# GT Benefits 2024

GT Talent Services

BENEFITS | COMPENSATION | HRIS | OPERATIONS | PROGRAMS & POLICIES
STAFF INTEGRATION | TALENT ACQUISITION | WELLNESS

# Enrollment, Eligibility & Mid-Year Changes

When you are benefits eligible, in addition to yourself, you may also enroll your eligible dependents in most GT benefit offerings.

## Enrollment and Mid-Year Changes

You have 30 days from your hire date/benefits eligibility date to complete your enrollment. If you waive benefits or choose not to enroll, your next opportunity to enroll will be during GT's annual open enrollment period or if you experience a mid-year Qualifying Life Status change. Changes due to mid-year life events must be requested via a life event request in **Workday** within 30-days of the event occurrence (60-days for changes due to Medicare, Medicaid or CHIP enrollment).

## Eligible Dependents include:

- your legally married spouse, your domestic partner of any gender (affidavit required);
- your child/children under Age 26 including a natural child, stepchild, legally adopted child, child placed with you for legal adoption or a child for whom you, your spouse/domestic partner are the legal guardian of regardless of marital or student status;
- a child under Age 26 for whom healthcare coverage is required through a Qualified Medical Child Support Order (QMSCO) or other court/legal order (documentation required).

**Ineligible Dependents include, but are not limited to:** parents, grandparents, grandchildren, ex-spouses or ex-domestic partners, siblings or other family members not noted as eligible. Questions regarding eligibility should be directed to HRBenadmin@gtlaw.com.

# Medical, Dental and Vision Benefits

# Medical Plan Comparison – United Healthcare

| BENEFITS | NETWORK PLAN<br>In-Network Only | TIERED PPO PLAN<br>In-Network | <br>Out-of-Network* |
|---|---|---|---|
| Calendar Year Deductible<br>Individual / Family | $750 / $1,500 | $2,500 / $5,000 | $4,000 / $8,000 |
| Out-of-Pocket Maximum<br>Individual / Family | $2,000 / $4,000 | $4,150 / $8,300 | $6,000 / $12,000 |
| Coinsurance (you pay) | 15% or 20% | 10% or 20% | 30% |
| Preventive Care | No charge | No charge | 30% after deductible |
| Primary Care Physician (PCP) / Specialist | Tier 1 PCP: $25 copay<br>Tier 2 PCP: $40 copay<br>Tier 1 Specialist: $45 copay<br>Tier 2 Specialist: $75 copay | Tier 1: 10% after deductible<br>Tier 2: 20% after deductible | 30% after deductible |
| Telemedicine | $25 copay | 10% after deductible | Not Covered |
| Diagnostic and Labs | 20% after deductible | 20% after deductible | 30% after deductible |
| Urgent Care | $75 copay | 20% after deductible | 30% after deductible |
| Emergency Room | $250 copay | 20% after deductible | 20% after deductible |
| Hospital | Inpatient: $500 copay, then 20% after deductible<br>Outpatient: $250 copay, then 20% after deductible | 20% after deductible | 30% after deductible |

**Network Plan: Choice Network***
**Tiered PPO Plan: Choice Plus Network***
*** In-Network Providers are the same for both the Choice and Choice Plus Networks**

**Tier 1 Premium Providers have been recognized by UHC for providing quality and efficient care. Using a Tier 1 Premium Provider can mean lower copays, improved cost-sharing and lower out-of-pocket expenses to you.**

**Out-of-network covered benefits are processed based on reference-based pricing methodology and, per UHC, is objectively derived, market-based and defensible. It can be affected by factors such as industry benchmarking and geographic location.*

United Healthcare

# United Healthcare Resources

| AbleTo | Sanvello | Rally | Real Appeal | Telemedicine | Talkspace | Maternity Health Support | Advocate4Me |
|---|---|---|---|---|---|---|---|
| Provides virtual support for the depression, anxiety and stress that typically may accompany health issues such as cardiac conditions, diabetes, chronic pain and cancer. Regular plan guidelines apply | Downloadable app that is based on the principles of cognitive behavioral therapy (CBT) and mindfulness meditation, strategies shown to provide effective relief for mental health concerns including anxiety and depression | Score rewards for achieving your health goals and maintaining a healthy lifestyle | Help to achieve your weight-loss goals and a healthy lifestyle | 24/7 access to board-certified healthcare professionals "live" via computer, smartphone, or tablet | Get help from a therapist via text, voice, or video message | Information and support during your pregnancy and after giving birth | Help with navigating the healthcare system, finding cost for care, and understanding your bills |

# CVS/Caremark Prescription Drugs

| | |
|---|---|
| **All Plans** | • Default to generics<br>• Require you to fill maintenance medications (90-day supply) through mail order or at a CVS retail location<br>• Use "step therapy"<br>• Have their own separate and different formularies |
| **Certain Medications for stomach upset and allergies are excluded from all plans** (available over the counter) | Examples include:<br>• Stomach upset – Pepcid AC, Nexium 24HR, omeprazole (20mg)<br>• Allergies – Allegra Allergy, Claritin, Alavert, Flonase |
| **Human Growth Hormones** (available in Tiered PPO Plan only) | • Plan Deductible Applies, then covered at 50%<br>• Annual maximum of $50,000 per enrollee<br>• Prior authorization is required |
| **Fertility Treatment Rx** (available in the Tiered PPO Plan only) | • Plan Deductible Applies, then covered at 50%<br>• Lifetime maximum benefit of $10,000 per enrollee for fertility treatment prescriptions (separate from medical fertility/infertility lifetime maximum)<br>• Requires coordination with Centers of Excellence |

**CVSCaremark/GoodRx Cost Saver Program**

CVScaremark has partnered with GoodRx to lower costs for generic medications. The Cost Saver program ***automatically*** provides the lowest price at the point-of-sale for many common generic medications covered under GT's plans. **And** any eligible member out-of-pocket cost will be applied towards the Plan out-of-pocket maximum.

# CVS/Caremark Prescription Drugs

| | NETWORK PLAN | TIERED PPO PLAN |
|---|---|---|
| | In-Network | |
| Deductible | No deductible | Medical deductible applies (excludes preventive care medications) |
| Formulary | Value | Advanced Control |
| Prescriptions at a Retail Pharmacy (30-day supply)<br>Generic / Preferred Brands / Non-preferred brands | Copays:<br>$12 / $60 | Copays:<br>$10 / $50 / $100 |
| Copays for Mail Order (90-day supply) | Copays:<br>$24 / $120 | Copays:<br>$20 / $100 / $200 |
| PrudentRx Specialty Medications | Copay: $0* | N/A |
| Human Growth Hormone Medication | Not covered | Covered 50% after deductible until out-of-pocket maximum is reached, then covered 100%, up to $50,000 annually. Prior authorization required |
| Infertility Medication | Not covered | 50% after deductible to maximum of $10,000 Lifetime |

***PrudentRx – Network Plan Only**

This specialty prescription drug program optimizes savings for plan members. Highlights include:

- $0 copay for certain specialty medications
- **Automatic opt-in**
- Requires registration for any available manufacturer's copay assistance program for your Specialty Rx (PrudentRx will assist)
- The Tiered PPO Plan is not eligible for PrudentRx due to IRS Regulations for HSA plans
- **If you voluntarily opt-out, you will pay a 30% copay for your Specialty Rx**
- If your Specialty Rx does not have a manufacturer's copay assistance program, you still have a $0 copay so long as you do not opt-out of the PrudentRx program

**You'll receive one ID card from UHC for your medical benefits and one from CVS Caremark for your prescription drug benefits.**

# Contributions - *Monthly*

| | | Business Staff | Managers | Directors | Associates | Shareholders |
|---|---|---|---|---|---|---|
| **Network Plan (UHC Choice Network)** | Employee Only | $91.48 | $94.61 | $178.66 | $195.73 | $407.27 |
| | Employee + Spouse | $379.66 | $394.19 | $637.26 | $698.14 | $937.75 |
| | Employee + DP | $963.72 | $966.85 | $1,050.90 | $1,067.97 | $1,279.51 |
| | Employee + Child(ren) | $282.03 | $292.83 | $467.70 | $512.39 | $786.00 |
| | Employee + Child(ren) + DP | $1,154.24 | $1,165.04 | $1,339.91 | $1,384.60 | $1,658.21 |
| | Employee + Family | $622.64 | $646.47 | $995.72 | $1,090.85 | $1,520.12 |
| **Tiered PPO (UHC Choice+ Network)** | Employee Only | $91.48 | $94.61 | $178.66 | $195.73 | $407.27 |
| | Employee + Spouse | $379.66 | $394.19 | $637.26 | $698.14 | $937.75 |
| | Employee + DP | $947.03 | $950.16 | $1,034.21 | $1,051.28 | $1,262.82 |
| | Employee + Child(ren) | $282.03 | $292.83 | $467.70 | $512.39 | $786.00 |
| | Employee + Child(ren) + DP | $1,137.56 | $1,148.36 | $1,323.23 | $1,367.92 | $1,641.53 |
| | Employee + Family | $622.64 | $646.47 | $995.72 | $1,090.85 | $1,520.12 |

- If you are paid **semi-monthly**, multiply the monthly amount above by 12 and divide by 24 to determine your per pay period pre-tax payroll deduction
- If you are paid **bi-weekly**, multiply the monthly amount above by 12 and divide by 26 to determine your per pay period pre-tax payroll deduction

# Dental Plan Options

| BENEFITS | ACCESS PLUS DHMO* | TOTAL DPPO 1** | | TOTAL DPPO 2** | |
|---|---|---|---|---|---|
| | In-Network Only | In-Network | Out-of-Network | In-Network | Out-of-Network |
| Calendar Year Deductible Individual / Family | N/A | $100 / $300 | $100 / $300 | $50 / $150 | $50 / $150 |
| Annual Maximum (per person) | None | Year 1: $1,000, Year 2: $1,100, Year 3: $1,200, Year 4: $1,300*** | | Year 1: $2,500, Year 2: $2,600, Year 3: $2,700, Year 4: $2,800*** | |
| Preventive Services | Copay schedule | 100%, deductible waived | 100%, deductible waived | 100%, deductible waived | 100%, deductible waived |
| Basic Services | | 80% | 80% | 80% | 80% |
| Major Services | | 50% | 50% | 50% | 50% |
| Orthodontia (child and adult) | $2,400 copay, limited to 24 months | 50% | | 50% | |
| Orthodontia Lifetime Maximum | None | $1,000 | | $2,500 | |

***DMO is NOT available in AK, ID, ME, MT,NH, NM,ND, PR, SD, VI, VT, WV and WY**
**DPPO Plan names in Texas are know as Dental Choice 1 and Dental Choice 2
**Increase contingent on receiving Preventative Services in the previous plan year

**The Annual Maximum for the Total DPPO plans will increase yearly**
**( Must have had preventive dental care in the prior year for the increase to apply)**

Cigna.

**DMO:**
- **Provides benefits only if you see an in-network dentist (smaller network)**
- **Requires you to choose a primary care dentist to coordinate all your care**
- **Provides benefits based on a copay schedule**

**PPO:**
- **Allows you to receive care from a dentist in the network or outside the network**
- **Pays a portion of your expenses after you meet your annual deductible, except for preventive care which is covered at 100%**

**To search for a dentist on Cigna.com, visit the site and click "Find a Doctor, Dentist or Facility."**
- **Access Plus DHMO: CIGNA DENTAL CARE DHMO > Cigna Dental Care Access Plus**
- **Total DPPO 1 or Total DPPO 2: DPPO/EPO > Total Cigna DPPO**

# Dental Plan Contributions

*Monthly Rates*

| | Access Plus DHMO | TOTAL DPPO 1 | TOTAL DPPO 2 |
|---|---|---|---|
| **Employee Only** | $15.38 | $31.34 | $54.73 |
| **Employee + Spouse/DP** | $27.82 | $61.74 | $107.83 |
| **Employee + Child(ren)** | $32.69 | $71.90 | $125.56 |
| **Employee + Family (EE + Child(ren) + Spouse/DP)** | $50.33 | $100.28 | $187.45 |

# Vision Plan

- **UHC Comprehensive Vision Plan (purchase with or without medical coverage)**
- **53,000+ providers, including private practice and leading retail chains**
- **One group number and ID number if you enroll in both UHC vision and medical**

| | VISION PLAN | |
|---|---|---|
| **BENEFIT** | In-Network | Out-of-Network Reimbursement Amount |
| Exam *(Every calendar year)* | $10 copay | Up to $40 |
| Materials Copay | $25 | |
| Lenses *(Every calendar year)*<br>Single / Bifocal / Trifocal | $25 copay | Up to $40 / Up to $60 / Up to $80 |
| Frames *(Every calendar year)* | $150 allowance; 30% off of amounts over $150 | Up to $45 |
| Contacts – In lieu of frames *(Every calendar year)* | Conventional:<br>Select Lenses: $25 copay, up to 4 boxes<br>Non-Select Lenses: up to $125 allowance<br>Medically Necessary: Covered in full | Conventional: Up to $125<br>Medically Necessary: Up to $210 |

## *Monthly Rates*

| All Employees | Vision Plan |
|---|---|
| **Employee Only** | $4.69 |
| **Employee + Spouse/DP** | $8.88 |
| **Employee + Child(ren)** | $10.43 |
| **Employee + Family (EE + Child(ren) + Spouse/DP)** | $14.66 |

**Find a provider or print an ID card at myuhcvision.com**

# Tax Advantaged Accounts

# Tax-Advantaged Accounts

*Health Savings Account (HSA) Through Optum Bank*

## Top 5 Benefits of an HSA

- **Triple your tax savings**—contribute pretax dollars, grow your account through tax-free interest, pay for eligible healthcare expenses tax-free
- **Contribute up to IRS maximum**—up to **$4,150**/individual; **$8,300**/family; $1,000 in catch-up contributions for those age 55+
- **Spend, save, or invest your money**—use your HSA to pay for eligible expenses now, save for future expenses, or invest your money for retirement once your balance is $2,000+
- **No use it or lose it rule**—balance rolls over year to year
- **It's yours to keep**—you can use HSA funds even if you switch medical plans, leave GT, retire, or go on Medicare. Reminder: If you are on any portion of Medicare, you can not contribute to a Health Savings Account. However, you may use any funds in your HSA account to pay for eligible healthcare expenses.

**Reminder:** **Under IRS guidelines, Your Health Savings Account may not be used for the healthcare Expenses of your Domestic Partner unless they are also your tax dependent.**

# Tax-Advantaged Accounts

*Standard Healthcare FSA and Limited Purpose Healthcare FSA*

HealthEquity | WageWorks

**Standard HCFSA -** *Available to employees that do not contribute to a Health Savings Account (HSA)*

- Available with any medical plan (including Medicare) or if you waive medical coverage

**Limited Purpose HCFSA** - *Available to Tiered PPO Members who also contribute to an HSA*

- Use only for dental and vision expenses until you meet your medical plan's deductible
- After deductible is met, use for medical, dental, and/or vision expenses
- Notify the HR Benefits Team (hrbenadmin@gtlaw.com) when you've met your deductible

**You *MUST* elect to contribute to a Dependent Care FSA each year. Contribution elections from prior years do not roll over!**

- Contribute up to **$3,200**
- Receive a debit card when you first enroll—and a new one when it expires
- Roll over a maximum of **$640** in unused funds in subsequent years

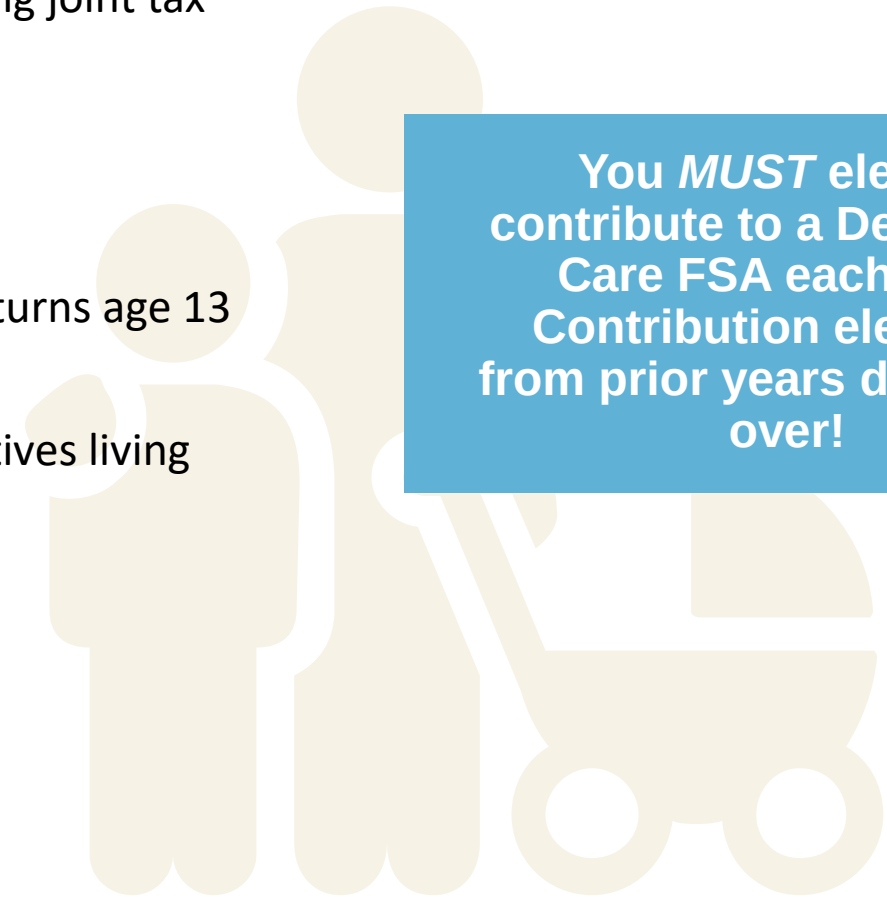
**Reminder:** **Under IRS guidelines, Your Health Savings Account may not be used for the healthcare expenses of your Domestic Partner unless they are also your tax dependent.**

# Tax-Advantaged Accounts

## *Dependent Care FSA*

HealthEquity | WageWorks

- Contribute up to **$5,000** per household, if married and filing joint tax return; **$2,500** if married and filing separately
- Use it or lose it—use funds by December 31
- No rollover of unused funds
- When using for children—benefits end the date the child turns age 13 unless disabled and a tax dependent
- May also use for Elder Care or care of Tax Dependent relatives living with you. Consult your tax advisor for guidance
- **Does not include a debit card**
- For convenience, file claims online or via mobile app



**You *MUST* elect to contribute to a Dependent Care FSA each year. Contribution elections from prior years do not roll over!**

# Tax-Advantaged Accounts

*401(k) offered through Charles Schwab – 1-800-724-7526, www.workplace.schwab.com*

- The 2024 maximum pre-tax contribution is $23,000
  - Those who Age 50+ by December 31, 2024 are eligible to contribute an additional "catch-up" contribution of $7,500.
  - Roth, After-Tax and Self-Directed options are available. Contact Schwab for additional information.
- Eligible employees can make contributions the first of the month after their hire date (those hired at the end of a month may need to wait until after their first payroll to enroll).
- Eligible employees who do not actively enroll will be enrolled automatically for a 5% contribution in the default Target Date Fund for your anticipated date of retirement based on your age.
- Cancellation of the automatic deduction and reimbursement requests must me made within the **first 30 days** following the initial deduction. **Requests must be made directly through Charles Schwab.**
- Opt out of automatic enrollment or make alternative elections online or by contacting Schwab directly.
- GT's 401(k) includes an auto-escalation provision that increases your contribution each year by 1% until your contributions reach 10%.
- All employee contributions are fully vested at the time of deposit.
- **CAPTRUST Independent Financial Advisors**: Help with investing and GT's retirement plan through Charles Schwab. Retirement Advice Line, portfolio modeling. Most services are at no-cost to you.

# Additional Benefits

# Firm Provided Benefits

*Administered by Sun Life*

Sun Life

## Short- and Long-Term Disability

Your family can count on your income while you're healthy and employed, but it's important to plan for your financial security in the event you become disabled and are unable to work. GT pays the cost of short-term disability (STD) and long-term disability (LTD) coverage for eligible employees.

| | STD | LTD |
|---|---|---|
| **Eligible Employees** | Eligible US Business Staff | After 90 days |
| **Benefits Begin** | After 7 continuous days | After 90 days |
| **Maximum Benefit** | 70% of your weekly earnings (up to $2,500) | Percentage of your monthly earnings |
| **Benefit Duration** | Up to 12 weeks (or 8 weeks for maternity) | Until you reach Social Security Normal Retirement Age or are no longer disabled |
| **Tax Implications** | Since GT pays for this benefit, any benefit you receive will be taxable | You may elect to have premiums taxed during enrollment (therefore, any benefits you receive will not be taxed) |

## Basic Life and AD&D Insurance

- Life, Accidental Death and Dismemberment (AD&D) Benefits are provided by the Firm at no cost the employee. IRS guidelines mandate that life insurance amounts in excess of $50,000 are subject to imputed taxation. Check your Benefits Summary or the Workday Benefits online enrollment tool to see your Firm provided Life and AD&D benefits.

# Voluntary Benefits

*Administered by Sun Life*

## Voluntary Accident Insurance

- If you have a covered accident, provides lump-sum benefit to use as you need
- Two options to choose from—only difference is Benefit maximums
- **Coverage includes a $100 wellness screening benefit with either option**

## Critical Illness Insurance

- Provides a lump-sum benefit if you're diagnosed with certain serious medical conditions like heart attack, stroke, cancer, or COVID-19
- **Coverage includes a $100 wellness screening benefit**
- Includes pre-existing condition exclusions

## Supplemental Life Insurance*

- **For yourself:** purchase up to $1,450,000
- **For your spouse:** purchase up to $250,000 (you must also elect coverage)
- **For your children:** purchase up to $50,000 (you must also elect coverage)

*Medical underwriting may be required for approval. Benefits won't be active and deductions won't be taken until approved.

# Voluntary Benefits

**Long Term Care Insurance:** *Unum (www.unuminfo.com/greenberg)*

- **Guarantee issue options available for attorneys and staff enrolling during their first 30 days of employment**
- May purchase for yourself, parents & grandparents (Age 18-80), children (Age 18+). Family members require underwriting approval regardless of enrollment date
- Do Not Need to purchase for yourself in order to purchase for a family member
- Covers care and services in nursing homes, assisted living facilities, and at home for you and/or eligible enrolled family members
- Go to the UNUM website or call UNUM at 1-800-227-4165 to learn more

**Pet Insurance:** *Nationwide Insurance (benefits.petinsurance.com/greenberg-traurig )*

- Choose from two levels of reimbursement: 70% or 50% for your pet
- For additional information or for information on insuring exotic pets contact Nationwide at 1-800-540-2016

**Medicare Consulting Service (No Fees)**

- Helps Medicare-eligible employees and spouses make informed decisions on whether Medicare or a GT plan makes the most sense for them
- Provides guidance and education on the different parts of Medicare and what you need to know when leaving a GT plan
- No cost for this service
- **Email:** James Ryan at **james_ryan@opus-pc.com or Phone:** 914-825-1012

# Emotional & Mental Wellbeing

*Benefits for Everyone through the Optum Employee Assistance Program (EAP)*

| | |
|---|---|
| **Live and Work Well (Optum EAP)**<br><br>**Go to liveandworkwell.com, password "Greenberg"**<br><br>**Call: 866-248-4096** | ▪ **FREE**—24/7 resource for all GT employees and household members<br>▪ **NO-COST UNLIMITED TELEPHONIC COUNSELING**—help with anxiety, depression, stress,<br>▪ **FIVE (5) NO-COST FACE-TO-FACE (in person or telehealth) VISITS**<br>▪ **OTHER SERVICES**—work/home/school relationships; babysitter/summer camp resources for kids; financial wellbeing<br>▪ **MORE THAN COUNSELING**—help with selling or buying a home, planning a vacation, dealing with lost or stolen luggage, planning for retirement, lifestyle questions, elder care, living wills and more |
| **Substance Use Treatment (SUT) Helpline**<br><br>**24/7** helpline available—call **855-780-5955** | ▪ **FREE**—available to all GT employees and their families<br>▪ **CONFIDENTIAL**—immediate help with substance use and addiction issues |

*The above benefits are available to all GT employees and their household members regardless of enrollment in other GT benefits.*

# BurnAlong

- As a part of Greenberg Traurig's commitment to a culture of health and well-being, the firm is excited to make BurnAlong available to all employees at no cost
- Hundreds of instructors and thousands of live and on-demand classes
- 45+ categories of wellness programs
- 4 free sub-accounts to share with friends and family
- Mindfulness meditations, nutrition classes, courses for better sleep, workouts for your dog, and much more

*For more information visit the Wellbeing Resources page located on GT Intranet*

# Attestations and Enrollment Instructions

# 2024 Attestations

*Tobacco Use and Working Spouse Surcharge*

- **You (and your spouse) must attest to being tobacco-free or plan to completing a tobacco-cessation program within 120 days, to avoid the additional contribution of $100 per tobacco user per month through December 31, 2024**

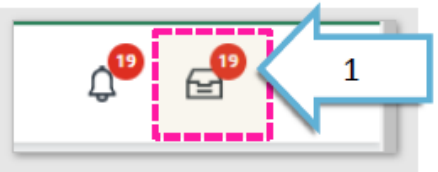
- **You must attest that your enrolled working spouse does not have other employer medical coverage available.**
  - **If your enrolled spouse has employer coverage available but elects GT coverage, you'll pay a $100 additional monthly contribution for 2024**

# Workday (URL: http://gtworkday.gtlaw.com)

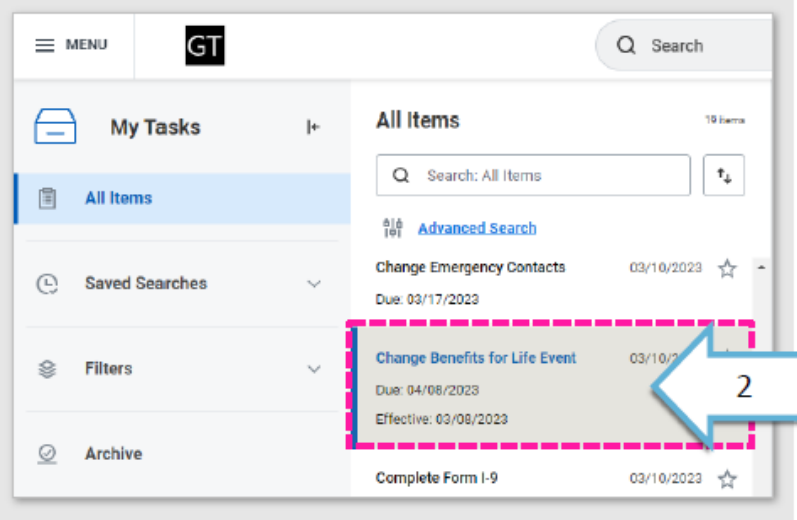
## ACCESS YOUR BENEFIT ELECTIONS

**To access your Benefit Elections from the home page:**

1. In the top right-hand corner, click on your **Inbox**.

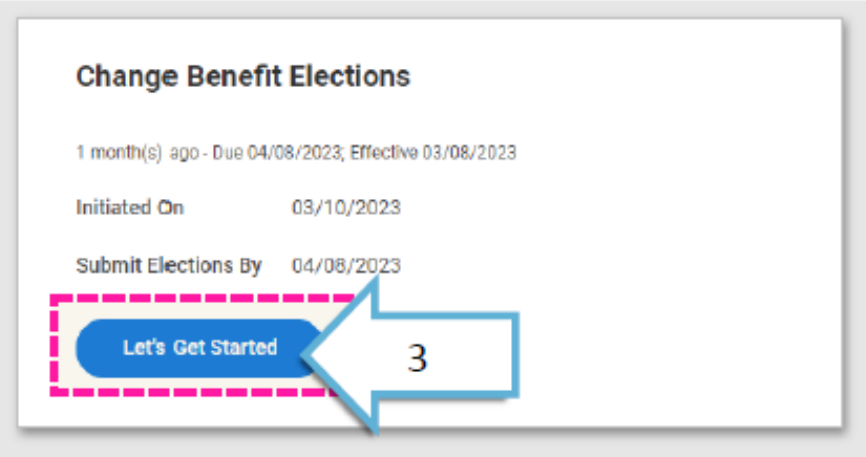



2. Click on the **Change Benefit for Life Event** Task.

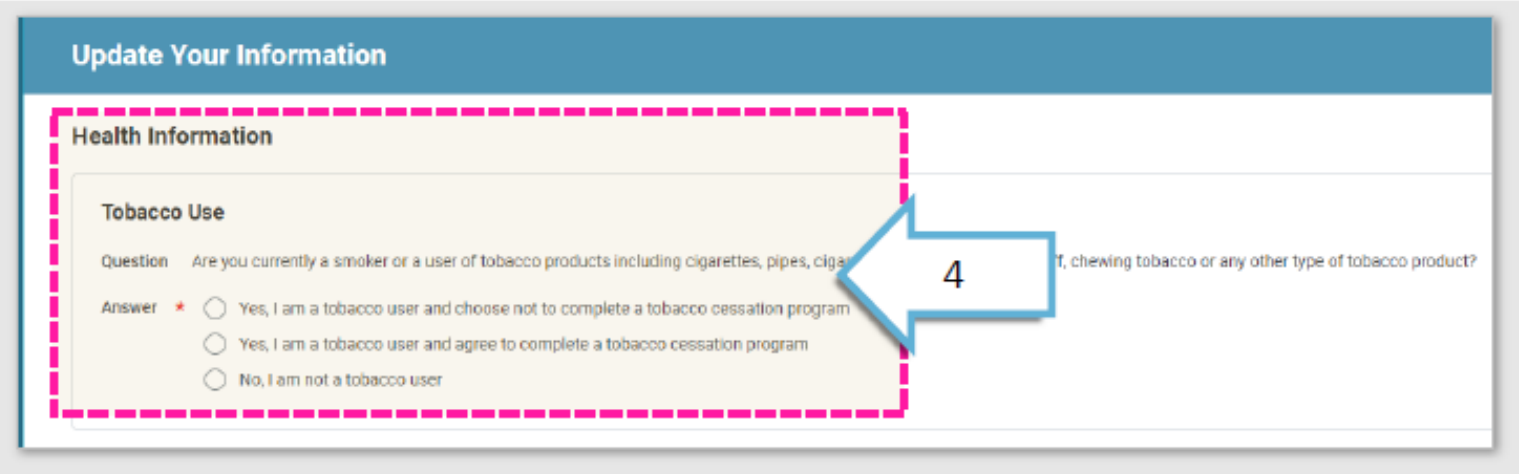


# Workday con’t

3. Click **Lets Get Started**.

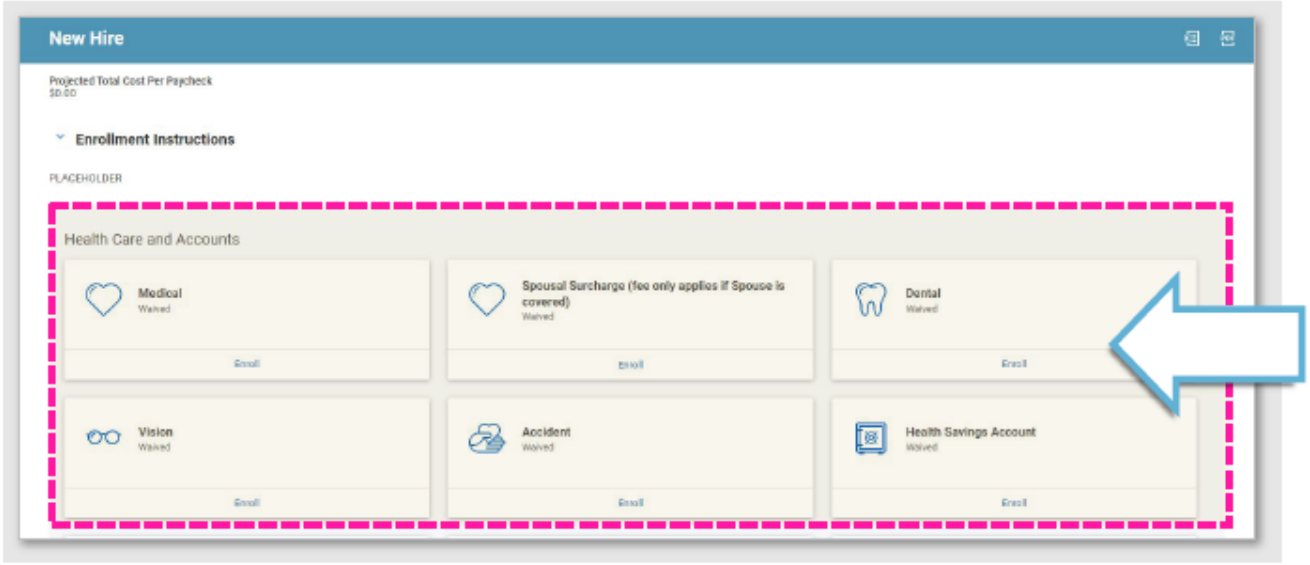



4. Under **Health Information**, answer the **Tobacco Use** question.




5. Click **Continue** twice.

# Workday con’t



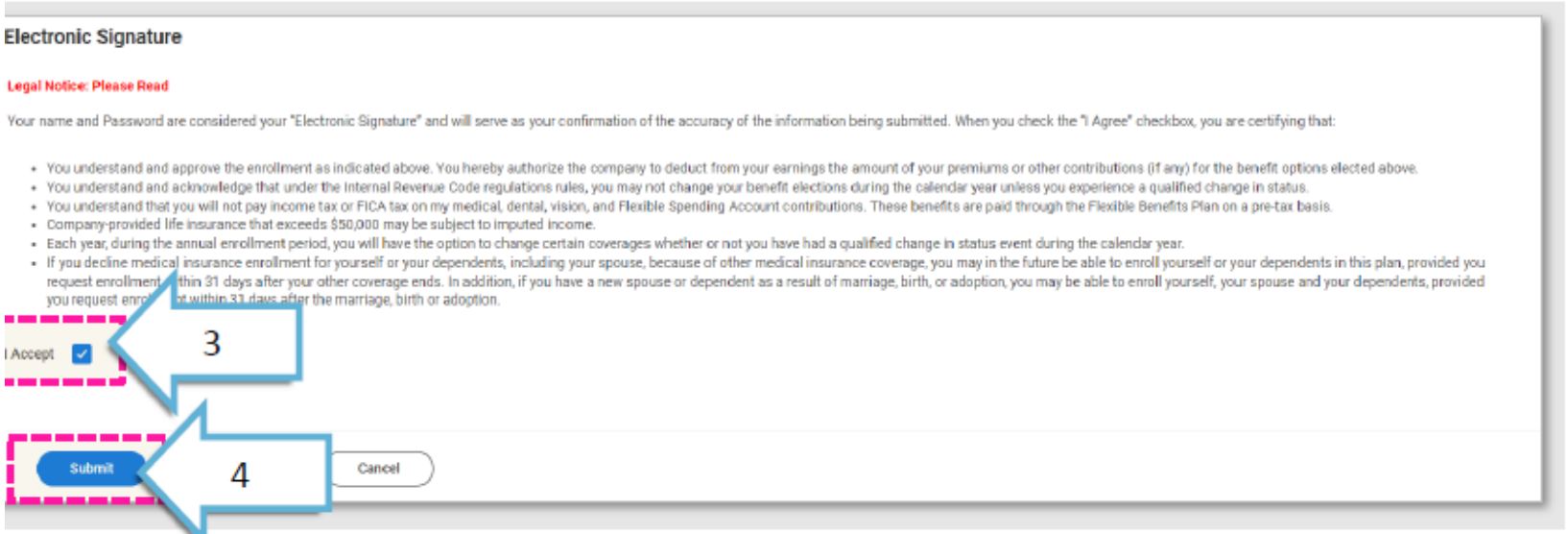

## UPDATE YOUR BENEFIT ELECTIONS

For a new enrollment, click **Enroll** and follow the steps for enrollment. For Benefits you are auto-enrolled in, instead of Enroll you will see **Manage**. Click **Manage** and follow the steps to make changes where eligible.

# Workday con’t

When you have completed your benefit enrollment

. Scroll down and **electronically eSign** by clicking **I Accept**.

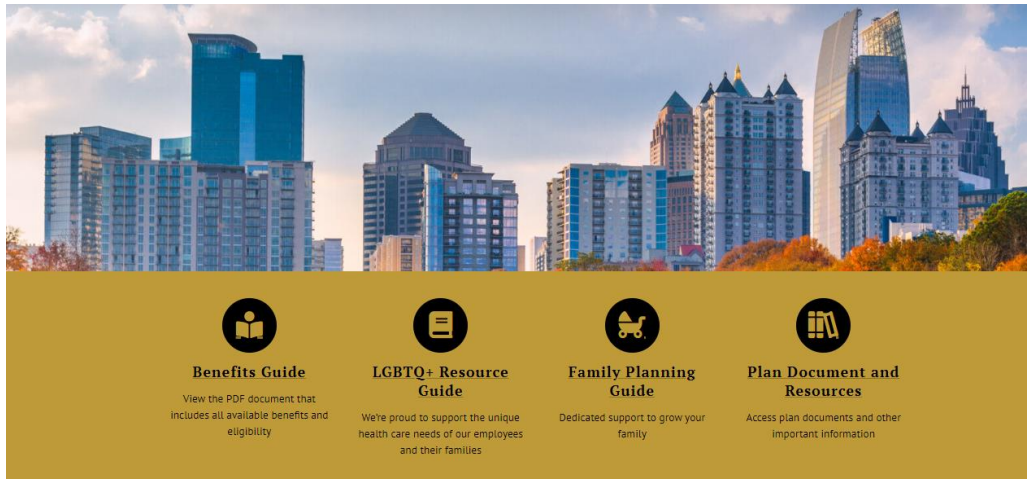



. Click **Submit**.

**IMPORTANT**: Your Benefits Elections are not complete until you **Electronically Sign** by licking **I Agree** and then **Submit**.

# And remember…

**Be Sure to Visit Our Benefits Website at mygtlawbenefits.com**

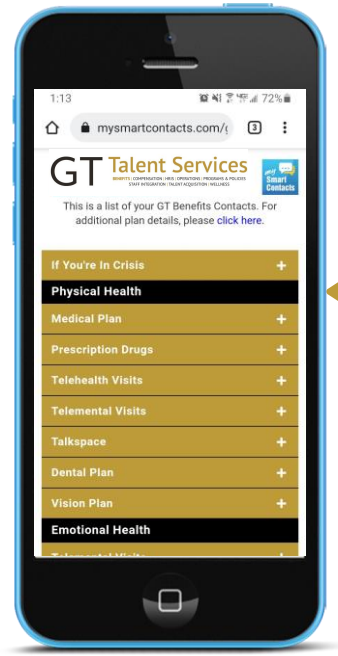



**We are here to help!**

| Benefits Related | Workday Access Assistance |
|---|---|
| HRBenadmin@gtlaw.com | HRIS@gtlaw.com |

**Add MyGT Benefits Smart Contacts to your Phone**

**Type mysmartcontacts.com/mygtlaw into your phone's browser address bar. Scroll down to the end of the page for instructions on how to add mysmartcontacts to your home page. It's that easy!**




**Save to your phone to quickly and easily access GT resources, programs, contact info, and apps, anytime and anywhere.**

**This is the "must have" app for your phone or tablet!**