 |
| Vision | VSP | vsp.com | 800-877-7195 |
| Critical Illness, Accident, and Hospital Indemnity | Voya | presents.voya.com/EBRC/GoodwinLaw | 877-236-7564 |
| 401(k) | Fidelity Investments | 401k.com | 800-890-4015 |
| Legal Insurance | ARAG | araglegal.com/plans (Access Code: 18946gp) | 800-247-4184 |
| Life, AD&D, and Disability Insurance | Unum | benefitsdepartment@goodwinlaw.com | 866-679-3054 |
| Long-Term Care Insurance | Trustmark | LTC@nfp.com | 877-513-1480 |
| Wellthy | Wellthy | wellthy.com/goodwinlaw | 877-588-3917 |

If there are any discrepancies between this Guide and the legal plan documents, the legal plan documents will govern. The firm reserves the right to change or terminate any plan, the terms of any plan, or cost-sharing arrangement at any time.