

Benefits Highlights and Enrollment Guide

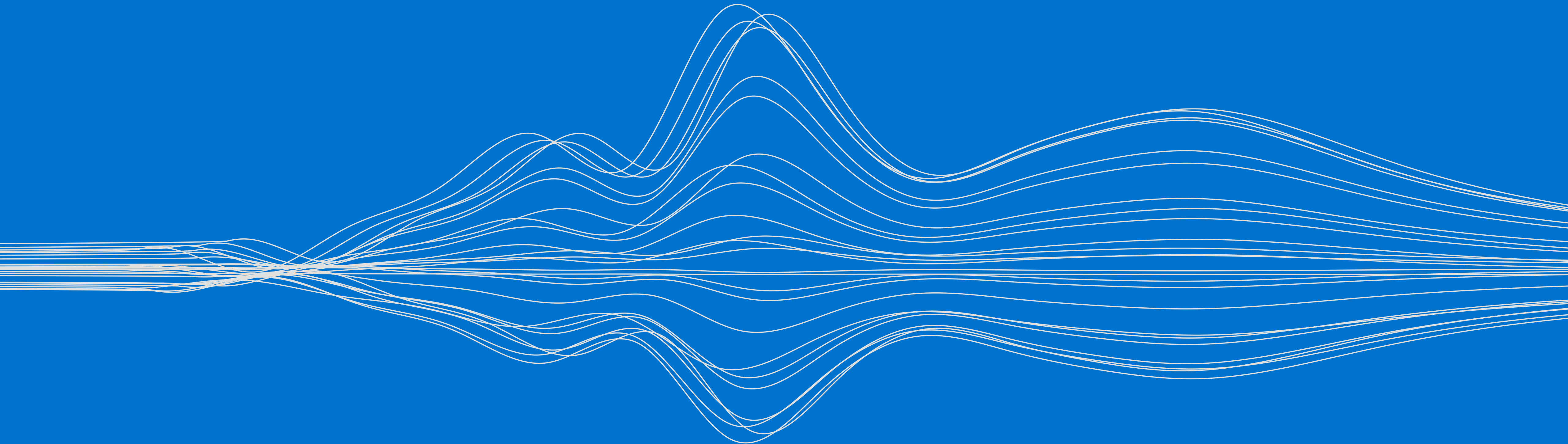


DLA PIPER



DLA Piper Provides Benefits and Programs to Fit Your Life

In 2026, we are committed more than ever to providing a benefits program that balances traditional plans with innovative options. Benefits are an important component of your DLA Piper total rewards, which is why we invest in benefits that provide solutions to your needs. Our benefits support your health and well-being at every stage – any way you choose to use them! Take time to review this information so you make smart benefits decisions.





About This Guide

This Guide provides an overview of the DLA Piper benefits program, including a summary of each benefit and information on how to enroll. The benefits outlined in this Guide are available to all benefits-eligible partners and employees of the firm.

Eligibility

You are generally eligible for firm-provided benefits (“benefits-eligible”) if you are a regular employee or partner of DLA Piper who is regularly scheduled to work at least 30 hours per week and are based in an office located in the United States.¹

NOTE: You are eligible for Commuter Benefits if you are a regular employee who is regularly scheduled to work at least 20 hours per week and are based in an office located in the United States.

Eligible dependents generally include your:

- Spouse or qualified domestic partner (same or opposite sex)
- Children, step-children or children of domestic partners under age 26.

¹ Lawyers and lawyer equivalents are eligible for benefits if they are scheduled to work at least 20 hours per week (required minimum of 1,000 billable hours).

Additional Information & Resources

Fusion

This Guide provides an overview of all benefits offered by the firm. However, the descriptions are deliberately brief. Detailed information, including plan matrices and complete plan descriptions, can be found on the Benefits page on [Fusion](#).

ALEX- Online Benefits Decision Tool

Available throughout the year, ALEX helps you compare and contrast benefit plan options and within minutes, provides recommendations based on your current needs. ALEX can be accessed by PC, laptop, tablet or smartphone any time it’s convenient for you. You can access ALEX by visiting <https://start.myalex.com/dlapiper>.

Health Advocate

Health Advocate is your single point of contact for all firm-sponsored benefits. No need to figure out where to go or who to call. The live experts at Health Advocate are available to answer your questions and/or connect you with the appropriate resource.

Health Advocate

Phone: 866.799.2731

Tie line: 806.2731

Email: answers@healthadvocate.com



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Information is just a click away

Click on any topic in the Table of Contents to link directly to that page. You may return to the Table of Contents by clicking the circle dot icon at the upper right corner of each page.

You can also link directly to the benefit provider sites from most pages.



Steps to Success

There are some important decisions you need to make and actions you must take in order to enroll in the benefits you want.

Follow these easy steps to enroll:

- 1. Learn about the benefits** – Review the information in this Guide for an overview of the benefits that are available to you. For more detailed information, visit the Benefits page on [Fusion](#). Be sure to check out **ALEX**, your online decision assistance tool that will ask you a series of questions and in minutes give you plan option comparisons and recommendations based on your current needs. Visit **ALEX** at <https://start.myalex.com/dlapiper>.
 - Your potential payroll deductions from your paycheck
 - Your possible out-of-pocket costs for health care – deductibles, co-insurance, copays
- 2. Consider your options** – As you review the plan options, think about:
 - Your specific needs and those of your dependents – How often do you and your dependents access health care and what type of care do you use most often?
- 3. Choose the plans that are right for you** – Make certain you understand what is – and isn't – covered by each plan. The benefits and services you use most and find most critical are unique to you and your personal circumstances.
- 4. Elect your coverage** – Enroll in your benefits via [Workday](#).

Enrolling online

Be prepared before you log into Workday. You can make your enrollment session as quick and easy as possible by having the date of birth and social security number of your dependents and beneficiaries available.

NOTE: Social Security Numbers are required for all dependents enrolled in a firm sponsored medical plan.



Changing Your Coverage

Once enrolled, you may not make any changes to your elections until the next annual enrollment period. However, certain changes may be allowed during the year if you experience a qualifying life event in which you will have 31 days from the event to make any changes.

Qualifying events are defined by the IRS and MAY include, but are not limited to:

- Change in legal marital or domestic partner status — marriage, divorce, legal separation, death of spouse
- Change in number of dependents — birth, adoption, placement for adoption
- Change in employment status of employee or spouse — commencement or termination, full-time to part-time
- Change in dependent's age
- Change in place of residence or work site
- Spouse's open enrollment

In addition to these events, you may make changes to your Dependent Care Flexible Spending Account if:

- There is a significant change to your dependent care arrangement
- A change in your or your spouse's employment status changes your dependent care needs

Annual Enrollment

Annual enrollment is held each fall, with coverage changes effective on January 1.



Medical

	PPO Plan		Health Savings Plan		Plus Point Bronze Plan	
Paycheck Deductions	Highest		Medium		Lowest	
Office visits (in-network)	\$25 copay non-specialist \$40 copay specialists		10% after deductible		\$50 copay non-specialist \$75 copay specialists	
Urgent care (in-network)	\$40 copay		10% after deductible		30% after deductible	
Emergency Room (when not followed by admission)	\$150 copay		10% of MAA after deductible		\$250 copay	
Deductible (The amount you must pay prior to plan paying any benefits, except when copay applies or where otherwise noted. Combined for in and out-of-network)						
	In-network	Out-of-network	In-network	Out-of-network	In-network	Out-of-network
• Individual	\$1,000	\$2,000	\$2,000	\$4,000	\$5,000	\$10,000
• Family	\$2,500	\$5,000	\$4,000	\$8,000	\$10,000	\$20,000
Co-insurance	20%	40%	10%	40%	30%	50%
Out-of-Pocket Maximum (OOPM) – Once the medical OOPMs have been met, plan will pay 100% of MAA charges for the remainder of the calendar year. Copays, deductibles and coinsurance apply to the OOPM. OOPMs are not combined for in and out-of-network. See Prescription drug section for the separate prescription drug OOPM, if applicable.						
	In-network	Out-of-network	In-network	Out-of-network	In-network	Out-of-network
• Individual	\$4,000	\$8,000	\$4,000	\$7,200	\$8,500	\$17,000
• Family	\$10,000	\$20,000	\$8,000	\$14,400	\$17,000	\$34,000
Health Savings Account Eligible	No		Yes		No	
Employer Contribution (partners not eligible)						
• Individual			\$850			
• Family			\$1,500			

AN OVERVIEW OF COVERAGE

The medical carrier for the firm is Anthem Blue Cross, offering a large network with an extensive list of providers and facilities across the U.S. All benefits-eligible people covered under this Guide have a choice of coverage.

Infertility and Family Building Benefits — Maven (must be enrolled in a firm sponsored medical plan)

DLA families enrolled in a firm-sponsored medical plan will have free access to Maven as your virtual health benefit for fertility and family building, pregnancy, postpartum, parenting and menopause support. Maven lets you meet and message with 35+ provider types 24/7 — saving you time and money with same-day access to specialists. Enroll in Maven at mavenclinic.com/join/takecare and reach out to support@mavenclinic.com with any questions.

Hinge Health – Virtual Physical Therapy (must be enrolled in a firm sponsored medical plan)

Hinge Health is here to help support those of you who may be dealing with chronic joint or back pain, recovering from an injury or those of you who just want more strength and flexibility. By providing the tools you need to get moving again from the comfort of your own home, Hinge Health tailors a treatment plan to you in the following ways:

- Provides you with a personal, virtual care team, including a physical therapist and health coach
- Allows you access to virtual physical therapy sessions as needed – pre or post surgery (prehab or rehab)
- Offers free wearable sensors that give live feedback in the Hinge Health app

Learn more at [Registration](#) | [Hinge Health](#)

My Medical Ally – Virtual Second Opinion Program (must be enrolled in a firm sponsored medical plan)

Anthem's Virtual Second Opinion program through My Medical Ally (formerly known as Consumer Medical) can provide an expert second medical opinion at no cost to you and it is completely confidential. If you're facing surgery or have a serious medical condition, the doctor you choose is your most important decision. Getting a second opinion can be a very important part of making a decision about care for yourself or a loved one.

My Medical Ally can:

- Provide you with decision support materials
- Refer you to a local, in-network provider for a second opinion
- Help you get a virtual second opinion with input from experts from leading medical institutions across the country

Call the Virtual Second Opinion program and speak with a nurse at 1-888-361-3944.



Medical Plans

Health Savings Plan Option with HSA

The Anthem Blue Cross Health Savings Plan Option (HSPO) provides traditional medical coverage, access to network providers and a tax-free way to help you build savings for future medical expenses. The biggest differences between the HSPO and the other options are:

- A lower per-paycheck deduction than the PPO
- The requirement to satisfy a higher deductible before services are covered
- When you enroll in the HSPO, you are eligible to open a Health Savings Account (HSA)
- The firm will make an HSA contribution for employees enrolling in the HSPO
- Partners and employees enrolling in the HSPO will automatically receive \$5,000 in Critical Illness insurance at no cost

PPO

With a PPO, you receive benefits for eligible expenses whether or not your provider is in the PPO network. However, you receive a higher level of benefit coverage and realize significant out-of-pocket savings when you stay in the PPO network.

Plus Point Bronze

The Plus Point Bronze PPO is a medical plan with a high deductible that provides the reassurance of coverage for more expensive medical care and services should you need them without the cost of high per pay period deductions.

All medical options provide comprehensive benefits, including:

- Wellness and preventive care
- Network of medical providers and facilities
- Prescription drug coverage
- Mental health and substance abuse coverage

Use Network Providers

- **Lower out-of-pocket costs** – Your share of medical expenses is significantly less when you choose network providers
- **No claim forms** – Network providers generally file claims on your behalf
- **Pre-screened providers** – Network providers are required to meet Anthem Blue Cross standards – you don't have to find reputable doctors, hospitals and other providers on your own
- **No balance billing** – network providers have agreed to accept negotiated rates and will not balance bill you for charges above those negotiated rates



Prescription Drugs

An Overview of Coverage

Express Scripts, Inc. (ESI) provides prescription drug benefits for all DLA Piper medical plans. Accredo is an Express Scripts specialty pharmacy providing home delivery service.

Saving Money on Prescription Drugs

- **Use generic drugs when possible** – Check with your doctor to see if generics may be appropriate for your personal situation. The savings can really add up
- **Ask for “preferred” name brand drugs**– When using a generic is not possible, ask your doctor if a preferred (formulary) brand name drug may be used for your condition
- **Review the Express Scripts formulary** to understand what drugs are included in the formulary and which drugs are excluded from coverage
- **Use mail-order for maintenance medications** – Your copay for a 90-day supply through mail-order is less than three copays at the pharmacy. Plus, you can enjoy the convenience of home delivery

Generic Preferred Incentive

- If a generic drug is available and you choose to purchase the brand name medication instead, you will pay the brand name copay (or co-insurance, if applicable to your plan) plus the difference between the cost of the brand name drug and the generic drug

For information on ordering prescriptions, locating network pharmacies, or to price a prescription or view a formulary list, visit the Express Scripts website at www.express-scripts.com or call 1.888.799.6972.

Prescription Drug Copay	PPO	Health Savings Plan Option (HSPO)	Plus Point Bronze PPO
Retail (30-day supply)			
Generics	\$10	\$10 ¹	\$15
Formulary Brand	\$35	10% ¹	\$50
Non-Formulary Brand	\$60	10% ¹	\$100
Specialty	\$105	\$105 ¹	\$150
Mail and Retail (90-day supply)			
Generics	\$20	\$20 ¹	\$30
Formulary Brand	\$70	10% ¹	\$100
Non-Formulary Brand	\$120	10% ¹	\$200
Specialty	\$105	\$105 ¹	\$150
Out of Pocket Maximums			
In-Network	\$2,000 Individual/ \$4,000 Family	Included in medical plan OOPM	\$1,600 individual/ \$3,200 Family

¹ After deductible has been met

NOTE: FDA-approved prescription contraceptives and prescribed smoking cessation medications are available for \$0 copay on all medical plans.

Vaccines are covered under Pharmacy Benefits – Convenience of obtaining flu, shingles and other routine vaccines at any participating pharmacy at a \$0 co-pay.



Access Right Care, Right Setting, Right Time

YOUR SYMPTOMS	WHERE TO GET CARE			
	Your Doctor's Office	Teladoc	Urgent Care	Emergency Room
It's time for your annual preventive care and wellness exam	X			
You have a bloody nose	X	X		
You have an earache	X	X		
You have a rash on your arms and legs	X	X		
You have a cough that won't go away	X	X	X	
You are experiencing common cold or flu symptoms	X	X	X	
You have thrown out your back and are in severe pain			X	
You have a bug bite and the site is very swollen			X	
You have twisted your ankle and are fairly certain it's sprained			X	
You cut your finger and are unable to stop the flow of blood			X	X
You have chest pains and numbness in your face, arm or leg				X
You have severe shortness of breath				X
You have a sharp pain in your abdomen accompanied by a high fever				X
You have suddenly lost consciousness				X
You have sustained a life-threatening injury				X

When you or a family member is sick or injured, you need to decide where to go for care. Choosing the right setting can save you time and money - and, most importantly, give you access to medical care that is appropriate for your symptoms.

Is it an emergency?

If you can answer "yes" to any of these questions, call "911" or go to the nearest Emergency Room.

- Are the symptoms serious and/or life-threatening?
- Did the symptoms occur suddenly and without warning?
- Is there a lot of bleeding, extreme pain or shortness of breath?
- Do you feel there may be serious damage to body functioning or an organ or part of the body without getting medical attention right away?

Medical Care at Your Fingertips

Teladoc

As an alternative to expensive and timeconsuming emergency room or urgent care visits, you can access the 24/7 medical care you need from a licensed doctor or pediatrician by simply calling or logging in to Teladoc.

- Available to all **members covered by a DLA Piper medical plan**
- Teladoc professionals can provide medical advice, recommend treatment and in some cases, write the prescriptions you need via phone, online video or mobile
- Use Teladoc from home, work, on vacation, or while traveling internationally
- No time limit to your consultation
- Consultation fees for general medical and mental health visits:
PPO members: No charge
HSPO members: No charge (deductible waived)

Teladoc – Caregiver Program

- Add a parent, spouse or other loved one as a care recipient under your Teladoc account
- Caregiver Program allows for two or three-way visits to address healthcare needs
- Care recipient does not need to be covered as a dependent under your firm-sponsored medical plan
- Cost per visit is \$65

Teladoc – Mental Health

- Schedule appointments and speak with Teladoc’s fully credentialed in-network psychiatrists, psychologists, licensed therapists
- Consult via phone, online video or mobile on topics including stress, anxiety, depression, eating disorders, family difficulties and more
- Select a clinician and see that same clinician through your entire course of care
- Generally appointments can be scheduled in 5-7 days
- Adolescent Behavioral Health services: therapy and support for enrolled dependents between age 13-17

Enrolling in Teladoc

Set up your account

- Visit www.teladoc.com/dlapiper
- Select the “Register Now” option from the menu at the top of the page
- Complete the required information including your member number from your Anthem ID card
- For More Information on teladoc visit the page on [Fusion](#)

Additional Teladoc Services:

- Dermatology:
 - **PPO:** \$40 copay
 - **HSPO:** HSPO members: \$85 copay until deductible has been met. Then 10% coinsurance.
- Nutrition:
 - **PPO:** \$40 copay
 - **HSPO:** HSPO members: \$59 copay until deductible has been met. Then 10% coinsurance.

24/7 Nurseline

If you are enrolled in a medical plan offered by the firm, you can call the Anthem 24/7 NurseLine at any time to talk with a registered nurse who is trained to help you make more informed decisions about your (or your child’s) health situation. You can also access recorded messages about hundreds of health topics. To reach the Anthem NurseLine, call 800.700.9184. This number is also printed on the back of your Anthem identification card for easy access.

Dental

Coverage Type	Traditional Dental Plan		Premier Dental Plan	
	In-Network	Out of Network	In-Network	Out of Network
Paycheck Deduction	Lowest		Highest	
Deductible (The amount you must pay prior to the plan paying any benefits, except where otherwise noted.)				
Individual	\$50	\$50	\$25	\$25
Family	\$100	\$100	\$50	\$50
Coinsurance (Your share of the reasonable and customary (R&C) charges once the annual deductible, if applicable, has been satisfied.)				
Type A: Preventative (cleaning, exams, X-rays)	0%	0%	0%	0%
Type B: Basic Restorative (fillings, extractions)	20% after deductible	20% after deductible	10% after deductible	10% after deductible
Type C: Major Restorative (bridges, dentures)	50% after deductible	50% after deductible	20% after deductible	20% after deductible
Type D: Orthodontia	50%	50%	10%	10%
TMJ	Not Covered	Not Covered	10% after deductible	10% after deductible
Annual Maximum Benefit (Annual amount plan will pay for each covered member)				
Per Person	\$1,500	\$1,500	\$2,500	\$2,500
Orthodontia Lifetime Maximum				
Per Person	\$1,500	\$1,500	\$2,500	\$2,500
Eligible for Orthodontia services	Your children up to age 20		You, your spouse, and children up to age 26	

An overview of coverage

All benefits-eligible people have two options for dental coverage, both offered through Delta Dental.

Both plans cover a broad range of dental services, including:

- Preventive care (cleanings, bitewing and full-mouth X-rays and more)
- Basic care (fillings and basic restorative work)
- Major services (bridges, crowns, dentures and more)

In addition, specialty and emergency care are covered within the categories shown.

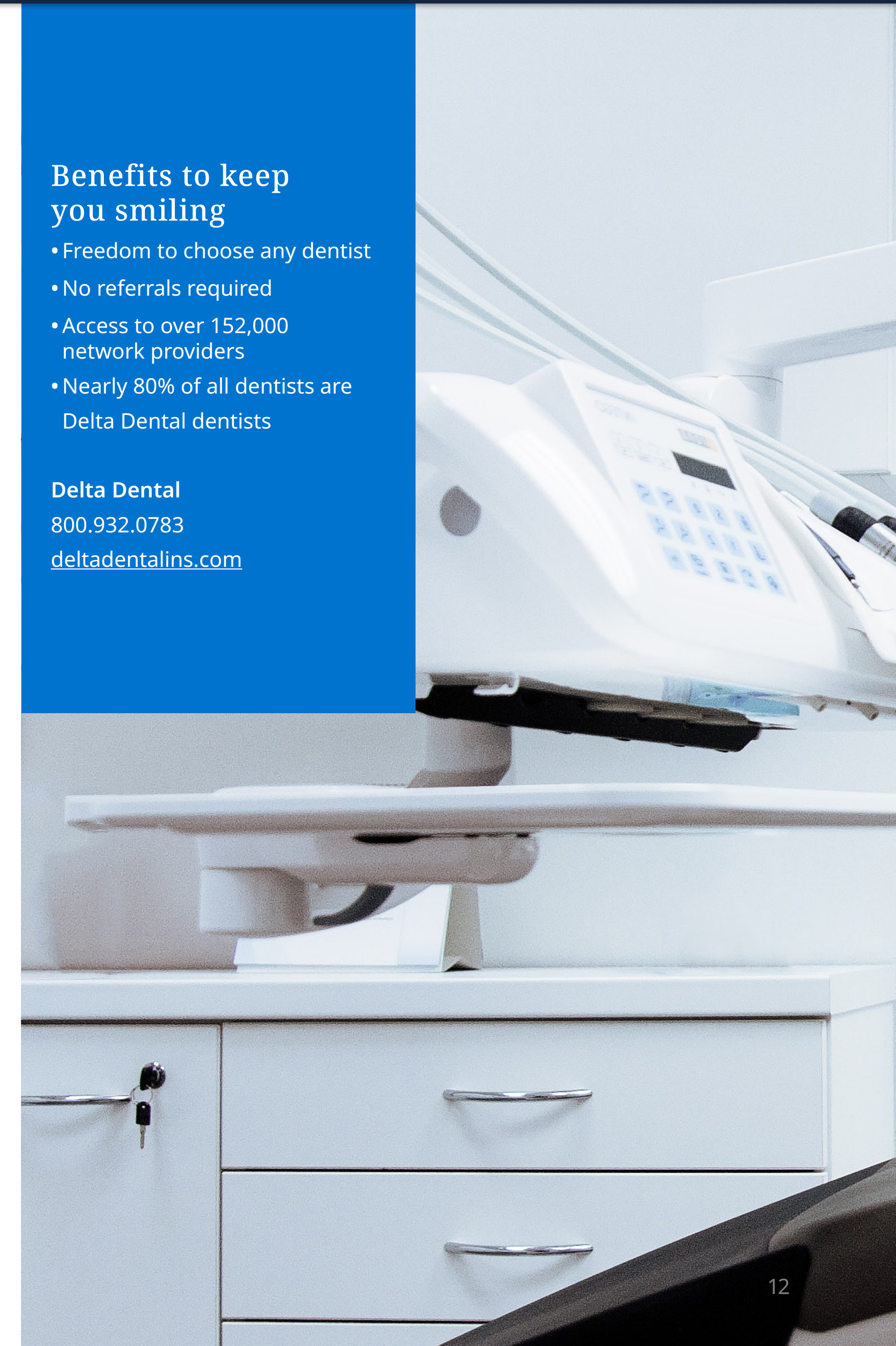
Benefits to keep you smiling

- Freedom to choose any dentist
- No referrals required
- Access to over 152,000 network providers
- Nearly 80% of all dentists are Delta Dental dentists

Delta Dental

800.932.0783

deltadentalins.com



How the Dental Plan Works

You have two ways to access care:

1. **Visit a participating dentist** – you can refer to Delta Dental's online directory at deltadentalins.com to select a participating dentist. Or, call Member Services at 800.932.0783. Delta Dental offers two ways to take advantage of their vast network. Either option provides you with savings and providers that have agreed to negotiated reimbursements which means no balance billing.
 - Delta Premier Network – Largest network of in-network providers
 - Delta PPO Network – A smaller subset of Delta Dental network of providers that offers even deeper savings, so your dental dollars go further
2. **Visit a nonparticipating dentist** – your plan gives you the freedom to visit any licensed dentist who does not participate in the network.

Here's a quick comparison chart to help you decide which option is best for you.

	Participating Dentist	Nonparticipating Dentist
Fees	<ul style="list-style-type: none"> • Negotiated fees are generally lower than dentist's usual fees • Participating dentists will not bill you for the balance at the time of service 	<ul style="list-style-type: none"> • Usual fees are generally higher than Delta Dental's negotiated fee • Nonparticipating providers may balance bill for charges above reasonable and customary rates which will be due at the time of service
Service	<ul style="list-style-type: none"> • Participating dentists will file claims for you • An online directory is available • Member Services toll-free line will: <ul style="list-style-type: none"> – answer your questions – provide claim status – offer information about participating dentists 	<ul style="list-style-type: none"> • Nonparticipating dentists may file claims or ask you to do so • No directory, no network – visit any licensed dentist • Member Services toll-free line cannot provide information on nonparticipating dentists, but will: <ul style="list-style-type: none"> – answer your questions – provide claim status

Estimating out-of-pocket costs

Delta Dental recommends that you request a pre-treatment estimate for services over **\$300**. This often applies to crowns, bridges, inlays, and periodontics. To receive a benefit estimate, simply have your dentist submit a request for a pre-treatment estimate online at deltadentalins.com or call 800.932.0783. You and your dentist will receive a benefits estimate (online or by fax) for most procedures while you're still in the office, so you can discuss treatment and payment options.

Vision

An Overview of Coverage

All benefits-eligible people have two plans to choose from; both offered through VSP. Both options cover annual exams, frames and lenses. However, the Premier plan provides a higher frame and contact allowance and allows members to get both glasses and contacts each year.

How the Plan Works

You have two ways to access care:

1. **Visit a participating doctor** – you can visit www.vsp.com or call 1.800.877.7195 to find a participating provider.
2. **Visit a nonparticipating doctor** – your plan gives you the freedom to visit a provider who does not participate in the network.

Plan Design Feature	Traditional Plan		Premier Plan	
	Lowest		Highest	
Paycheck Deduction				
Office visits	once every calendar year		once every calendar year	
Exam	once every calendar year		once every calendar year	
Lenses	once every calendar year		once every calendar year <i>(optional second pair of glasses in lieu of contact lenses).</i>	
Frames	once every calendar year		once every calendar year <i>(optional second pair of glasses in lieu of contact lenses).</i>	
Contacts	once every calendar year <i>(in lieu of frames)</i>		once every calendar year <i>(contacts & frames)</i>	
	In-Network	Out-of-Network (reimbursements)	In-Network	Out-of-Network (reimbursements)
Exam Copay	\$10	up to \$45	\$10	up to \$45 less \$10 copay
Materials Copay	\$25	up to \$50	\$25	range: \$30-\$100 less \$25 copay
Frame Allowance	\$150	up to \$70	\$250	up to \$70
Contact Allowance	\$150	up to \$105	\$250	up to \$105
Contact Lens Exam	up to \$60	N/A	up to \$60	N/A
Anti-Reflective Copay (Blue Blockers)	N/A	N/A	\$25	N/A
Lightcare Benefit <i>(nonprescription sunglasses in lieu of glasses)</i>	\$150 allowance	\$70 allowance	\$250 allowance	\$70 allowance
Custom & Premium Progressive Lenses	N/A	N/A	\$25	N/A
UV Protection Coating	N/A	N/A	Covered in full	N/A
Computer Glasses with Lenses	N/A	N/A	Covered in full frame allowance up to \$90 <i>(not available for enrolled dependents)</i>	Allowances frames up to \$45 lens \$30-\$100 <i>(not available for enrolled dependents)</i>

Please refer to plan materials for complete detail. If there are any inconsistencies between this summary of vision benefits and the official plan documents, the plan documents will govern.

Notes:

1) Traditional plan benefits cover prescription glasses OR contacts.

Premier plan benefits cover prescription glasses AND contacts.

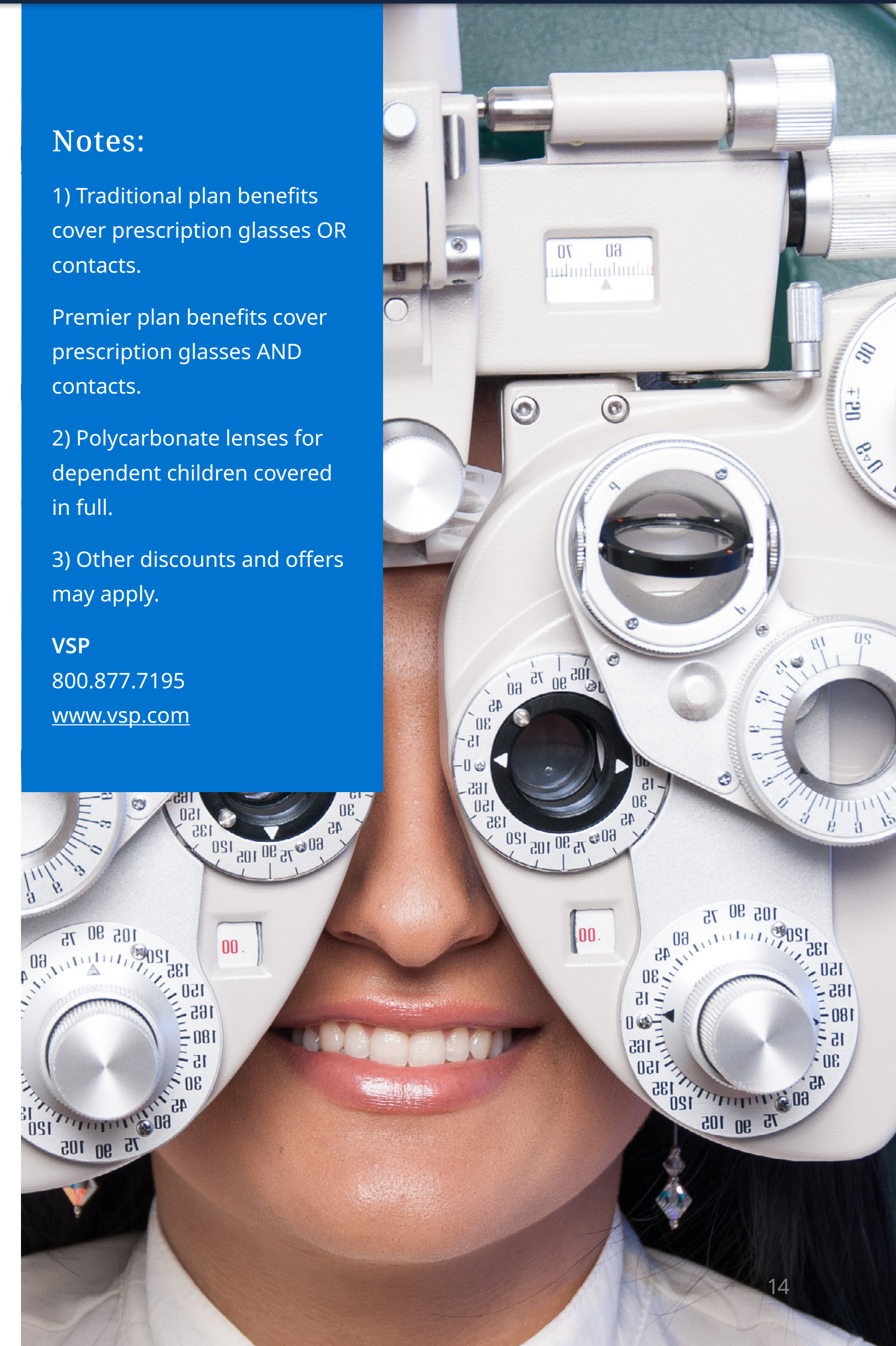
2) Polycarbonate lenses for dependent children covered in full.

3) Other discounts and offers may apply.

VSP

800.877.7195

www.vsp.com





Health Savings Accounts

What is an HSA?

A Health Savings Account (HSA) is a tax-advantaged personal savings account that allows you to save for qualified medical expenses. Here are some of the highlights:

- An HSA is portable and belongs to you (if you change plans, retire or leave the firm, the account goes with you)
- Contributions are excluded from current year taxable income and interest earned on the account is tax-free
- Unused account balances carry over to the next year. After years of contributions, potential exists to build significant nest-egg balances
- Withdrawals are tax-free if used for qualified medical expenses
- The maximum amount you can contribute to an HSA in 2026 is \$4,400 for individual and \$8,750 for family. If you are age 55 or older by 12/31/2026 you may contribute an additional \$1,000 "catch-up" contribution for 2026
- Information and instructions for opening an HSA through WEX will automatically be sent to you after you enroll in the HSPO plan. Of course, you may also open an HSA with any other qualified financial institution. However, any employer contributions for employees will be made to your WEX account.

Contributions by the firm

The firm will make an HSA contribution for employees enrolled in the HSPO. This contribution will vary depending on the level of coverage you elect under the HSPO. DLA Piper will contribute the following towards your HSA

Individual Coverage	\$850
Family Coverage	\$1,500

This annual contribution will be made directly to the employee's WEX HSA and will be paid over 26 biweekly payments.

Note: Partners do not receive firm contributions. They may elect to fund their HSA through payroll deductions up to the IRS maximums each year.

Funding your WEX HSA

If you want to add to the contributions the firm is making on your behalf, there are different ways to fund your HSA. One way is to make contributions directly into your HSA, timed at your discretion. Another convenient option is pre-tax payroll deduction, whereby you elect an annual contribution amount that is then deducted in equal amounts on a per-pay period basis and deposited directly into your WEX HSA. You may change your election anytime during the year. Lastly, a combination of the two is also an option, assuming you do not elect to contribute the maximum via payroll deductions. The annual maximum includes your contribution and the firm's contribution.

Important to know

You cannot contribute to an HSA if:

- You have medical coverage under a plan other than a High Deductible Health Plan as defined by the IRS, including coverage as a dependent under another plan;
- You have coverage under a flexible spending account, such as your spouse's or another employer's flexible spending account (except in limited circumstances);
- You are enrolled in Medicare; or
- You are claimed as a dependent on someone else's federal tax return.

Learn more about HSAs

Are you on the right path to protecting your tomorrow? Learn how a Health Savings Account (HSA) works with our High-Deductible Health Plan (HSPO) and if it's the right option for you.

Make time this Annual Enrollment to learn more about the HSPO plan and the pretax savings options available through an HSA. Choose one of three paths ("seeking tax savings now and in the future", "HSA 101", or "I'm a new hire"). From start to finish, this journey will take you about 10 minutes and will be worth your time as you prepare to enroll.

[Click here](#) to get on the road.

Flexible Spending Accounts

An Overview of the Accounts

For all benefits-eligible employees, the firm offers two different Flexible Spending Accounts (FSAs) – you can choose to contribute to the Health Care FSA and/or the Dependent Care FSA. (Partners are not eligible to participate.) You can direct pre-tax dollars to these accounts, which you can use to pay for eligible expenses.

How an FSA works

1. Calculate your annual election

- A complete list of eligible expenses is available at [WEX](#).
 - Health Care FSA – you may contribute from \$100 - \$3,400 per year
 - Dependent Care FSA – you may contribute from \$100 - \$7,500 per year (\$2,500 if you are married but file your taxes separately). Contribution may be limited due to IRS discrimination testing rules
 - If you participate in both FSAs, the accounts are separate and money cannot be transferred between the two
2. **Make contributions** – Your annual election is deducted pre-tax in equal amounts over the number of pay periods remaining in the calendar year.

3. Incur expenses

- Use the money you've set aside throughout the year.
- You can pay for eligible healthcare services or products by using your WEX debit card. Or, if you prefer, you can pay out-of-pocket for expenses and submit a claim for reimbursement
- Dependent Care expenses must be paid out-of-pocket and submitted for reimbursement; the debit card may not be used for Dependent Care expenses. Dependent children are eligible until they turn 13. Plan accordingly, if your child will turn 13 during the upcoming year

4. Get reimbursed

- You will be reimbursed for dependent care expenses up to the amount currently deposited to your Dependent Care FSA. For eligible healthcare expenses paid out-of-

pocket, you may be reimbursed up to the full annual Health Care FSA amount you have elected.

- Claims can be submitted online, via fax or by mail
- Have your FSA reimbursements deposited directly to your bank account. Enroll in direct deposit on your member page at [WEX](#)
- If you do not elect direct deposit, a check will be mailed to your home
- Claims are generally processed within five business days

IRS rules to keep in mind

- There is a 2 1/2 month grace period for the Health Care and Dependent Care FSA. This means you have until March 15 of the following plan year to incur expenses against the current year's balance

- **IRS non-discrimination testing may require that employees determined to be Highly Compensated Employees (HCEs) have their election subject to a lower annual limit. If this applies to you, you will be notified by the Benefits department**

- Use it or lose it. Expenses incurred during a plan year (or during the grace period) must be submitted by March 31 of the following year in order to be eligible for reimbursement

- You can only stop or change contributions during the year if you have a qualified family status change
- If you leave the firm prior to the end of the year, you can only be reimbursed for claims incurred up to your last day with the firm; you will have until March 31 of the following year to submit such claims

If you are enrolled in the HSPO medical plan and/or contribute to a Health Savings Account (HSA), including any contributions made by the firm on your behalf, you will not be able to enroll in the Health-Care FSA.

WEX

866.451.3399

[WEX](#)



Disability Coverage

An Overview of Coverage

Short Term and Long Term Disability coverage is provided to all benefits-eligible people. You are automatically enrolled for these benefits. These plans replace a portion of your salary if an illness or injury keeps you from working.

If you need to file a Family and Medical Leave (FMLA) request or Short Term Disability claim, notify your manager and/or practice group, and submit your claim to Unum via phone (866-868-6737), online (<https://portal.unum.com>) or through the App.

Short Term Disability (STD) Coverage

STD coverage provides financial assistance if you are unable to work for a limited period of time due to illness or injury. STD coordinates with state disability (where applicable) and replaces a percentage of your salary for a period not to exceed 365 days — 100% salary continuation for first 8 weeks, 80% for the next 10 weeks and 60% for the remaining 34 weeks.

The STD Benefit for Partners is 100% of Base Earnings.

For questions about the Firm’s disability program, please contact AskHR@us.dlapiper.com.

LeaveLogic

LeaveLogic is a confidential leave planning tool that makes it easier for you to plan, take, and return from a leave of absence. With LeaveLogic, you can better navigate your leave benefits, quickly plan a full leave scenario for your unique needs and get step-by-step guidance for what’s next.

Whether you’re actively planning time off or just looking to understand your options, LeaveLogic simplifies the complexities of leave for:

- Personal Medical Leave
- Family Care Leave
- Parental Leave (which includes adoption, foster care, and maternity leave)

To get started, go to <https://dlapiper.leavelogic.com> and click "sign up." Learn more at help.leavelogic.com

Long Term Disability (LTD) Coverage

LTD coverage provides financial assistance if you are not able to return to work after 365 days of disability due to illness or injury.

LTD can replace up to 60% of your compensation up to monthly maximums as shown in the table. An age-graded maximum benefit period applies if you become disabled at age 62 or older.

In order to provide a non-taxable benefit for federal income tax purposes, employees salary will be grossed up to include the cost of the LTD premium. Since you will be paying taxes on the premium, your LTD benefit would not be federally taxable. The gross-up does not apply to Partners, Senior Counsels, and Principals since they pay full cost for LTD premiums with after-tax dollars.

Restrictions and limitations apply to these benefits; please review the Insurance Certificate for complete details.

Unum is the carrier for Group LTD and provides advice to pay services for the STD program. Unum is also the carrier for Partner Individual LTD.

Long Term Disability	
Group	Coverage
Partners* & Chiefs	60% of Income up to \$50,000 monthly maximum under group and individual policies Group: 50% up to \$25,000; Individual: 60% of covered earnings, less the group benefit up to \$25,000
All other employees	60% of income up to \$15,000 monthly maximum

*Partners pay full cost



Life and Accidental Death & Dismemberment (AD&D) Insurance

An Overview of Coverage

The firm provides all benefits-eligible employees with basic life insurance as well as accidental death & dismemberment (AD&D) insurance. AD&D insurance provides the member or beneficiary with a financial benefit in the event of accidental death or dismemberment. You are automatically enrolled for these benefits on your date of hire.

In addition, you may purchase additional coverage for yourself and eligible family members.

Basic Life & AD&D	
Partners, Senior Counsels, Principals (pay full cost)	\$500,000
Chiefs	\$500,000
Associates, Of Counsel, Directors	\$300,000
Exempt Staff	1x Salary up to \$250,000 with \$100,000 minimum
Non-exempt staff, Paralegals	1x Salary up to \$250,000 with \$75,000 minimum

AD&D: In the event of an accidental death, your beneficiary would receive twice the Basic Life benefit

COVERAGE FOR YOU

For supplemental coverage, you may purchase benefit amounts in increments of 1/2 to 5x your salary, to a maximum of \$1,250,000.

Guarantee issue for new hires is 1x annual income for Partners and Senior Counsel and 2x annual salary for all other employees. Evidence of Insurability, sometimes referred to as EOI is required if you do not enroll when you are first eligible, when applying for amounts in excess of the stated guarantee issue, or increasing your level of coverage.

COVERAGE FOR YOUR DOMESTIC SPOUSE & CHILDREN

If you purchase supplemental coverage for yourself, you also have the option to purchase life insurance for your spouse or domestic partner in the following amounts:

- \$25,000 increments up to \$150,000 with a guarantee issue of \$50,000. Spouse life coverage cannot exceed your total coverage

Evidence of your spouse or domestic partner's good health is required if you do not enroll when you are first eligible, when applying for amounts greater than the guaranteed issue (\$50,000) or increasing your level of coverage.

COVERAGE FOR YOUR CHILD(REN)

You can purchase supplemental coverage for your child(ren):

- \$25,000 for each child (up to age 26)

Evidence of Insurability is **not** required for child life insurance.

Beneficiary Designation

Review your beneficiaries annually to ensure they are up-to-date. Change them anytime or if you have a major life event like marriage, baby, divorce, etc. If you elect dependent spouse and/or child coverage, you are the sole beneficiary



Critical Illness Insurance

An overview of coverage

Critical Illness Insurance pays a lump-sum benefit if you are diagnosed with a covered disease or condition on or after your coverage effective date¹. You can use this money however you like, for example: to help pay for expenses not covered by your medical plan, lost wages, child care, travel, home health care costs or any of your regular household expenses. Critical Illness Insurance is a limited benefit policy. This is not health insurance and does not satisfy the requirement of minimum essential coverage under the Affordable Care Act.

If you enroll in Critical Illness Insurance coverage, you have access to the Wellness Benefit, which provides an annual benefit if you complete a health-screening test, whether or not there were any out-of-pocket costs. The Wellness Benefit is designed to encourage you to maintain a healthy lifestyle, since the tests screen for a wide range of potential illnesses and diseases.

Critical illness highlights:

- Partners and employees enrolling in the HSPO plan will automatically receive \$5,000 in coverage at no cost
- Supplemental coverage in the amount of \$10,000, \$20,000 or \$30,000 is also available regardless of which, if any, medical plan you choose
- You may also elect coverage for your spouse at 50% of your elected coverage. Spouse rates are based upon your age.
- Children will be covered at 50% of your elected coverage, you must enroll children when electing your coverage.

CI coverage is portable - this means that you and your family members can keep the coverage you have selected if you ever leave the firm.

Please refer to the Benefits page on **FUSION** for more information.

What benefits are available?

Critical Illness Insurance provides a benefit payment upon the diagnosis of an illness or condition shown below. Covered illnesses/conditions are broken out into groups called "modules." Benefits are payable for the Critical Illness benefit amount stated earlier in this document. For a complete description of benefits, exclusions and limitations, refer to your certificate of insurance and riders.

Base Module	
Heart Attack* 100%	Major organ transplant** 100%
Cancer 100%	Coronary artery bypass (25% of critical illness benefit amount)
Stroke 100%	Carcinoma in situ (25% of critical illness benefit amount)

* A sudden cardiac arrest is not in itself considered a heart attack.

** Major organ transplant means the irreversible failure of your heart, lung, pancreas, entire kidney or liver, or any combination thereof, determined by a physician specialized in care of the involved organ in addition to be placed on the UNOS list.

Major Organ Module	
Type 1 Diabetes 100%	Severe burns 100%
Transient ischemic attacks (TIA) (10% of critical illness benefit)	Transcatheter heart valve replacement or repair (10% of critical illness benefit)
Ruptured or dissecting aneurysm (10% of critical illness benefit)	Coronary angioplasty (10% of critical illness benefit)
Abdominal aortic aneurysm (10% of critical illness benefit)	Implantable/internal cardioverter defibrillator (ICD) placement (25% of critical illness benefit)
Thoracic aortic aneurysm (10% of critical illness benefit)	Pacemaker placement (10% of critical illness benefit)
Open heart surgery for valve replacement or repair (25% of critical illness benefit)	Serum Protein Electrophoresis (Myeloma test)

Enhanced Cancer Module	
Benign brain tumor 100%	Bone marrow transplant (25% of critical illness benefit)
Skin cancer (10% of critical illness benefit)	Stem cell transplant (25% of critical illness benefit)

Quality of Life Module	
Permanent paralysis 100%	Huntington's disease 100%
Loss of sight, hearing or speech 100%	Muscular dystrophy 25%
Coma 100%	Infectious disease (25% of critical illness benefit)
Multiple sclerosis 25%	Addison's disease (10% of critical illness benefit)
Amyotrophic lateral sclerosis (ALS) 25%	Myasthenia gravis (10% of critical illness benefit)
Parkinson's disease 25%	Systemic lupus erythematosus (SLE) (10% of critical illness benefit)
Advanced dementia, including Alzheimer's disease 25%	Systemic sclerosis (scleroderma) (10% of critical illness benefit)

In addition, the module below applies to your insured children:

Additional Child Diseases Module (This module applies to your insured children only, and is in addition to the other modules available.)	
Cerebral palsy 100%	Infantile Tay-Sachs 100%
Congenital birth defects 100%	Niemann-Pick disease 100%
Cystic fibrosis 100%	Pompe disease 100%
Down syndrome 100%	Type IV glycogen storage disease 100%
Gaucher disease, type II or III 100%	

¹See the product brochure, certificate of coverage and any applicable riders for a complete list of covered conditions, along with complete provisions, exclusions and limitations.

Commuter Benefits User Guide

For all benefits-eligible people of the firm (regularly scheduled to work at least 20 hours per week), DLA Piper offers two different commuter programs through OPTUMFinancial - you can choose to participate in the Transit program and/or the Parking program.

OPTUMFinancial - lets you take advantage of tax-free* transportation benefits and access to web site convenience. Following are some highlights:

- You can contribute to your account each month on a pre-tax* basis for transit (mass transportation) and commuter-related parking costs (garage or transit station). The pre-tax maximums for transit and parking are set by the IRS. The maximum for both the parking benefit and the commuter benefit is \$340 per month per benefit
- You may also contribute to your account(s) on a post-tax basis if your monthly commuter expenses exceed the pre-tax maximum
- Any member of your family may also use the transportation benefit

Enrolling and using transit and parking benefits

- Enrolling for transit and/or parking is easy. To access the website, go to optumfinancial.com and click on "Sign in" and then on "Commuter benefits."
- In the "Enter Your Information" box, provide the requested personal information and click "Submit Information."
- Follow the prompts to create your username and password. NOTE: Both are case-sensitive
- Click on "Transportation Benefits" in your participant portal to land on the Transit and Parking Home Page
- For new orders, click on the "Place an Order" tab in the header menu. Select "Transit," "Parking," or "VanPool," depending upon your preference
- Repeat orders (products you have ordered in previous months) will be displayed on the left hand side. Just click on the button next to your products if you wish to order the same product again
- For specific instructions on placing a Transit Pass, Smart Card Transit, Commuter Check Voucher and Direct Pay Parking orders, as well as enrolling in the Parking Cash Reimbursement program and filing your claims, please visit the Commuter Benefits User Guide located on the Benefits page on [Fusion](#)
- If you have questions regarding the enrollment process, please call Customer Service at 833.325.9991
- You can enroll for and/or make changes to transportation benefits at any time during the year
- Please note that all orders for the following month must be placed by the 10th of the prior month

** Partners do not receive a pre-tax benefit. However, for convenience, they may still participate to receive the transit pass (e.g. voucher/fare card), which is mailed directly to their homes.*

OPTUMFinancial

833.325.9991

optumfinancial.com





Revive & Thrive powered by BHS (EAP)

An Overview of Coverage

All people of the firm (US) and their families have access to the Employee Assistance Program provided through Revive & Thrive, a comprehensive emotional well-being resource. The benefits include confidential counseling as well as work/life solutions and online tools for resources.

Confidential Counseling

Revive & Thrive is a confidential, 24/7, on-demand consultation, care planning, counseling, coaching and work/life resource. They offer:

- A personalized program where you can engage with a Guide Care Concierge or onsite/virtual Thrive Consultant based on the preferences and needs of you and your family members
- Up to six free confidential counseling sessions per issue per year
- Specialized assistance in emotional, career, physical, financial and social well-being
- Direct access to a team of dedicated Guide Care Concierge counselors and coaches (all master level behavioral health clinicians) familiar with DLA Piper programs, resources, and culture
- Dedicated concierge that will identify appropriate support resources, connect you to who you prefer and check in on progress
- Chat with Luna, your AI companion, who can assist with daily questions you have about well-being and mental health

Massage Benefit

The EAP offers a massage therapy reimbursement for all people of the firm. Up to six visits per calendar year are eligible for reimbursement. To take advantage of this popular benefit visit [Fusion](#) to learn more.

Getting started with the Revive & Thrive platform is easy!

Step 1: [Complete your enrollment](#)

Step 2: Enter some basic information about yourself

Step 3: Access services and resources

Once enrolled, you can log in and access your member portal [here](#) or download the Revive & Thrive app.

Work/Life Services

Reclaim some of your time and make life more manageable by taking advantage of our work/life services, including:

- Child care and elder care referrals
- Support for legal and financial matters
- Convenience care for daily life needs (like finding pet care or movers, planning a vacation, and more)

Take the first step — help is available 24/7:

- Call 1.888.784.5665
- Email guide@bhsonline.com
- Use the [online scheduler](#) to book a consultation with a Guide Care Concierge



Health Advocate Program

Health Advocate is available to all benefits-eligible people of the firm, providing independent health care consumer advocacy services at no cost to you. The Health Advocate program is staffed with registered nurses and other health care professionals, supported by medical directors and administrative experts to help you find your way through the health care system and make informed choices about doctors, prescriptions, hospitals and other health care issues. These “Health Advocates” have decades of collective experience with health care and insurance-related issues and are available to provide assistance in four main areas:

- **Clinical services:** Locate physicians, hospitals, centers of excellence and other healthcare providers, as well as assist with coordinating medical care
- **Administrative Services:** Get confidential help with claims and billing issues, fee negotiations, coverage and benefit issues. Because this assistance may involve personal health information, you may be required to sign a HIPAA form, authorizing the release of your personal information
- **Healthcare Coaching:** Prepare for physician visits and better understand chronic conditions to become an active participant in the management of your health
- **Information and Service Support:** Find information and resources. For example, Health Advocate can assist with locating available senior care and identifying treatment option

The Health Advocate program can help you with a wide variety of clinical and administrative health care issues. For example, you can call and ask questions like:

- My doctor suspects I have a kidney stone; what treatments are available?
- I submitted a claim, but my health plan didn't receive it; what is my next step?
- I received my Explanation of Benefits and I don't think it's correct; what can I do?
- My spouse has recently become eligible for Medicare. We want to make a decision that's right for us now - and in the future. Can you provide information to help us sort out all the choices?

You do not have to be enrolled in a DLA Piper health plan to use the Health Advocate program, which is also available to your extended family. **In addition to covering you and your dependent spouse and children, the coverage also includes your parents and parents-in-law.** This expanded coverage for seniors is especially valuable given the growing impact of eldercare issues.

Health Advocate

- Phone: 866.799.2731
- Tie line: x806.2731
- E-mail: answers@healthadvocate.com
- Website: www.healthadvocate.com/dlapiper

Medicare Support

- **Learn about all Medicare options**, including what each part covers, and the applicable deductibles, coinsurance, co-pays and eligibility
 - **Find out about enrollment deadlines**, when and how to enroll, and the penalties for delayed enrollment
 - **Educate you about Medicare plan options**, including Medicare Advantage Health Plans
 - **Clarify your specific health needs**, so you can select the appropriate option
 - **Adding**, a Medicare Part D plan for prescription drug coverage
 - **Discuss a Medigap plan** that may help pay for out-of-pocket expenses
 - **Locate Medicare-participating physicians** in your area
 - **Coordinate Medicare benefits** with other plans
 - **Assist with** Medicare-related claim issues, appeals
- ... and more

Additional Medicare Resources

- **ALLSUP BENEFITS COORDINATION** — Certified and licensed benefit specialists who will personally support and consult with you and share their expertise and insight. A personalized service to help you review coverage options, assess personal needs, assist with enrollment and determine eligibility.
- **ALEX MEDICARE** — Provides unbiased Medicare education based on your personal healthcare needs. Let ALEX walk you through the ins and out of Medicare, including what you are eligible for, how much it will cost, and how to enroll.

Bright Horizons

Back-Up Child and Elder Care

The Back-Up Care Advantage Program provides support when your regular care provider is unavailable and you need to be at work. The services available through this Bright Horizons program are:

- Center-based back-up child care
- In-home back-up and mildly ill child care
- In-home back-up adult/elder care

All employees and partners of the firm may use up to 25 back-up care visits per year. Copays are payable at the time care is provided and are made directly to Bright Horizons:

- **Center-based care:** \$15 per child per day (to a maximum of \$25 per family per day)
- **In-home care:** \$5 per hour (4 hour minimum for all in-home care services)

To use back-up care, you must make a reservation. Reservations can be requested up to one month in advance of the day you need back-up care. To register, request a reservation, and learn more about back-up care:

- Call 1.877.242.2737
- Visit [Bright Horizons](#)

Get the help you need — whenever you need it — from your **Bright Horizons®** benefits.

Family Care Solutions

Jump ahead on Bright Horizons center waitlists or take advantage of tuition discounts at our partner centers; get free access to Sittercity's premium database of sitters, virtual sitting, pet care, and housekeepers; and rely on a discounted local placement service for trained, screened nannies.

Education & Homework Help

Access discounted tutoring and test prep services, and help your child navigate this school year.

College Admissions Guidance

Help your student stay on track during admission season. Learn how to make the most of college tours, get expert essay reviews, and rely on support throughout the whole process.

Elder Care Support

Provides access to a Care Coach, an On-site Assessment, a variety of Elder Care Supports, and an integrated Elder Care Platform, to assist you and your family with searching for and obtaining a variety of elder care services.

Pet Care

Partnering with Rover and Wag!, industry-leading pet-care companies, Bright Horizons gives you access to local caregivers who will treat your pet like family and comes with easy-to-book options for both cats and dogs. Rover's services currently include:

- Dog walking
- Cat drop-ins
- Overnight boarding
- Pet sitting

For both Rover and Wag!, you will be eligible to convert one back-up child or elder care use to three credits of pet care services (three walks, three home drop-in visits or one overnight boarding).

Click [here](#) to get started today by logging in or creating an account.

More elder care resources

Being responsible for an adult or elder can often mean more than providing care. In addition to short-term, temporary care arrangements, you likely have other concerns and questions. Visit [Fusion](#) to find links to programs and resources that can provide you with the information and support you need.

Bright Horizons
877.242.2737
[Bright Horizons](#)

Additional Benefits

Headspace

Headspace is a firm-sponsored meditation app that can be downloaded to your IOS or Android phone. Mindfulness meditation can positively impact mental and physical health by reducing stress, improving sleep, increasing focus, or improving relationships. Listen to short 3-5 minute exercises that help you breathe, unwind and refocus your energy. It is perfect to do before you start your day or after a long day at the office. Research shows mindfulness works!

- Learn to meditate and live mindfully
- Bite-sized guided meditations for busy schedules
- Hundreds of themed sessions on everything from stress and sleep, to focus and anxiety
- SOS exercises in case of sudden meltdowns

Click on the icon for the App Store or Google Play to go to the appropriate app download page.



College Coach

College Coach specializes in assisting families through important educational challenges by providing webinars, personalized counseling sessions, an Education Help Desk and a Virtual Learning Center. The College Coach program covers a range of topics including:

- College Admissions
- Financial Aid
- Tax Breaks
- Scholarship strategies, etc.

This benefit is provided at no additional cost to employees of the firm. Look for additional information on College Coach on [Fusion](#) or visit passport.getintocollege.com.

RethinkCare Benefits

RethinkCare is an employee benefit offered at no cost to you that offers a robust digital training experience and on-demand clinical consulting to support you across your parenting, personal, and professional needs. Providing support to working parents, caregivers and their families.

Through the RethinkCare platform, you and your family have access to hundreds of expert-led training courses focused on helping you thrive at home and at work.

Parental Success: Training collections and consultations to help families manage modern challenges at home and at school for all children.

- 14 hours of one-on-one virtual consultation sessions with our team of behavioral experts and special educators
- Parent discussion groups
- Training topics include Boosting Executive Functioning skills, Managing Emotions, Improving Social Skills

Professional Resilience: Training collections for personal growth, teamwork, emotional intelligence, and leadership skills for the future of work.

- Training topics include Develop a Growth Mindset, Improve Relationships, Build Emotional Intelligence, Manage Career Stress

Personal Wellbeing: Training collections to help improve your mental, emotional, and physical wellbeing, including managing stress, anxiety and sleep issues.

- Training topics include Mindfulness Basic Training, Be Fluid and Non-Reactive, Be Positive: Compassion, Start a Team Meeting

Set up your account today: RethinkBenefits.com. User code: **DLA**.

Find it on fusion

- Elder and Family Care Resources
- Resource Guides for Life Events
- Mental Health Resources
- Wellness Resources

These are just a few of the additional resources that are available to you on FUSION.

[Fusion > Departments > Human Resources > Benefits Information](#)

Additional Benefits

PerkSpot – Discounts & Special Offers

- PerkSpot is a one-stop shop with exclusive discounts on many of your favorite national and local merchants. You can access thousands of discounts on products and activities, including tickets to theme parks and events, travel, restaurants, health and fitness, apparel, electronics and much more.

To set up your account:

1. Visit the [PerkSpot portal](#) and click “Create Your Account” at the bottom of the page.
2. Fill out the form using the access code **DLAPiperPerks** (not case sensitive).

Identity Theft Protection Program – NortonLifeLock Benefit Premier

NortonLifeLock (“LifeLock”) is a voluntary benefit program offering that will be available to all employees and partners and will be paid 100% by you, if you wish to enroll. LifeLock is here to protect you and your families’ identity and devices to help you keep your identity safer by monitoring fraudulent use of your social security number, name, address or date of birth in applications for credit and services.

If you become a victim of identity theft, an Identity Restoration Specialist will personally handle your case and help restore your identity. LifeLock also includes the following:

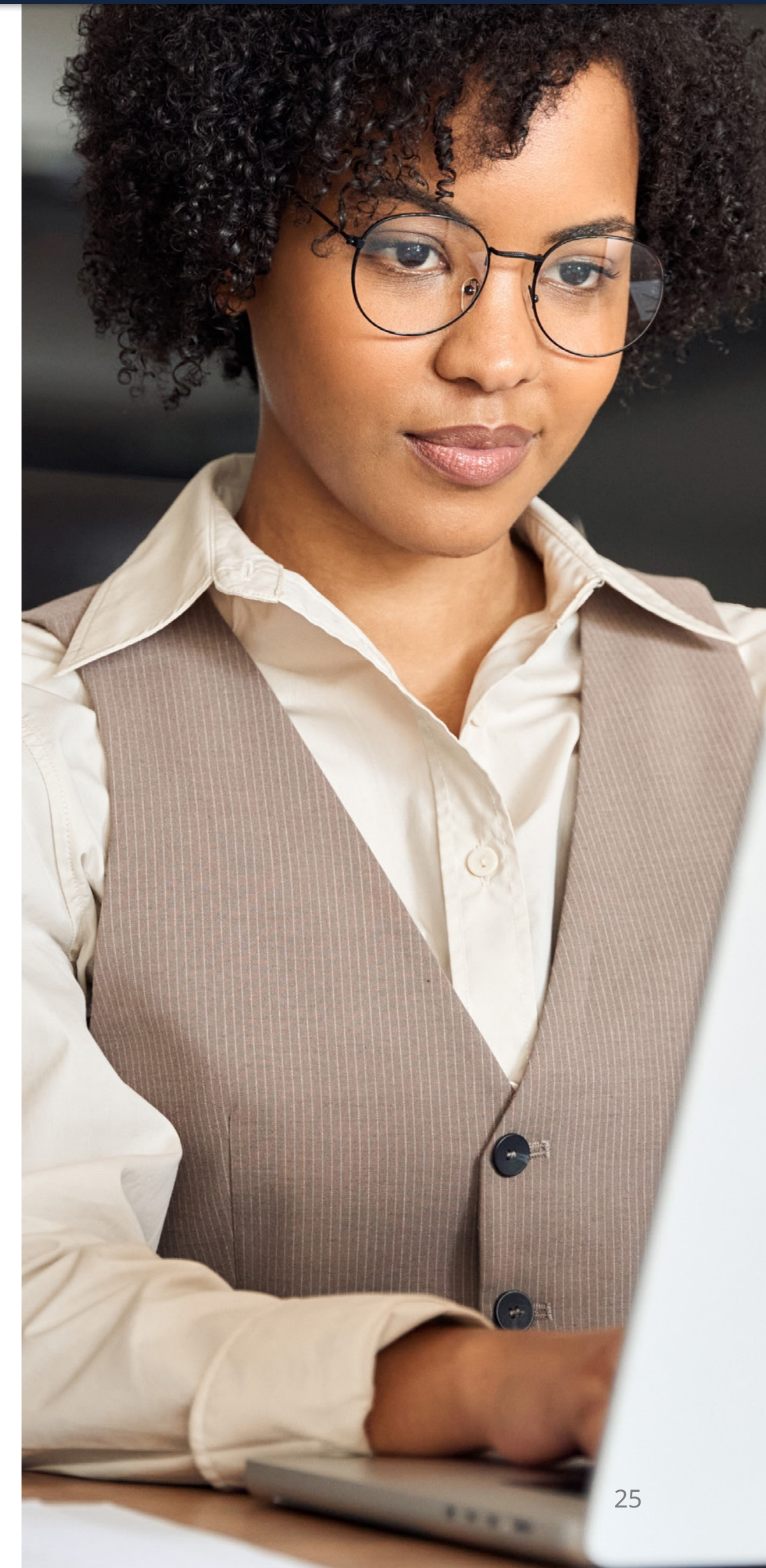
- Daily credit score
- Cell-phone take-over and dark web monitoring
- Device protection for your personal desktops, laptops, cell phone and tablets
- Life 24/7 member support

To learn more, visit [LifeLock](#)

Other Firm Benefits

Please refer to the Policy Manual on FUSION for detailed information about these additional benefits that may be available to you:

- Bar association dues
- Paid Holidays
- Paid Time Off
- Tuition Reimbursement Program
- Retirement Benefits





Glossary

Annual Enrollment – The once-a-year opportunity for you to make insurance changes. The changes take effect at the beginning of the new plan year on January 1.

Beneficiary – The person(s) designated by you to receive benefits under the life insurance and/or accidental death & dismemberment insurance plans.

Brand Name Drug – A brand name drug is a medication sold by a pharmaceutical company under a trademark-protected name. Brand name medications can only be produced and sold by the company that holds the patent for the drug.

Co-insurance – A form of cost-sharing in which the member and the plan each pay a set percentage for covered services.

COBRA – Federal statute that allows you to continue medical, dental, EAP, Health Care Flexible Spending or vision coverage under the occurrence of certain “qualifying events”:

- Death of the covered employee
- Termination of the covered employee’s employment (except in

cases of gross misconduct)

- Reduction in hours
- Divorce or legal separation from the covered employee
- Dependent reaches age 26

Copay – A fixed amount paid by the member for covered services at the time they are rendered or for prescription medications.

Deductible – A flat dollar amount that a member pays for covered services before the plan begins to share the cost of those services.

Dependent (for medical, prescription drug, vision and dental coverage only) – A spouse or qualified domestic partner, or child, stepchild or child of qualified domestic partner under age 26 regardless of student, marital, employment or tax-dependent status. For benefits not previously mentioned, a dependent shall mean a spouse or qualified domestic partner, or child, stepchild or child of qualified domestic partner under age 26 if primarily dependent on you for support.

For benefits eligibility purposes, a qualified domestic partner is defined as an adult person with whom you have shared a mutual residence for at least 12 consecutive months and with whom you maintain a committed relationship.

Diagnostic Service – Services such as MRI, CT Scan, or PET Scan. Also x-rays and lab tests not associated with preventive exams. In-network services are covered at 90% after deductible.

Emergency Care – Medical care necessary to treat a sudden illness or injury that is life or limb threatening.

Evidence of Insurability (EOI) – A questionnaire about an applicant’s medical history that is provided to the appropriate insurance company. The insurance company uses this information to approve or deny the requested coverage. Used in the Life and AD&D plan under certain plan provisions.

Generic Drug – A drug product that is chemically equivalent to a brand name drug. The generic version becomes available when the brand name drug’s

patent protection expires and usually costs about half the price of the brand name version.

Generic Preferred Incentive – When a generic medication is available and a plan member chooses to purchase the brand name medication instead, the member will pay the brand name copay plus the difference between the cost of the brand name drug and the generic drug medication.

Guarantee Issue – Insurance that may be purchased without evidence of insurability.

Mail Order – Program that allows individuals to receive a 90-day supply of their maintenance medications through the mail. The mail-order copay is less than the cost of three fills at a retail pharmacy.

Out-of-Network – Provision of the firm’s medical, dental and vision plans that allows you to receive benefits even when utilizing providers that are not part of the respective network.

Out-of-Pocket Maximum – The maximum amount you will be required to pay in a calendar year for deductibles and co-insurance. Once you reach the OOPM, the plan pays 100% of eligible expenses. Note: regular premiums and charges in excess of the maximum allowed amount do not count toward the annual OOPM.

Plan Year – The period from January 1 through December 31.

Pre-authorization – Advance approval from the insurance company required to receive benefits. Pre-authorization is obtained by the member or provider contacting the insurance company.

Preventive Care – Preventive care includes annual exams, well-child visits, mammograms and other cancer screenings. When using an in-network provider, preventive care is covered at 100%.

Qualified Status Change – An event that allows you to make certain changes to insurance coverage. Common examples are marriage, divorce, birth,

death, or loss or gain of other insurance coverage. The partner or staff member must submit all necessary paperwork and supporting documentation within 31 calendar days of the date the event occurred in order to make changes.

Specialty Drug – High-cost injectable, infused, oral or inhaled drugs that generally require special storage or handling and close monitoring of the patient’s drug therapy. Specialty medications treat illnesses such as inflammatory conditions, multiple sclerosis, cancer, growth deficiency, infertility, rheumatoid arthritis.



DLA Piper Benefit Contacts		
Benefit/Plan	Provider	Contact
Medical	Anthem Blue Cross	877.230.5505
Prescription Drugs	Express Scripts	888.799.6972
Dental	Delta Dental	800.932.0783
Vision	VSP	800.877.7195
Flexible Spending Accounts Health Savings Account	WEX	866.451.3399
Commuter Benefits	OPTUMFinancial	833.325.9991
FMLA/Short & Long Term Disability	Unum	866.868.6737
Medical Consultation	Teladoc	800.835.2362
Back-Up Child and Elder Care	Bright Horizons	877.242.2737
College Planning Assistance	College Coach	866.914.5808
Employee Assistance Program (EAP)	Revive & Thrive powered by BHS	888.784.5665
Profit Sharing and 401(k) Savings Plan	Principal	800.547.7754
Cash Balance Plan for Partners	PwC	877.330.4033

General Benefits Information



HealthAdvocate.com/dlapiper



866.799.2731 (806-2731)



answers@HealthAdvocate.com

If you didn't find the information you were looking for,
email AskHR@us.dlapiper.com

This Guide provides only highlights of the benefits offered by the firm. You may request the official plan documents for more information on the plans. If there are any inconsistencies between this eGuide and the official plan documents, the plan documents will govern. The firm reserves the right to modify, amend or terminate any of the benefit plans, in whole or in part, with or without prior notice, at any time. This Guide does not serve as a contract or offer of employment.

