



manatt

2026 Manatt Benefits Guide

Supporting Your Path to Well-Being

Plan Year 2026-2027

About This Guide

This guide describes the benefit plans and policies available to you as an employee of Manatt. The details of these plans and policies are contained in the official plan and policy documents, including some insurance contracts. This guide is meant only to cover the major points of each plan or policy. It doesn't contain all of the details that are included in your Summary Plan Descriptions (as required by ERISA) found in your other employee benefit materials. If there is ever a question about one of these plans and policies or if there is a conflict between the information in this guide and the formal language of the plan or policy documents, the formal wording in the plan or policy documents will govern.

Note: The benefits highlighted and described in this guide may be changed at any time and don't represent a contractual obligation – either implied or expressed – on the part of Manatt.

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Introduction

Manatt, Phelps and Phillips cannot serve our clients well without your continued hard work, creativity, and initiative. Offering a comprehensive benefits program is just one way that we say thank you for all that you do.

We want to make sure that you have the information you need to make an informed decision about the benefits choices that will best meet your needs. We are proud to be able to offer a comprehensive array of benefits including:

- Multiple Medical Plan choices
- Fertility Benefits Program
- Dental
- Vision
- Flexible Spending Accounts
- Wellness Program
- Life and Accident Insurance options
- Disability Insurance
- Retirement Benefits
- Compensation and Paid Benefits
- Employee Assistance Program
- Elder & Family Care Programs
- Legal Insurance Benefit.

As you enroll, please refer to pages 13-14 for the following helpful information:

- Employee health plan cost share tables

Please review this guide carefully. If you have additional questions, please contact **Benefits@manatt.com**.

Eligibility

You are eligible for the benefits described in this guide if you are a regular full-time or part-time employee who works at least 60% of the regularly scheduled work week hours. Temporary and Contingency employees are not eligible for most benefits.

Your benefits eligibility begins on the first day of the month following your date of hire. You have 30 days after your date of hire to enroll in Manatt benefits.

Eligible Dependents

You may enroll the following dependents in health plans that offer dependent coverage:

- Your legal spouse (unless you are legally separated)
- Your common-law spouse (if you live in a state that recognizes common-law marriage)
- Your qualified domestic partner
- Your dependent children up to age 26 (including natural children, stepchildren, adopted children, and children placed with you by adoption)
- Your mentally or physically disabled children over age 26 if they were disabled on the day before they turned 26.

Domestic Partners are defined as two people who are:

- Unmarried, at least 18 years of age, living together, and intend to live together indefinitely
- Not related to one another by birth or adoption
- In a committed relationship for at least six months prior to enrolling in Manatt benefits
- Assuming the responsibility of caring for one another physically and financially

Making Changes During the Year

Generally you can only make changes to your benefits during the year if you have a “qualified status change.” Otherwise, your benefit choices stay in effect until the following enrollment period. If you have a Qualified Status Change and want to make a change, the benefits change must be directly related to the new status (for example: enrolling your new spouse in Manatt’s benefits). In addition, you must notify Human Resources and make your changes within 30 days of the Qualified Status Change. Failure to elect your benefits within 30 days of your hire date or qualifying event date will result in the forfeiture of eligibility to elect or make changes to your benefits until the following year during open enrollment.

Generally, Qualified Status Changes include (but are not limited to):

- Your marriage, divorce, legal separation, annulment, or death of a spouse
- Birth, adoption, placement for adoption, or death of a dependent child
- Change in employment that affects your or your spouse’s benefits eligibility
- Change in your residence or work location that affects your access to network providers
- A court order (for example, a QMSCO) that requires you to provide coverage for your child
- A change in eligibility for Medicare, Medicaid, CHIP

Do You Have a Question?

If you have questions about your Manatt benefits, please contact Benefits@Manatt.com.

Medical Plan Options

Manatt is committed to doing everything it can to offer our employees quality health care coverage at an affordable price. Because each person's health care needs are different, employees are given multiple Medical Plan options.

Aetna HDHP and EPO Plans: Available to Everyone

The two base plans offered to all employees:

- are administered by Aetna
- offer access to a large national network of providers
- allow you to go directly to a specialist without a referral
- provide comprehensive coverage including preventive care, office visits, hospital care, and prescription drug coverage.

HMO Plans (Available in Certain Locations)

In addition to the Aetna HDHP and EPO Plans, if you live in California, the District of Columbia, or Albany, NY, you may also have a second in-network only plan option. Like the EPO, HMOs offer a high level of benefits with low out-of-pocket costs. However, in exchange, you agree to only use doctors, hospitals, pharmacies, and other providers who are in the network. **And like the EPO, if you use out-of-network providers at any time — except in a true medical emergency — you will pay 100% of the cost yourself.**

MinuteClinic

Occasionally, unexpected situations come up. Your child starts showing flu symptoms after your primary care office has closed for the day, or you accidentally step on a tack over the weekend. Life happens, and when it does, you need access to affordable care. That's why all Aetna plans include access to MinuteClinic care inside CVS Pharmacies and Target stores nationwide for **a \$0 copay per visit** (HDHP participants must first meet the deductible).

CVS Health Virtual Care® (Aetna HDHP and EPO Plans)

You can schedule 24/7 care (available to adults and children over 18 months) in minutes. CVS® virtual clinic and mental health appointments are available within a week.* You can get some services for **\$0** cost depending on your health plan and deductible.

Get care for things like:

- **Common illnesses** - cough, cold, flu, urinary tract infection (UTI), minor injuries and rashes
- **Chronic conditions** - diabetes, high blood pressure, high cholesterol
- **Mental health services**** - depression, anxiety, life changes (i.e. divorce, loss of loved one), psychiatric evaluation and addiction support
- **Medication services** - prescription refills, birth control and medication management

All visits are with U.S.-based providers licensed in your state. You can visit [CVS.com/virtual-care](https://www.cvs.com/virtual-care) to learn more.

Telemedicine for HMO Plans

Both Kaiser and the CDPHP HMO plans offer telemedicine services for the same price of a sick visit at your doctor's office. Kaiser members should visit [kp.org](https://www.kp.org) for more information. CDPHP members have access to Doctor on Demand and can register at <https://www.cdphp.com/members/use-your-benefits/doctor-on-demand>.

**CVS Health Virtual Care® services are only available in the U.S. Limitations may apply based on service, location or health plan. Members enrolled in qualified high-deductible health plans must meet their deductible before receiving covered non-preventive services at no cost-share. This material is for informational purposes only. Refer to Aetna.com for more information about Aetna plans and for a full list of participating providers.*

***Adolescent mental health services are limited to Counseling only; Mental Health Medication Management and Psychiatry services remain available only for adults 18+.*

Medical Plan Options

Before You Choose

Before you decide, take some time to review your medical coverage options, the benefits available, the kind of care you use and need, and how much you'll pay if you or your family member incur a very large claim (for example, an extended hospital stay). Please refer to the medical charts on pages 7 and 8 for a brief comparison of the medical options available.

Learn More About HSAs — Your Long-Term Health Savings Solution

HSAs are a relatively new feature of medical plans. Therefore, you may not be familiar with them and how they work. HSAs are used in conjunction with “high-deductible” health plans — or HDHPs.

HDHPs are designed to provide benefits at a lower premium cost because the Plan doesn't start paying benefits for anything except preventive care until you meet the Plan deductible. **(In-network preventive care for all family members is covered at no cost to you whether or not you have met the deductible.)** However, the low premium frees up money for you to spend as you see fit — including choosing to deposit the money into an HSA to give you tax-free money to use for out-of-pocket medical expenses.

HSA Plan	
Who contributes?	Manatt and you, if you are in the High Deductible Health Plan.
How much can you contribute*?	You can contribute to an HSA that you set up in your name. In 2026, you can contribute up to: <ul style="list-style-type: none"> • \$4,400 per year if you have Employee Only coverage • \$8,750 per year if you cover any dependents • an additional \$1,000 per year if you are 55 or older
How much will Manatt contribute*?	If you are in the HDHP and Benefit Base Salary Tier 1, 2, 3, or 4 through the end of the month, Manatt makes a contribution to your HSA every paycheck. The plan-year contribution is: <ul style="list-style-type: none"> • \$1,000 if you choose Employee Only coverage • \$2,000 if you cover any dependents.
What types of expenses can be paid from it?	Medical, prescription drug, dental and vision expenses for yourself, your spouse, and anyone who you list as a dependent on your tax return. You can use money in an HSA to pay for these expenses at any time — even if you leave Manatt.
Can I also have an FSA?	Yes, you can enroll in a Limited Health Care FSA, but it can only be used for dental and vision expenses. You make all contributions to your Limited Health Care FSA. You can contribute up to \$3,400 per year to your Limited Health Care FSA.
What happens to HSA money left at the end of the year?	An HSA is a bank account, so unused money stays in your account. If you don't use up all of your money, no problem; it'll be there for you any time you need it. And you can continue to contribute to your HSA as long as you are enrolled in an HSA-qualified medical plan. There is no limit to how much money you can save in an HSA.
Can I take my account with me if I leave Manatt?	Yes! Your account is owned by you, not Manatt. The money in it is available to you to pay for qualified medical expenses at any time. HSA money can even be used after retirement.
How can I open a HSA?	To open your HSA, contact Benefits@manatt.com .

*Combined Employee and Manatt HSA contributions cannot exceed the IRS HSA annual limits. HSA employee contributions and Manatt contributions are subject to state taxes in California and New Jersey.

Compare Your Aetna Medical Options

	Aetna HDHP		Aetna EPO
Manatt Annual HSA Contribution For Eligible Participants (Benefits Base Salary Tier 1, 2, 3, 4)	Employee Only: \$1,000 If You Cover Dependents: \$2,000		N/A
Network	Aetna Choice POS II Open Access		Aetna Select Open Access
	<i>For In-network providers, you pay...</i>	<i>For out-of-network providers, you pay...</i>	<i>For In-network providers, you pay... **</i>
Deductible*** (per year) <ul style="list-style-type: none"> Individual Family 	\$3,250 \$5,000	\$4,000 \$8,000	\$750 \$1,500
Out-of-Pocket Maximum*** (per year, includes deductible) <ul style="list-style-type: none"> Individual Family 	\$4,500 \$6,750	\$5,000 \$10,000	\$3,250 \$6,500
Preventive Care (exams, testing, vaccines, etc.)	No charge	50% *	No charge
Doctor's Office Visits <ul style="list-style-type: none"> CVS MinuteClinic CVS Virtual Care Primary Care Specialist 	\$0* 20%* 20%* 20%*	N/A N/A 50%* 50%*	\$0 \$25 \$25 \$40
Urgent Care	20% *	50% *	\$50
Emergency Room	20% *		\$250
X-ray and Lab	20% *	50% *	\$20
Hospital Charge	20% *	50% *	20% *
Prescription Drugs Retail Pharmacy (up to 30-day supply) <ul style="list-style-type: none"> Tier 1 (generic) Tier 2 (preferred) Tier 3 (non-preferred) Mail Order or CVS Maintenance Choice Program (up to 90-day supply) <ul style="list-style-type: none"> Tier 1 Tier 2 Tier 3 	\$10* \$40* \$70*	Not covered	\$10 \$40 \$70
Lifetime Maximum Benefit Available	No limit		No limit

* after deductible
 ** If you do not use network providers, you will pay 100% of the cost. No Plan benefits are available. The only exception is in a true medical emergency.
 *** Deductible and out-of-pocket maximum are calendar year based and reset on January 1st.

HMO Options

These HMO options are only available to employees in the specific areas noted. Also, remember that HMO options DO NOT provide any benefits if you use providers that are not in the HMO network EXCEPT in a true medical emergency.

	Kaiser HMO (California)	Kaiser HMO (Washington, DC)	CDPHP HMO (Albany)
	<i>you pay...</i>	<i>you pay...</i>	<i>you pay...</i>
Deductible* (per year) <ul style="list-style-type: none"> Individual Family 	None None	None None	None None
Out-of-Pocket Maximum* (per year, includes deductible) <ul style="list-style-type: none"> Individual Family 	\$1,500 \$3,000	\$2,000 \$4,000	\$9,450 \$18,900
Preventive Care (exams, testing, vaccines, etc.)	No charge	No charge	No charge
Doctor's Office Visits <ul style="list-style-type: none"> Telemedicine Primary Care Specialist 	\$25 \$25 \$25	\$20 \$20 \$30	\$30 \$30 \$50
Urgent Care	\$25	\$30	\$35
Emergency Room	\$100	\$250	\$100
X-ray and Lab	\$0	\$30	\$50
Hospital Charge <ul style="list-style-type: none"> Inpatient Outpatient 	\$500 per admission \$25	\$250 per admission \$125	\$1,000 per admission \$150
Prescription Drugs Retail Pharmacy (up to 30-day supply) <ul style="list-style-type: none"> Tier 1 Tier 2 Tier 3 	\$15 \$30 \$30	\$10 \$30 \$60	\$10** \$30** \$50**
Mail Order (up to 90-day supply) <ul style="list-style-type: none"> Tier 1 Tier 2 Tier 3 	\$30 \$60 \$60	\$20 \$60 \$120	\$20** \$60** \$100**
Lifetime Maximum Benefit Available	No limit	No limit	No limit

* Deductible and out-of-pocket maximum are calendar year based and reset on January 1st.
** Medications dispensed at a Non-Preferred Prescription Network Pharmacy will result in an additional 50% coinsurance on drug costs.

Dental

Healthy teeth and gums are important to your overall health. **The Guardian PPO pays benefits whether or not your dentist is in the network. However, you will pay less when you use network dentists because network dentists have agreed to discount their fees to plan members.**

To find a network provider for the Guardian PPO Plan visit www.GuardianAnytime.com.

	Guardian PPO	
	When you use a network dentist, you pay...	When you do not use a network dentist, you pay...
Deductible <ul style="list-style-type: none"> Employee only Family 	\$50 \$150	\$50 \$150
Preventive Services <i>(e.g., exams and cleanings, x-rays)</i>	\$0 with no deductible	20% of fee schedule after deductible
Basic Restoration Services <i>(e.g., simple fillings, emergency pain treatment)</i>	\$0 after deductible	20% of fee schedule after deductible
Major Services <i>(e.g., crowns, bridges, and dentures)</i>	50% after deductible	50% of fee schedule after deductible
Maximum benefit you can receive in one year <i>(not including orthodontia)</i>	\$2,500/person*	\$1,500/person*
Orthodontia Treatment <ul style="list-style-type: none"> Maximum lifetime benefit 	50% \$2,000/person <i>Adults and children</i>	50% of fee schedule \$2,000/person <i>Adults and children</i>

* In- and out-of-network maximums are combined. However, you may receive \$1,000 additional benefits when you use in-network providers.

Get Preventive Care — It Pays!

If you get a preventive care exam once a year, you can increase the maximum amount of benefits you are eligible to receive from the Manatt Dental Plan. If the Plan pays less than \$700 in benefits for you — \$350 of the “unused” in-network benefit will roll over to the next year, \$500 if only “in-network” providers were used during the year. But only if you get at least one exam during the year! The roll-over benefit applies for every covered family member including children. Each person can continue to roll over unused benefits until you reach the Plan maximum benefit of \$3,250 per person.

Vision

Our vision care plan helps pay for routine vision services and supplies through Vision Service Plan (VSP). VSP's network consists of private practicing optometrists, ophthalmologists, opticians, and optical retailers.

The Plan gives you two different ways to receive benefits:

- **use the network of providers and affiliates** and receive discounts and significant plan benefits for services including a **20% discount on frames** when you use participating providers
- **go to a doctor outside the network** and receive a reimbursement for part of the cost of your exams, glasses and/or contacts.

	Vision Service Plan (VSP)	
Benefit	When you use the network...	When you don't use the network, the Plan reimburses you...
Eye Exams (once every 12 months)	\$10 copay	100% up to \$50, after \$10 copay
Frames (once every 24 months)	\$200 allowance 20% discount on charges over the allowance	Up to \$70
Prescription Lenses (once every 12 months)	\$25 copay	Single vision: Up to \$50 Bifocal: Up to \$75 Trifocal: Up to \$100 Lenticular: Up to \$125
Contact Lenses (once every 12 months) <i>in lieu of frames</i>	\$200 allowance (including lenses and exam) Medically necessary: No charge	Elective: Up to \$105 Medically necessary: Up to \$210

With the VSP LightCare™ program, you can use your frame and lens benefit to get non-prescription eyewear from your VSP network doctor. This includes sunglasses or blue light filtering glasses. This program is only available with in-network VSP providers and retail stores that participate in this program.

For the most up-to-date listing of in-network providers in your area, visit www.VSP.com. Contact your current eye care professional and ask if he or she accepts VSP insurance coverage.

VSP network providers include large retailers such as Costco, Sam's Club, Walmart, Pearle Vision, and VisionWorks. Visit www.VSP.com for an expanded list of providers.

Flexible Spending Accounts (FSAs)

So what is an FSA? It stands for “Flexible Spending Account,” and here’s why...

FSAs are Flexible.

Reimburse yourself for hundreds of things you routinely buy. Use your debit card to pay for eligible FSA expenses with your FSA account. Or submit claims weekly, monthly, or once during the plan year. Contribute a little or a lot. It’s flexible. And it’s up to you.

You Save on Everyday Spending.

Whenever you go to the doctor, pick up your prescriptions, buy contact lens solution, or pay for your child’s monthly daycare, you’re dealing with everyday expenses that can be reduced by over 20% — just by participating in our FSA program.

It Works Like a Savings Account.

Each month, you automatically contribute money to your account. Then, when you have an expense and need access to that money, you either swipe your debit card or file a claim and make a withdrawal.

There are three types of FSAs:

Health Care FSA

You contribute money to your Health Care FSA. The IRS doesn’t consider your contributions “income,” so you don’t pay income taxes, Social Security, or Medicare taxes on your contributions. Then you use this untaxed money to reimburse yourself when you have a health care expense. **You can enroll in a Limited Health Care FSA, to be used for Dental and Vision expenses only, if you contribute to an HSA.**

Dependent Care FSA

You contribute money to your Dependent Care FSA. This money is not subject to federal income, Social Security, or Medicare tax either, so your tax withholding is even lower. You use this tax-free money to reimburse yourself for dependent care expenses like day care, after-school programs, summer day camps for dependents under age 13, and adult day care, while you and your spouse go to work/school full time.

Commuter Qualified Transportation Benefits (“QTB”)

You contribute untaxed money to an account that you can use to purchase mass transit passes or pay for monthly parking. Note that these two types of expenses are considered completely separate and you cannot use mass transit money for parking or vice versa.

HSAs and Limited FSAs Work Together

If you choose the Aetna HDHP, you can choose to contribute to both a Health Savings Account (HSA) and a Limited Health Care FSA. The Limited FSA can only be used for Dental and Vision expenses, which frees up your HSA savings to be used for Medical expenses and long-term healthcare savings.

How FSAs Work

It's rather simple, really.

1. Calculate how much you are likely to spend in the plan year (March – February) for health care expenses and dependent care expenses.
2. Enroll in the Health Care FSA and/or the Dependent Care FSA. Contribute enough to cover the bulk of your anticipated expenses, trying not to over contribute.
3. Each pay period, your account contributions will be automatically deducted from your paycheck (before your tax withholding is calculated!) and deposited into your Health Care and/or Dependent Care FSA.
4. When you have an eligible health care expense, receive reimbursement from your Health Care FSA — or pay the expense directly from your account using your FSA debit card.
5. When you have an eligible dependent care expense, receive reimbursement from your Dependent Care FSA.

What if there aren't enough payroll contributions in my account to reimburse myself?

If you have an eligible health care expense but don't have enough payroll contributions in your account to reimburse yourself, that's OK. Since the FSA is front-loaded, your full annual election is available to use from day one. As long as you contribute enough to your account throughout the year, you can still be reimbursed. In other words, you can "overdraw" your account up to your elected amount, with future contributions covering the balance.

This is not true of dependent care or commuter expenses. Your Dependent Care and Commuter accounts cannot "overdraw." You will have to wait until there is enough money in your account to cover it.

Health Care FSA Limits	Dependent Care FSA Limits*	Commuter QTB Limits
<ul style="list-style-type: none"> • Up to \$3,400 per year 	<ul style="list-style-type: none"> • Up to \$3,750 per year if your tax filing is "married filing separately" • Up to \$7,500 if you are single or your tax filing is "married filing jointly" 	<ul style="list-style-type: none"> • Mass Transit: \$340/month • Parking: \$340/month • After-tax contribution option
<ul style="list-style-type: none"> • Forfeit balance after grace period ends or if you leave the Firm 		<ul style="list-style-type: none"> • Balances roll over (forfeited only if you leave the Firm)
<ul style="list-style-type: none"> • Must elect for entire plan year 		<ul style="list-style-type: none"> • Elect month-to-month

* Pre-tax Dependent Care FSA contributions for Highly Compensated Employees (HCEs) may be limited during the calendar year to ensure the plan satisfies IRS nondiscrimination testing requirements. If limits are required, affected employees will be notified, and contributions may be adjusted to maintain the plan's tax-favored status.

Note: Individuals who practice law for the Firm through a Professional Corporation (PC), if not a Subchapter S Corporation, may participate in the FSA Plans as long as they adopt the Plan.

2026-2027 Health Plans Participant Cost Shares

Monthly Employee Cost Share: Determined by base salary compensation tier level and health coverage election. Benefit Cost Shares are deducted from payroll earnings on a semi-monthly basis, or for Equity Partners, from your monthly draw statement.

Firm Subsidy: The Firm subsidizes a portion of the benefit costs, for both employee and dependent coverage, determined by base salary compensation tier.

Base Salary Tier - Monthly Premium Contributions

Coverage Level	Aetna HDHP National Plan	Aetna EPO National Plan	Kaiser HMO California Plan	Kaiser HMO Wash DC Plan	CDPHP HMO Albany Plan
Tier 1: Below \$92,700					
EE Only	\$118	\$193	\$126	\$126	\$156
EE + Spouse	\$325	\$532	\$255	\$264	\$389
EE + Child(ren)	\$266	\$434	\$236	\$252	\$389
EE + Family	\$435	\$712	\$312	\$377	\$389
Tier 2: \$92,700 to \$128,750					
EE Only	\$177	\$322	\$167	\$168	\$207
EE + Spouse	\$454	\$709	\$340	\$352	\$520
EE + Child(ren)	\$372	\$581	\$317	\$335	\$520
EE + Family	\$609	\$950	\$415	\$503	\$520
Tier 3: Above \$128,750 to Below \$180,000					
EE Only	\$236	\$483	\$250	\$252	\$312
EE + Spouse	\$584	\$1,063	\$510	\$528	\$779
EE + Child(ren)	\$478	\$870	\$474	\$503	\$779
EE + Family	\$783	\$1,425	\$623	\$755	\$779
Tier 4: \$180,000 to Below \$220,000					
EE Only	\$266	\$483	\$250	\$252	\$312
EE + Spouse	\$584	\$1,594	\$681	\$704	\$1,039
EE + Child(ren)	\$478	\$1,304	\$632	\$671	\$1,039
EE + Family	\$783	\$2,138	\$832	\$1,006	\$1,039
Tier 5: \$220,000 and Above					
EE Only	\$266	\$644	\$376	\$377	\$467
EE + Spouse	\$584	\$1,594	\$767	\$793	\$1,168
EE + Child(ren)	\$478	\$1,304	\$710	\$755	\$1,168
EE + Family	\$783	\$2,138	\$936	\$1,132	\$1,168
Equity Partners					
EE Only	\$1,137	\$2,028	\$997	\$844	\$1,265
EE + Spouse	\$2,500	\$4,508	\$2,033	\$1,772	\$2,973
EE + Child(ren)	\$2,046	\$3,681	\$1,884	\$1,637	\$2,973
EE + Family	\$3,353	\$6,058	\$2,482	\$2,531	\$2,973
GUARDIAN DENTAL			VSP VISION		
Coverage Level	Employees Tiers 1 - 5	Equity Partner	Employees Tiers 1 - 5	Equity Partner	
EE Only	\$0	\$53	\$0	\$9	
EE + Spouse	\$57	\$110	\$6	\$15	
EE + Child(ren)	\$70	\$123	\$6	\$15	
EE + Family	\$123	\$176	\$15	\$25	

2026-2027 Health Plans Participant Cost Shares

For employees aged 65 and older, enrolling in Medicare may be a more cost-effective choice and could provide a more comprehensive health plan. Employees who choose to participate in Medicare instead of our medical plans can still cover their spouse and/or eligible children under our Aetna health plans. This coverage will continue until the spouse becomes eligible for Medicare (at age 65) or their child(ren) reaches age 26 or qualifies for other coverage including Medicare. Please refer to the Aetna employee cost share table below for details on coverage for spouses and/or children.

Employees on Medicare - Spouse/Dependents Premium Contributions

Coverage Level	Aetna HDHP National Plan	Aetna EPO National Plan	Kaiser HMO California Plan	Kaiser HMO Wash DC Plan	CDPHP HMO Albany Plan
Tier 1: Below \$92,700					
Medicare Spouse Only	\$118	\$193	n/a	n/a	n/a
Medicare Child Only	\$118	\$193	n/a	n/a	n/a
Medicare Spouse & Child(ren)	\$266	\$434	n/a	n/a	n/a
Tier 2: \$92,700 to \$128,750					
Medicare Spouse Only	\$177	\$322	n/a	n/a	n/a
Medicare Child Only	\$177	\$322	n/a	n/a	n/a
Medicare Spouse & Child(ren)	\$372	\$581	n/a	n/a	n/a
Tier 3: Above \$128,750 to Below \$180,000					
Medicare Spouse Only	\$236	\$483	n/a	n/a	n/a
Medicare Child Only	\$236	\$483	n/a	n/a	n/a
Medicare Spouse & Child(ren)	\$478	\$870	n/a	n/a	n/a
Tier 4: \$180,000 to Below \$220,000					
Medicare Spouse Only	\$266	\$483	n/a	n/a	n/a
Medicare Child Only	\$266	\$483	n/a	n/a	n/a
Medicare Spouse & Child(ren)	\$478	\$1,304	n/a	n/a	n/a
Tier 5: \$220,000 and Above					
Medicare Spouse Only	\$266	\$644	n/a	n/a	n/a
Medicare Child Only	\$266	\$644	n/a	n/a	n/a
Medicare Spouse & Child(ren)	\$478	\$1,304	n/a	n/a	n/a
Equity Partners					
Medicare Spouse Only	\$1,137	\$2,028	n/a	n/a	n/a
Medicare Child Only	\$1,137	\$2,028	n/a	n/a	n/a
Medicare Spouse & Child(ren)	\$2,046	\$3,681	n/a	n/a	n/a

Benefit Terms You Should Know

Copay: A set dollar amount that you pay for a medical service (for example, filling a prescription or a doctor's office visit).

Deductible: The amount you pay towards medical (or dental) expenses each calendar year before the plan starts paying benefits.

Emergency: An emergency is a sickness or injury severe enough that failure to receive immediate medical care could put the patient's health in serious jeopardy.

Flexible Savings Account: If you participate in any plan other than the HDHP, you can set aside a limited amount of money from each paycheck that is tax-free to pay for Medical, Dependent Care, and Commuter expenses.

Health Savings Account: If you choose the High Deductible Health Plan (HDHP) you can open a Health Savings Account (HSA). Through an HSA you can set aside tax-free money to pay for out-of-pocket health expenses now and in the future. The account is entirely owned by you and there is no limit on how much money you can accumulate in an HSA.

Limited Health Care FSA: If you participate in the HDHP, you can contribute to a Limited Health Care FSA in addition to an HSA. Money in your Limited Health Care FSA can only be used for Dental and Vision expenses. It cannot be used for Medical expenses.

Network Provider: A health care provider that has contracted to furnish services or supplies for a negotiated charge and is included in the plan's provider network.

Out-of-Pocket Maximum: The out-of-pocket maximum is the most you will need to pay towards your medical care in a calendar year. When your deductible, copay, prescription drug and "percentage of cost" payments reach the out-of-pocket maximum for a calendar year, the plan begins paying 100% of your covered expenses for the rest of the year.

Preventive Care: This care does not treat a particular condition, but is meant to help the patient get and stay healthy. Preventive care includes well-child check-ups, immunizations, annual exams, and many cancer screenings, such as mammograms.

Tier 1/Generic Drugs: Tier 1 drugs (also called generic drugs) typically have the same active ingredients and the same dosage levels and administrative method as name brand drugs. They cost less because the manufacturer doesn't have an investment in developing and marketing the drug.

Maven Family Care and Fertility Benefits Program

Inclusive care for your family-building journey

Manatt's partnership with Maven amplifies our care for the well-being of you and your families through every step of your personal and family-building journeys and underscores our unwavering commitment to diversity and inclusion.

With Maven, you and your families will have 24/7 online support in the areas of Family & Fertility Building, Maternity & Newborn Care, Parenting & Pediatrics and Menopause & Ongoing Care (see chart below), including virtual access to health providers and consultants, expert-designed programs, provider-led classes, a library of expertly tailored content, and guidance from a personal Care Advocate at no cost.

Additionally, all Manatt employees—irrespective of gender, orientation, identity, or family structure—are eligible to receive reimbursement support for qualifying family building expenses for fertility, adoption, and surrogacy, **up to \$10,000 annually, with a lifetime maximum of \$20,000.***

Fertility & Family Building	Maternity & Newborn Care	Parenting & Pediatrics	Menopause & Ongoing Care
<ul style="list-style-type: none">• Preconception• Fertility preservation• IUI & IVF support• Adoption• Surrogacy• Male fertility• Care navigation to vetted providers, facilities, and agencies	<ul style="list-style-type: none">• Pregnancy• Postpartum & newborn care• Return-to-work coaching• Breast milk shipping• Miscarriage & reproductive loss	<ul style="list-style-type: none">• Family medicine• Mental health• Pediatric care• Parent coaching• Special needs support• Childcare navigation• Expense management	<ul style="list-style-type: none">• Perimenopause• Menopause• Post menopause• Early intervention• Symptom management• Wellness coaching

** Per IRS Guidelines, Equity Partners may use all the program services offered by Maven but are not eligible for the family building reimbursement benefit.*

Learn More!

Scan the QR code to learn more about Maven resources and how to activate your free membership.



Vitality Worksite Wellness Program

Vitality is an active, fully-integrated, wellness program designed to engage, encourage and reward you on your personal pathway to better health. As one of the nation's largest providers of employer-sponsored wellness programs, Vitality will help you create a path to achieve your wellness goals, with options that include personal activities, monthly wellness webinars, group challenges and much more.

Participating in the Vitality program is completely voluntary; however, you can receive financial incentives by staying engaged throughout the year. The more Vitality Points you earn through completing wellness activities and meeting your individual goals, the bigger incentive you receive.

Getting Started

- Set up your **Vitality account** at www.powerofvitality.com to begin your journey.
- Complete your **Vitality Health Assessment (VHA)**, an online questionnaire which focuses on your current health and lifestyle choices and is designed to calculate your Vitality Age and provide suggestions for you to maintain or improve your health. Completion of the VHA is voluntary and not required in order to participate in Vitality however, you will not be eligible for the reward incentive if you do not complete the VHA. All information you provide to Vitality is confidential and not shared with Manatt.
- Choose your **Personal Pathway** to set your individual wellness goals and start earning points to increase your **Vitality status** and earn an incentive at the end of the wellness plan year.
- Earn **Vitality Points** and increase your **Vitality status** by:
 - Tracking your workouts
 - Meeting step goals
 - Checking into the gym
 - Making healthy eating choices
 - Attending wellness webinars
 - Completing a Vitality Check biometric screening
 - Participating in group challenges

Incentive Program

The higher your Vitality status, the stronger your commitment to a healthy lifestyle and the higher your reward will be. Employees who complete their Vitality Health Assessment and achieve either Bronze, Silver, Gold, or Platinum Vitality status by May 31st, will receive a reward incentive in June for the level you achieved. No matter how many Vitality points you earn, you must complete the VHA to be eligible for the incentive reward. The chart below outlines the incentive program structure:

Vitality Status Achieved as of May 31st	Vitality Points Earned	Reward Incentive Earned
VHA + Bronze Status	0 – 2,499 points (including VHA completion)	\$100
VHA + Silver Status	2,500 – 5,999 points (including VHA completion)	\$400
VHA + Gold Status	6,000 – 9,999 points (including VHA completion)	\$600
VHA + Platinum Status	10,000 points (including VHA completion)	\$800

Incentive awards are included in the June 30th payroll and subject to applicable payroll taxes. You must be an active employee through the end of the Wellness plan year to receive the incentive payment. Employees who terminate before the last business day of the month of May are not eligible. For more information about Vitality and the Manatt Workplace Wellness Program, please contact Benefits@manatt.com.

Financial Protection Benefits

Basic Life and Accident Insurance

Manatt provides Basic Employee Life and Accident Insurance at no cost to you unless you are an Equity Partner. Equity Partners pay 100% of the premium for this coverage.

- Life Insurance pays a benefit to your beneficiary if you die.
- Accident Insurance also pays a benefit to your beneficiary if you die in an accident. However, it also pays benefits if you have certain disabling injuries.

Basic Life Insurance for You	\$50,000
Basic Accident Insurance for You	\$50,000 Dismemberment benefit: 50% of death benefit

Accelerated Benefits Available

If you have a qualifying medical condition (such as a terminal illness), you can choose to receive up to 50% of your Basic Life Insurance when you need the money most.

Voluntary Life Insurance

In addition to Basic Life Insurance, you may choose to buy Voluntary Life Insurance for yourself.

Voluntary Life Insurance for yourself	<p>\$50,000 - \$1,000,000</p> <ul style="list-style-type: none"> • In multiples of \$100,000 up to \$1,000,000 • Guarantee issue of up to \$700,000 is only available during your initial eligibility, within 30 days of hire. Thereafter, during open enrollment or qualifying events, all elected amounts are subject to EOI. • Amounts over \$700,000 are always subject to EOI.
Voluntary Life Insurance for your spouse/ domestic partner	<p>\$50,000 - \$300,000</p> <ul style="list-style-type: none"> • No more than the coverage you choose for yourself • In multiples of \$100,000 • Spouse Guarantee issue of \$50,000 is only available during the employee's initial eligibility, within 30 days of hire. Thereafter, during open enrollment or qualifying events, all elected amounts are subject to EOI. • Amounts over \$50,000 are always subject to EOI.

Disability Insurance

Manatt provides Short-Term and Long-Term Disability insurance at no cost to you, unless you are an Equity Partner. Equity Partners pay 100% of the premium

for this coverage. Disability Insurance continues a portion of your salary as long as you are sick or hurt and unable to work.

Group Definitions	Group 1: Equity Partners Group 2: Grandfathered Attorney-Consulting Professionals (Formerly from Group 1) Group 3: Attorney and Consulting Professionals Group 4: Business and Administrative Professionals: Supervisors, Managers, Directors & above Group 5: Business and Administrative Professionals: Staff, Paralegals, Secretaries	
	Short-Term Disability	Long-Term Disability
Benefit you will receive	All Groups: 66.67% of prior year eligible earnings	All Groups: 60% of your pre-disability earnings
Maximum benefit you can receive	All Groups: up to \$3,462 / weekly	All Groups: up to \$15,000/month
When benefits start	Group 1: After 90 days of disability Group 2 & 3 : As of 1st day of disability Groups 4 & 5: After 7 days of disability	After 365 days of disability
How long you may receive benefits	Group 1: 40 weeks Group 2 & 3: 52 weeks Groups 4 & 5: 51 weeks	Until age 65 or your Social Security Normal Retirement Age, whichever comes first. If your disability starts after you turn 62, benefits duration will be limited.
Pre-existing conditions	All Groups: None	If you have an illness that was diagnosed or treated in the three and a half months prior to your coverage effective date, you are not eligible for LTD coverage for 12 months.

Supplemental Long-Term Disability

Available to Group 1, 2, 3 and 4 employees only. If you would like more Long-Term Disability coverage than the base plan provided by Manatt, you can choose to purchase a supplemental policy

for yourself during scheduled open enrollment for this disability plan. Below is a brief overview of the coverage available. For more details, please contact Benefits@manatt.com.

Benefit you will receive	Base coverage: Up to \$12,500 per month With simplified medical underwriting: Up to an additional \$7,500 per month Total maximum benefit available: \$20,000 per month
When benefits start	After you have been disabled for 180 days
How long you may receive benefits	Until age 65. After age 65–74: 2 year benefit period. After age 75: 1 year benefit period.
Pre-existing conditions	There are no limits based on pre-existing conditions
You are considered disabled if....	You are unable to do your own job at Manatt because of your disability
Can you receive partial benefits?	Yes. If you are able to resume work on a limited basis, you may be eligible to receive partial benefits from the plan.

Retirement Benefits

What do you dream of doing after retirement? Fishing? Spending lots of time with your grandkids? Traveling? Doing the volunteer projects you never had enough time for when you were working? Regardless of what your retirement dreams are, you're going to need to start saving for it now. You work — and save — now to give you the ability to choose the life you want to live after retirement.

401(k) Retirement Plan

Eligibility and Automatic Enrollment

Regular and Contingent full-time and part-time employees are eligible to participate in the Plan. Partners practicing law for the Firm through a Professional Corporation ("PC") may make contributions to the Plan as long as they adopt the Plan.

New hires may enroll in the 401(k) Plan after your first Manatt payroll has processed; if you do not make an election (or opt out) within 60 days, then you will be automatically enrolled 60 days after your first Manatt payroll has processed. For more information on contributing to your 401(k) Plan account, see the "Making Contributions" section.

About Your 401(k) Plan

The Manatt Employee Savings Plan offers the current tax savings of a traditional 401(k) and the future tax savings of a Roth 401(k) in one plan. Here's a brief overview of each:

Roth 401(k) contributions are all about saving money in the future, which may be right for you if you think you might be in a higher tax bracket after retirement than you are now.

- When **you** contribute post-tax money to your Roth 401(k), you use your "net pay" which means that you've already paid the taxes on your contributions. The upside is that your contributions grow tax-free until you retire. And when you take your money out, you don't pay any taxes then either!

Traditional 401(k) contributions are all about saving money on taxes **now**, which may be important to you if you believe that you will be in a lower tax bracket after retirement than you are in now.

- When **you** contribute pre-tax money to your 401(k), the money is deducted from your paycheck before your federal — and in most cases, state — taxes are calculated. Therefore, you end up paying less in taxes now.
- **Your Traditional 401(k) contributions** grow tax-deferred. When you reach retirement age and make a withdrawal, you will pay income taxes based on your tax bracket at that time.

Manatt 401(k): Making Contributions

New employees are automatically enrolled in the Plan 60 days after your first Manatt payroll. You will be set up to contribute 3% of your pre-tax earnings into the Traditional 401(k) account. However, if you prefer to start sooner, you may choose how much to contribute and where to direct your contributions before the automatic enrollment takes effect.

- You may save from 1% to 100% of your salary for retirement (up to certain contribution and compensation limits set by the IRS) or you may choose to contribute a set dollar amount each pay period.
- You may divide your contributions between the Roth 401(k) and the Traditional 401(k), or choose to contribute to one or the other.

	Traditional 401(k)	Roth 401(k)
Contributions	Before-tax (federal and most states)	After-tax
Earnings	Tax-deferred	Tax-free
Distributions	Normal income taxes due at retirement age	Tax-free at retirement age

Retirement Benefits

Contribution Limits for 2026

- Regular contributions: \$24,500 per year
- Catch-up contributions* (age 50-59 or age 64+): \$8,000 per year in addition to your regular contributions
- Catch-up contributions* (age 60-63): \$11,250 per year in addition to your regular contributions

***Catch-Up Contributions Rules**

- *Catch-up contribution eligibility is based on your age by the end of 2026 calendar year. You may make catch-up contributions at any time during the year in which you have attained or will attain the applicable age.*
- *Employees age 50 and older who earned **less** than \$150,000 in FICA wages in 2025 (Box 3 of your 2025 Form W-2) may make catch-up contributions in 2026 as all pre-tax, all Roth (after-tax), or a combination of both.*
- *Employees age 50 and older who earned **more** than \$150,000 in FICA wages in 2025 with Manatt (Box 3 of your 2025 Form W-2) may **only** make catch-up contributions in 2026 as **Roth (after-tax)** contributions. If you are impacted and wish to make catch-up contributions in 2026, you will need to ensure that your 401(k) elections with Vanguard include a sufficient Roth (after-tax) election amount. You may set up concurrent pre-tax and Roth contributions at the beginning of the year, or at any time during the year, including after your pre-tax contributions reach the IRS limit. If you do not take action, you may miss out on making catch-up contributions for the plan year.*

Making Changes to Your Account

Contact Vanguard at 1-800-523-1188 or log in to www.vanguard.com (Group #091884) to register and make the following changes to your account:

- Change the amount you contribute
- Change the direction of your contributions - either to the Roth 401(k) or the Traditional 401(k)
- Change the funds you want to invest in
- Self-Direct investments through the Vanguard Brokerage Option

Manatt Matching Contributions

Annual Matching Contribution to the Plan is completely within the discretion of the Firm's Board of Directors. If you are eligible for the match, it is generally contributed to your 401(k) Plan account around the same time the Firm submits its tax filing for the calendar Plan year.

The following employee groups are eligible for matching contributions.

Business and Administrative Professional Employee Participants

If you are a Business or Administrative Professional employee, you will be eligible for the Matching Contribution portion of the 401(k) Plan if you meet the following requirements:

- Have been employed by Manatt for one full year
- Worked 1,000 hours during the Plan year
- Are actively employed on December 31st

Currently, the matching contribution for eligible Business and Administrative Professionals is 50% of the first 3% of your eligible pay that you contribute. You must defer your own money into the Plan to be eligible for the matching contribution.

Consultants on Advancement Track (COAT) within Manatt Health Strategies (MHS)

MHS employees who are assigned a COAT classification are eligible for the Matching Contribution portion of the 401(k) Plan. MHS positions who may have the COAT classification include Consultant, Manager, Senior Manager, Senior Advisor, Director, Analyst and Senior Analyst in the business strategy, policy and analytics business unit.

You must meet the following requirements to be eligible for the matching contribution:

- Completed one full year of service by the Plan's match entry dates
- Completed 1,000 hours within the Plan year
- Identified as MHS COAT on December 31 of the Plan year
- Employed through and including December 31 of the Plan year

Currently, the matching contribution for eligible MHS COATs is 100% of the first 4% of your eligible earnings that you contribute. You must defer your own money into the Plan to be eligible for the matching contribution.

Manatt Profit Sharing: Contributions

Equity Partners, Senior Managing Directors, Income Partners, Managing Directors, Professional Corporations, and Business and Administrative Employee Participants only

The Firm makes the Profit Sharing contribution for Business and Administrative Professional employee participants, Income Partners, Senior Managing Directors, and Managing Directors. Annual Profit Sharing contribution to the Plan is completely within the discretion of the Firm's Board of Directors. Equity Partners and PCs make their own contributions from their "earnings" towards the Profit Sharing portion of the Plan.

If you are in one of these groups, you may be eligible for the Profit Sharing portion of the 401(k) Plan if:

- You have been employed by Manatt for one full year
- You worked 1,000 hours during the Plan year
- You are actively employed on December 31st.

Following your one year anniversary, you will become eligible for the Profit Sharing contribution prospectively on the next entry date of January 1, April 1, July 1, October 1, November 1, or December 1 if you have met the above eligibility requirements.

Partners practicing law for the Firm through a Professional Corporation ("PC") may contribute to the Profit Sharing portion as long as they adopt the Plan.

The amount of the Profit Sharing contribution can fluctuate from year to year. The Profit Sharing contribution is generally contributed to your 401(k) Plan account around the same time the Firm submits its tax filing for the calendar Plan year.

Investing Your Account

You choose how to invest the money in your 401(k) account — for your contributions and the Manatt employer contributions. For more information on the investment funds available to you, please see the educational materials provided by Vanguard, or log onto the Vanguard website at www.vanguard.com. The Plan identification number is **091884**, which you'll need to register for account access.

Owning Your Account

You are 100% vested. You always own the money you contribute to your account, Manatt's contributions to your account, and all of the earnings on your account.

Manatt Cash Balance Plan ("CBP")

Equity Partners and Senior Managing Directors Only

Eligibility

You are eligible to participate in the Cash Balance Plan on January 1, April 1, July 1, October 1, November 1 or December 1 following the date you become an Equity Partner or Senior Managing Director, as long as you have also worked for the Firm for at least one year.

CBP Plan Contributions

Your Cash Balance Plan retirement contribution is taken from your capital account. Manatt makes contributions to the Plan shortly before December 31 each year, and you must be actively employed on December 31 in order to be eligible to receive a contribution credit. Your "account" will be credited with a retirement credit in accordance with the Retirement Credit Schedule using your age as of the last day of the Plan year. See the Summary Plan Description for the Retirement Credit Schedule.

Additional amounts are credited to the Plan each month based on the returns of the Plan's investment portfolio. The Plan's portfolio is predominantly passive, low cost, diversified funds, consisting of three highly liquid ETFs (exchange traded funds). Returns are credited to each participant based on their share of the total Plan balance.

For more information on these Plans, please review the Summary Plan Descriptions or contact Human Resources at Benefits@manatt.com. You may also request copies of the actual Plan documents. This summary is qualified in its entirety by the terms and conditions stated in the Plan documents, which are controlling.

Compensation and Paid Benefits

Bonus Compensation

Annual Discretionary Bonus

Certain Business and Administrative Professional employees may be eligible, at the discretion of Firm's management, for a merit-based discretionary bonus, based on an employee's contributions and performance overall. Bonuses are prorated if you were employed for less than a year, or on a leave of absence, or if you are a part-time employee.

Paid Vacation and Sick Days

Attorneys and Consulting Professionals

Attorneys and Consulting Professionals do not accrue vacation days. You are encouraged to take time off, subject to Group Business Unit Leaders approval, consistent with the Firm's productivity goals.

Attorneys and Consulting Professionals, see the Time Off and Leaves of Absence policies in the Attorney and Consultants Policies and Procedures Manual for more information.

Business and Administrative Professional Employees

Full-time and Part-time Business and Administrative Professional employees earn vacation time according to the Paid Vacation policies found in the Business and Administrative Professionals Policies and Procedure Manual. Vacation benefits for part-time employees are prorated, based on the number of hours they are regularly scheduled to work. You may begin using accrued vacation after you have worked for the Firm for 90 days. Your length of service is measured from the date of employment to the anniversary date of employment.

Employees should consult the Local Policies/Local Practices Section of the Employee Handbook to review any local statutes that may provide additional sick or vacation benefits and to ensure they understand the requirements and entitlements applicable to their work location.

Vacation Accrual Schedule		
Length of Service	Non-Exempt Employees	Exempt Employees
Less than 3 years	6.25 hours per month (10 days/year)	9.38 hours per month (15 days/year)
More than 3 but less than 7 years	9.38 hours per month (15 days/year)	12.50 hours per month (20 days/year)
7 years or more	12.50 hours per month (20 days/year)	12.50 hours per month (20 days/year)

Full-time, Part-time, Contingency and Temporary employees will earn sick leave in accordance with state guidelines.

To learn more about the sick pay benefit and accrual, please see the Paid Sick Leave policy found in the Business and Administrative Professionals Policies and Procedures Manual.

Seniority Days

Business and Administrative Professional employees (excludes Attorneys and Consulting Professionals) who complete 8 years of service will earn additional “Seniority Days” that can be used as additional vacation.

Length of Service	Number of Seniority Days
8-10 years	1
11-14 years	2
15 years or more	3

Seniority Days for part-time Business and Administrative Professional employees are prorated, based on the number of hours they are regularly scheduled to work.

Paid Holidays

The Firm will observe the following holidays each year:

- New Year’s Day
- Martin Luther King Day
- President’s Day
- Memorial Day
- Juneteenth
- Independence Day
- Labor Day
- Thanksgiving Day
- Day after Thanksgiving (Friday)
- Christmas Day

Temporary and contingency employees are not eligible for Vacation Days, Seniority Days, Holiday or Optional Holiday paid benefits.

Optional Holiday

In addition to these holidays, Business and Administrative Professional employees (excludes Attorney and Consulting Professionals) with more than 60 days of service, may take a paid “optional holiday” during the calendar year. If you are hired on or after November 1, you will not be eligible for a optional holiday in the year you were hired.

Parking Benefits

For available parking benefit options, please consult with your local Office Administrator regarding parking in your particular location.

Employee Assistance Program (EAP)

Sometimes balancing work and family activities creates stress that's hard to handle on your own. To help you through those times, you can receive counseling, service referrals, and additional free resources through the Employee Assistance Program (EAP) at no cost to you. You and your eligible family members can use the program.

Services Available Through the EAP

Counseling is available through the EAP for personal issues such as:

- Family, parenting, and marital concerns
- Child and elder care
- Emotional difficulties, low self-esteem or insecurity
- Eating disorders
- Drug and alcohol dependency
- Anxiety, stress and burnout
- Relationship difficulties at home or work
- Grief over death of loved one or other losses
- Crisis situations

In addition, you can receive other professional counseling and services including:

- **Legal:** Receive a free 30-minute consultation with an attorney in your area. Additional services are available at a 25% discount off the affiliate attorney's usual hourly rate.
- **Financial:** Unlimited telephone support from a financial expert if you have questions about credit repair, investing for college, preparing for retirement, budgeting, debt management and/or debt consolidation.

How to Use EAP Counseling Services

If you need assistance, you can call and speak to a masters-level, trained EAP counselor. Counselors are available 24 hours a day, including holidays. You can contact the EAP on the phone and also access a wealth of information online.

In addition, if your EAP counselor believes that you could benefit from face-to-face counseling, you can receive a referral to a local counselor for up to three counseling sessions for you and/or your family members.

Confidentiality is Key

Manatt contracts with outside services to administer the EAP. Any help you receive from the EAP is completely confidential. Your name, records, and other confidential information are not shared with Manatt.

Contacting the EAP

To speak to a counselor:

800-854-1446: English; 877-858-2147: Spanish;
800-999-3004: TTY/TDD

To access a wealth of online services including webinars, e-courses, articles, financial calculators, glossaries, and checklists, log onto the LifeBalance website (www.LifeBalance.net):

Click on "Member Login"

User Name: lifebalance | **Password:** lifebalance

Family & Life Care Programs

Bright Horizons – Benefits For Your Whole Family

When work, family, and personal responsibilities are competing for your time, there is no need to stress. Rely on Bright Horizons by exploring all your benefit options and start making your life easier.

Back-up Child and Adult/Elder Care

As an employee of Manatt, you can use Bright Horizons for up to 10 backup care days each calendar year. Manatt subsidizes the cost of this care, so your cost is significantly lower than other emergency care. You pay:

- \$15 per child or \$25 per family for center-based childcare
- \$6 per hour (minimum of 4 hours) for in-home child or adult care.

Enhanced Family Supports

In addition to back-up care, you have access to Sittercity, College Nannies, Tutors, Test Prep Tutoring and more!

Plan Ahead and Register with Bright Horizons

Once you are registered, you can make a reservation for care up to a month in advance. If you have an unexpected need — for example, if your child is mildly ill and cannot go to school — you can make your reservation the same morning that you need care.

Contacting Bright Horizons

Set up an online account at:

<https://clients.brighthouse.com/manatt>

If prompted, enter the following:

Username: Manatt | Password: brighthouse

By phone:

877-BH-CARES (877-242-2737)

Care consultants are available 24 hours a day, 7 days a week

Assist America Travel Assistance

Assist America is there to help you any time you travel more than 100 miles from home, whether your trip is for pleasure or business. Assist America travel assistants are multi-lingual and trained in crisis management to help you through any emergency — medical or otherwise. And they can connect you to your local American embassy or pre-qualified, English-speaking and Western-trained medical providers.

Contacting Assist America

Within the U.S.: 1-800-872-1414

Outside the U.S.:

(U.S. Access Code) + 609-986-1234

Email: Medservices@assistamerica.com

Reference#: Q1-AA-UN-762490

Family & Life Care Programs

Homethrive – Tackling the Time and Stress of Caregiving

The Firm understands the challenges of caring for loved ones—whether it’s an aging parent, relative, or a family member with special needs. Balancing work responsibilities with caregiving duties can be overwhelming, and as part of the Firm’s ongoing commitment to our employees, we have partnered with Homethrive to offer expert support for managing elder and certain family care responsibilities.

While the Firm does not cover the cost of caregiving, this partnership will provide you with valuable resources and guidance to help you navigate the challenges of coordinating caregiving and balance your professional and personal life more effectively. Through Homethrive, you will have access to 1:1 caregiver guide support, care coordination, caregiver support for children and teens, and 24/7 on-demand resources. Homethrive is also available to those within your caring circle, to fully support your caregiving needs.

Aging Adults and Elder Care

- Dementia & Alzheimer’s
- Senior Housing/Home Health
- Caregiving From Afar
- Respite Care
- Hospice Education & Palliative Care
- Legal and Financial Resources

Adults

- Medicare Navigation
- Disabilities and Chronic Conditions
- Veterans and VA Navigation
- Personal and Emotional Support Resources

Child and Teen Caregiver Support

- Disabilities and Chronic Conditions
- Learning Disabilities, Including ADHD and Autism
- IEP Navigation
- Social and Emotional Support Resources

This benefit program is available to all business administration professionals, attorney and consulting professionals, senior managing directors, and equity partners.

Learn More!

We hope that this benefit support program will make a meaningful difference for those of you managing family care responsibilities, offering you more peace of mind and flexibility in your life. Please scan the QR code to access the following:

- How to activate your Homethrive benefits
- Program information and resources



Family & Life Care Programs

ARAG Legal Insurance

ARAG legal insurance gives you access to experienced network attorneys—many with over 20 years of experience—who can help you address a wide range of covered legal matters. When you work with a network attorney, attorney fees are paid in full for most covered services, helping you avoid costly legal bills and potentially saving you thousands of dollars. ARAG makes it easy to connect with attorneys for legal help and representation when you need it most.

Who is Eligible? This new benefit is available to all Business and Administrative Professionals, as well as all Attorney and Consulting Professionals (including Senior Managing Directors and Equity Partners).

What Does it Cost? This is a voluntary benefit, and if you enroll, the cost is \$22.80 per month, deducted from your payroll check on an after-tax basis.

Common Legal Matters Covered: ARAG can help you navigate many of your most common legal needs, as reflected below:

Wills & Estate Planning Needs	Home Ownership or Renter Matters
Family Law Matters	Consumer & Property Protection Matters
Reproductive Related Legal Matters	Traffic Violation Matters
Civil Damages & Administrative Hearings	Finance, Tax & Debt-Related Matters

In addition, our plan includes Identity Theft Protection, financial education and counseling, tax support, and services designed specifically for parents and grandparents.

Learn More!

Visit our portal at ARAGlegal.com to learn more about our legal insurance plan. Click or scan the QR code to learn more about the ARAG Legal Insurance benefit. You can contact

Benefits@manatt.com with any questions.



Important Contacts

Plan Type/ Insurance Company	Phone Number	Web Address
Employee Benefit Advocates Services Alliant – Health Plan Brokers	800-489-1390	benefitsupport@alliant.com
Benefit Hub Portal Plan information and documents		https://manatt.mybenefits.life
Medical HDHP Plan Medical EPO Plan Aetna	877-204-9186	www.aetna.com
Prescription Drug Benefits for Aetna Plans Aetna	800-238-6279	www.aetna.com
CVS Virtual Care & Minute Clinics Aetna	877-993-4321	CVS.com/virtual-care
Medical HMO (California) Kaiser	800-464-4000	www.kp.org
Medical HMO (DC) Kaiser	800-777-7902	www.kp.org
Medical HMO (Albany) CDPHP	800-777-2273	www.cdphp.com
Fertility Benefit Maven	N/A	mavenclinic.com/join/takecare support@mavenclinic.com
Dental PPO Guardian	800-541-7846	www.guardiananytime.com
Vision VSP	800-877-7195	www.vsp.com
FSA's (Health Care, Dependent Care, Transit) Health Savings Account WEX Benefits	866-451-3399	customerservice@wexhealth.com https://benefitslogin.wexhealth.com
Wellness Program Vitality Wellness	877-224-7117	www.powerofvitality.com
Group Life and Accident Insurance Voluntary Life Insurance Short-Term Disability Long-Term Disability Unum	866-679-3054	www.unum.com
Retirement Benefits Vanguard	800-523-1188	www.vanguard.com
Employee Assistance Program (EAP) Life Balance	800-854-1446	www.unum.com/lifebalance Username: lifebalance Password: lifebalance
Travel Assistance Assist America	800-872-1414	medservices@assistamerica.com Ref# 01-AA-UN-762490
Backup Care Bright Horizons	877-242-2737	https://clients.brighthorizons.com/manatt Username: Manatt Password: brighthorizons
Family Care Program Homethrive	844-708-4475	https://info.homethrive.com/learn-more/ Registration Code: manatt
Legal Insurance ARAG	800-247-4184	ARAGlegal.com