

2021 Employee Benefits Guide





Schiff Hardin



WELCOME. This Benefits Guide provides a high-level overview of the benefits that are available to eligible individuals at Schiff Hardin. Eligibility is based on the provisions of the applicable benefit program. The benefits you elect upon hire or during open enrollment will remain in effect for the entire 2021 plan year (January 1 – December 31) unless you experience a Qualifying Life Event. Please review your options carefully before making your benefit choices.

MAKING BENEFIT ELECTIONS AND CHANGES

Internal Revenue Service (IRS) rules only allow you to make changes to your benefits elections once per year during the annual enrollment period. Please take the time to review the benefits available to you and make your elections for the plan year.

Your coverage elections can only be changed during the plan year if you experience a Qualifying Life Event. Qualifying Life Events are defined by IRS regulations and may include reasons such as marriage; birth and adoption; divorce; death of a spouse or dependent; change in coverage under a spouse's plan; loss of dependent status; gain or loss of eligibility for Medicare, Medicaid or a Children's Health Insurance Program (CHIP); or receiving a Qualified Medical Child Support Order (QMCSO).

If you experience a Qualifying Life Event, you may make benefits elections changes within 31 days from the date of the event (or 60 days for changes related to Medicaid and CHIP eligibility). To do so, visit www.schiffhardinbenefits.com or contact the Benefits Service Center. You will need to make the request and upload supporting documentation.

All changes, except for birth and adoption, are effective on a prospective basis after your request is reviewed, approved and processed.

WELLNESS AND HEALTHY PLEDGE

Schiff Hardin is committed to supporting each of us achieving our best health and well-being. The firm offers a variety of wellness initiatives, such as:



- Offering you the opportunity to receive a 5% per month **discount on medical plan contributions** by signing the Healthy Pledge attesting that you have been tobacco-free for at least 3 months and will remain tobacco-free. You may take the Healthy Pledge at www.schiffhardinbenefits.com when you make your benefit elections.
- Providing a comprehensive wellness reimbursement program to encourage and support the personal health and wellness for members of our Firm.
- Conducting Workplace Wellness Surveys to measure overall well-being.
- Offering no-cost flu shots.
- Focusing on healthier food options in our lunch rooms.
- Sharing information on wellness topics via a Wellness Newsletter.

Schiff Hardin Wellness Reimbursement Program

The Firm is pleased to offer a wellness program that gives you choice and flexibility as it relates to your wellness experience. The main feature of the program – a wellness reimbursement benefit – can be used for qualified wellness expenses.



Schiff Hardin will reimburse up to 50% of your qualified wellness expenses, not to exceed \$250 in a calendar year.

The Firm will contribute \$125 to your Wellness Reimbursement Account* each January 1 and July 1.

Some examples of qualified wellness expenses include gym memberships, fitness classes, weight management, nutritional counseling, smoking cessation and more.

*Wellness benefit amounts will not carry over from year to year. Visit www.myflexdollars.com to submit a claim for reimbursement, including itemized receipts.

For additional information on the Firm's wellness initiatives and details on the Wellness Reimbursement Program, please refer to the Wellness Reimbursement Program brochure or contact Human Resources.



MEDICAL BENEFITS (BLUE CROSS BLUE SHIELD OF ILLINOIS)

Coverage, choice, cost, and convenience are factors each of us considers important in a medical plan. For this reason, the Firm offers you the choice of three medical plan options administered by Blue Cross Blue Shield (BCBS) of Illinois.

Depending on your location, you may be eligible for additional medical plan options. If you are eligible, an insert will be provided with this Benefits Guide. See below for summary of the medical plan options and the next page for information on prescription drug coverage.

For a complete description of the medical plan options available to you, please refer to the Summary Plan Descriptions/ Benefits Booklets and Summary of Benefits and Coverage (SBC) available at www.schiffhardinbenefits.com.

Benefit Description	PPO Plus		PPO Value		PPO HSA	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Calendar Year Deductible Individual Family	\$750 \$2,250	\$1,500 \$4,500	\$1,250 \$3,750	\$3,750 \$11,250	\$1,500 \$3,000 ³	\$2,500 \$5,000 ³
Out-of-Pocket Annual Maximum¹ Individual Family	\$4,000 \$8,000	\$6,000 \$15,000	\$4,500 \$8,750	\$6,000 \$15,000	\$4,500 \$10,000 ⁴	\$8,500 \$20,000
Coinsurance (% Paid by You)*	20%	30%	30%	40%	20%	30%
Physician Office Visits Primary Care Physician / Specialist	\$30 / \$50 copay	30% *	\$40 / \$60 copay	40% *	20% *	30% *
MDLIVE Virtual Visit	\$20 copay		\$20 copay		20% * (cost of visit varies by service and provider)	
Preventive Care²	Covered 100%	Not Covered	Covered 100%	Not Covered	Covered 100%	Not Covered
Urgent Care	\$30 copay	30% *	\$40 copay	40% *	20% *	30% *
Emergency Room	\$150 copay, then 20% *	\$150 copay, then 20% *	\$200 copay, then 30% *	\$200 copay, then 30% *	20% *	20% *
Inpatient Hospital Services (per admission)	\$250 copay, then 20% *	30% *	\$500 copay, then 30% *	40% *	20% *	30% *
Outpatient Services Outpatient Lab & Outpatient Surgery	20% *	30% *	30% *	40% *	20% *	30% *
Therapy Services	20% *	30% *	30% *	40% *	20% *	30% *
Eligible Spending/Savings Account	Health Care FSA		Health Care FSA		Health Savings Account or Health Care FSA	

*You pay this percent as coinsurance after you satisfy your deductible. If you have not satisfied the deductible, the percent you pay will be higher.

¹Copays, deductibles and coinsurance accumulate towards the out-of-pocket maximum.

²Age, gender, condition and medical necessity restrictions may apply. Contact your healthcare provider for further details. Common preventive care includes pediatric prevention through age 21, women's preventive care, annual adult physicals and annual routine gynecological care, certain immunizations and tobacco cessation, cancer screenings, and blood/urine and various other lab tests.

³This is an aggregate deductible which means that cost sharing by the Plan does not begin until the entire family deductible is met either by one family member or a combination of several family members.

⁴If one family member's cost sharing reaches \$4,500 before the family annual out-of-pocket maximum is reached, then that family member's expenses will be paid at 100%.



PRESCRIPTION BENEFITS

Your prescription drug benefits are included with your enrollment in a medical plan option. Coverage will be with Prime Therapeutics. You can find more information on your prescription drug coverage, including ways to price the cost of a particular drug or determining if your medication is subject to step therapy, by visiting myprime.com.

Benefit Description	PPO Plus & PPO Value		PPO HSA	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Annual Out-of-Pocket Maximum¹ Individual Family	\$2,000 \$4,000	No Out-of-Pocket maximum applies	Combined with Medical Out-of-Pocket maximum	No Out-of-Pocket maximum applies
Retail Pharmacy (up to a 30-day supply) Generic Formulary Brand Non-Formulary Brand Specialty ²	\$20 copay \$35 copay \$60 copay \$150 copay	You pay the applicable copay + 25% of the full cost of the drug	You pay 20% after deductible has been satisfied	You pay 20% after deductible has been satisfied + 25% of the full cost of the drug
Mail Order Program³ (up to a 90-day supply) Generic Formulary Brand Non-Formulary Brand	\$40 copay \$70 copay \$120 copay	No benefit available	You pay 20% after deductible has been satisfied	No benefit available

¹For the PPO Plus and PPO Value options, a separate in-network prescription drug out-of-pocket maximum applies. PPO HSA prescription drug expenses are combined with medical expenses to satisfy the medical out-of-pocket maximum. Copays, deductibles and coinsurance amounts accumulate towards the out-of-pocket maximum.

²Specialty medications must be filled through AllianceRx Walgreens Prime.

³Mail order is available through Prime Mail mail order pharmacy.

TELEMEDICINE/VIRTUAL DOCTOR VISITS

THE DOCTOR CAN SEE YOU NOW!

Powered by **MDLIVE**[®]

Did you know that you can skip the wait at your doctor’s office or urgent care waiting room and get quick, cost effective treatment 24 hours per day, 7 days per week for minor health concerns via online video, mobile app or telephone? The Blue Cross Blue Shield telemedicine benefit is powered by MDLIVE and available to individuals covered under any of our PPO medical plan options. MDLIVE physicians are independently contracted and board certified. Telemedicine physicians can treat a variety of health conditions, including:

- Cold and flu
- Allergies
- Headache
- Sinus problems
- Fever (age 3+)
- Earache (age 12+)
- Nausea
- Rashes

For information on your cost for a MDLIVE virtual visit, see the chart on page 2.



Our telemedicine benefit also offers behavioral health services. You can speak with a licensed counselor, therapist, psychologist or psychiatrist online or via mobile app. Behavioral health fees vary depending on the service provided, but are typically less than an regular in-person visit.

Call MDLIVE at 888-676-4204 | Text BCBSIL to 635-483 | Visit MDLIVE.com/bcbsil or get the app!

Note: Telemedicine is not meant to replace your primary care physician or be used in the case of a potential emergency.



DENTAL BENEFITS (CIGNA)

Good dental health is important to your overall well-being. We offer two dental plan options provided through CIGNA—the Dental PPO and the Dental HMO.

If you enroll in the Cigna Dental HMO, you must utilize providers in the Cigna Dental Care Access Network (out-of-network providers are not covered). However, the HMO plan uses the DHMO Access Plus network comprised of the Access dentists plus approximately an additional 8,000+ unique general dentists. All Access Plus dentists will charge the patients the same co-pays and coinsurance that they would if they were traditional DHMO providers.

Benefit Description	CIGNA Dental PPO		CIGNA Dental HMO
	In-Network ¹	Out-of-Network ²	In-Network ONLY ⁴
Annual Deductible	Individual: \$75 / Family: \$225		No Deductible
Annual Benefit Maximum	\$1,500 per person ³		Unlimited
Choice of Dentists	You may receive care from any dentist you choose.		You may only receive care from a dentist in the CIGNA Dental HMO
Diagnostic and Preventive Care	Covered 100% (no deductible)	Covered 80% (no deductible)	You pay a copay for each covered procedure. Please see the “Plan Details” on the Benefits Center website for more details.
Basic or Minor Restorative	20% after deductible	20% after deductible	
Major Dental Services	50% after deductible	50% after deductible	
Orthodontic Services (for children up to age 19 only)	50% after deductible	50% after deductible	
Orthodontic Lifetime Benefit Limit	\$500 per child		

¹CIGNA offers two types of dentists in its PPO. PPO Advantage dentists have agreed to contract with CIGNA at lower reimbursement rates. If you select an Advantage dentist, you will pay less.

²Your out-of-pocket costs will be highest when you visit out-of-network providers as they are not required to offer services at discounted fees and may charge you the difference between the reimbursement amount they receive from CIGNA and their actual charge.

³CIGNA offers a progressive annual maximum. Individuals who receive preventive care dental services will have their annual maximum increased by \$100 in the following year with the annual maximum capped at \$1,800 after year four (4).

⁴If you receive care from a dentist that is not in the CIGNA Dental Care Access Network, the plan does not cover the cost of care. You are responsible for the full payment of any expenses.



VISION BENEFITS (CIGNA)

Routine eye exams can not only help identify and prevent eye problems, but can also help detect signs of non-eye related health conditions, such as diabetes. Our vision plan, provided through CIGNA, provides more robust coverage that what may be provided in connection with participation under the medical plan option.

Benefit Description	CIGNA Vision PPO		
	In-Network	Out-of-Network ²	Frequency
Exam Copay	You pay \$0		Once every 12 months beginning on January 1
Material Allowance¹	Up to \$200		Once every 12 months beginning on January 1
Medical or Surgical Treatment of the Eyes	Not covered		

¹Applied towards the in-network offered savings of 20% for purchased frame, lenses, lens options and option to 15% savings on contact lens professional services (including fitting and evaluation). Offered savings do not apply to contact lens material.

²If you go to an out-of-network provider or use other discounts and/or promotions instead of the CIGNA coverage, you may file an out-of-network claim to be reimbursed for allowable expenses.



HEALTH SAVINGS ACCOUNT (HSA)

Individuals who elect the PPO HSA, and are not currently enrolled in Medicare, may be eligible to contribute to an HSA. HSAs are accounts that you can use to help you pay for or reimburse yourself for qualified health care expenses.

Funds are contributed on a pre-tax basis up to annual IRS limits (**\$3,600* for single coverage and \$7,200* for family coverage**). Individuals who are over age 55 may contribute an additional \$1,000 catch-up contribution. You may start, stop or change your contributions at any time.

HSAs are accounts that you open in your name with a bank or institution that offers HSAs. When you enroll in medical coverage with the Firm, you will have the option of opening an account with BenefitWallet. To set up an account with BenefitWallet, please make sure that you choose the PPO HSA – Mellon option when making your medical plan election. You will then receive the necessary paperwork from BenefitWallet to open your account.

If you would like to fund your account from your pay in 2021, you must complete and return an Authorization Agreement Form (available for download at www.schiffhardinbenefits.com). Funding authorizations do not carry over from year to year.



FLEXIBLE SPENDING ACCOUNT (FSA)

Schiff Hardin allows individuals (other than Partners) to redirect a portion of pay through payroll deductions into FSAs. The money that goes into an FSA is deducted on a pre-tax basis, which means it is deducted from your pay before Federal, Social Security, and some State taxes are calculated. Because you do not pay these taxes on money that goes into an FSA, you decrease your taxable income and potentially increase your spendable income. The following are the two types of FSAs available.



HEALTH CARE FSA (MYFLEXDOLLARS – BAKERTILLY)

You may **contribute up to \$2,750 per plan year** into a Health Care FSA to help you pay for qualified healthcare expenses. Examples of eligible expenses that qualify for reimbursement through a Health Care FSA include deductibles, copayments or coinsurance payments, prescription medications, uninsured dental expenses, vision care expenses, and hearing care expenses.

Funds are deducted from your pay on a pre-tax basis each pay period. This is an annual election and any amount you elect to contribute for the year is available to you for reimbursement on January 1. Please note that you may not change this election during the year unless you have a Qualifying Life Event. Any changes made must be consistent with the event and made within the required IRS time frame. Also, any funds in your account that are not used by March 15th of the next plan year (for example, March 15, 2021 for the 2021 plan year) will be forfeited.

Unused funds do not carry over from year to year. It is important to calculate your annual Health Care FSA contribution carefully.



DEPENDENT CARE FSA (MYFLEXDOLLARS – BAKERTILLY)

You may **contribute on a pre-tax basis up to \$5,000 per plan year** into a Dependent Care FSA (up to \$2,500 per plan year if you are married and both you and your spouse elect the benefit and file separate tax returns) to help you pay for qualified dependent care expenses. Examples of eligible expenses that qualify for reimbursement through a Dependent Care FSA include payments to day care centers, preschool costs (up to, but not including kindergarten), day camp for children under 13 years of age and elder care.

This is an annual election that cannot be changed during the plan year unless you have a Qualifying Life Event. Any funds in your account not used by the end of the plan year will be forfeited. **Unused funds do not carry over from year to year. It is important to calculate your annual Dependent Care FSA contribution carefully.**

*Please note: Maximum contribution amounts for these accounts are subject to change based on IRS guidelines. If you have questions about the maximum amount you may contribute, please contact the Benefits Center.



COMMUTER BENEFITS (MYFLEXDOLLARS – BAKERTILLY)

Our commuter benefits program allows individuals (excluding Partners) to set aside money on a pre-tax basis to help pay for eligible transportation-related expenses in connection with travel to and from work. **Please be aware that if you leave the Firm, any unused amounts in your parking and/or transit accounts will be forfeited.**



TRANSIT ACCOUNT

Up to **\$270** of transit expenses can be paid on a pre-tax basis each month. Additional funds may be contributed on a post-tax basis to cover expenses in excess of the monthly limit for one convenient way to pay. You may use your account to pay for a pass, token, fare card, voucher, MetroCard, etc. that allows you to travel to and from work on mass transit facilities. Transit expenses must be paid by using your myFlexDollars benefits card. IRS regulations do not allow for any reimbursement via submission of a paper form.



PARKING ACCOUNT

Up to **\$270** of parking expenses can be paid on a pre-tax basis each month. Additional funds may be contributed on a post-tax basis to cover expenses in excess of the monthly limit for one convenient way to pay. You may use your account to pay for parking near the work site or at a location from which you commute by carpool, commuter highway vehicle, etc. While using your myFlexDollars benefits card is the most convenient way to pay for your parking expenses, you may submit a claim for reimbursement, including an itemized receipt, within 180 days of the service date by visiting www.myflexdollars.com.

Deductions for transit and/or parking accounts are taken from pay once per month of the 15th. You may start, stop or change your deduction amount during the year by logging on to either www.myflexdollars.com or www.schiffhardinbenefits.com. Changes made on or before the 4th day of the month will be effective with the 15th of the month paycheck.



LIFE AND AD&D INSURANCE (UNUM)

Life Insurance is an important part of your financial security, especially if others depend on you for support. That's why the Firm includes Life and Accidental Death and Dismemberment (AD&D) insurance as part of its benefits program. The amount of basic life and AD&D insurance coverage and the ability to purchase supplemental life coverage varies by classification, such as staff, non-partner attorneys, partners. For information on availability, amount, and cost for this coverage, visit www.schiffhardinbenefits.com.



DEPENDENT LIFE AND AD&D INSURANCE (UNUM)

For additional protection, you may purchase life insurance for your spouse (or eligible domestic partner), and/or your dependent child(ren). If you elect this coverage, you will pay 100% of the benefit cost. Your coverage options are outlined below.

Coverage For:	Purchase Amount	Benefit Maximum	Guarantee Issue Amount
Spouse	\$5,000 increments	\$500,000*	\$25,000***
Child(ren)	\$2,000 increments	\$10,000**	\$10,000

* Spouse and child coverage cannot exceed 100% of the total employee life insurance amount (basic and supplemental).

** The benefit amount for children 14 days to 6 months is \$1,000. When you purchase child coverage, it applies to all of your children up to age 19, or age 26 if they are a full-time student.

***Amounts requested above the Guaranteed Issue Amount will be subject to evidence of insurability by UNUM. Amounts requested by Late Entrants will also be subject to evidence of insurability.



DISABILITY BENEFITS (UNUM)

The disability benefits provided by the Firm work together with other sources of income, such as Social Security, Workers' Compensation and retirement benefits, to replace a portion of your income in the event you are unable to work due to illness or injury. Short-term disability benefits provide income replacement protection for illnesses or injuries that may last 26 weeks or less. Long-term disability benefits provide income replacement for illness or injuries that exceed 26 weeks. To be eligible for benefits, a claim must be filed to determine if an individual is deemed disabled and qualifies for benefits.

For information on availability, amount, and cost for this coverage, visit www.schiffhardinbenefits.com.



EMPLOYEE ASSISTANCE PROGRAMS (MORNEAU SHEPELL AND UNUM)

These programs offered at no cost, provide you and your family confidential assistance for work, health or life concerns. You can meet with a counselor face-to-face by appointment or call to receive assistance at any time. In addition, e-Learning, interactive tools, health and wellness assessments and a library of health, life balance and workplace articles are available at www.workhealthlife.com (Morneau Shepell) and www.unum.com/lifebalance (Unum).



BACK UP CARE (BRIGHT HORIZONS)

Schiff Hardin partners with Bright Horizons to offer employees back-up care when you need to be at work and your regular child care or adult elder care is unavailable. Bright Horizons offers both center-based and in-home care. The Firm provides you with up to 40 hours of care each year with a copay of \$2/hour for center-based child care or \$4/hour for in-home child or elder care. To register for this program, visit www.brighthouse.com (username: **Schiff** / password: **backupcare8**).



FAMILY ELDER CARE COORDINATOR AND CAREGIVER SUPPORT CONCIERGE (HOMETHRIVE)

Homethrive is designed for employee family caregivers who support aging loved ones living at home. Whether you are already caring for an aging family member, seeking more options for how to support them, or wondering if you should start thinking about how to support someone in the future, Homethrive can offer you guidance, expert advice, and help lighten your load with tasks big and small.

Homethrive combines expert coaching, problem-solving, and concierge services provided by an experienced social worker (Care Guide) assigned to the entire member family. Homethrive is available to you, at no cost, as a fully covered benefit. Sign up today by visiting www.homethrive.com.



ACCIDENT INSURANCE (UNUM)

Accident Insurance provides a lump-sum benefit based on the type of injury (or covered incident) you sustain or the type of treatment you need. It covers accidents that occur on and off the job. Examples of covered injuries include: broken bones, burns, torn ligaments, concussion, lacerations, eye injuries, ruptured discs, and more. Lump-sum benefits are paid for covered expenses, such as Emergency Room treatment, hospitalization, doctor's office visit, surgery, physical therapy and even for a BeWell screening test.

To be eligible for coverage, you must be actively at work on the day you apply for coverage and working a minimum of 30 hours per week. You are guaranteed base coverage, without answering any health questions.

You can pay the cost of coverage for this voluntary benefit directly from your paycheck. If you change jobs or retire, you can keep the coverage and UNUM will bill you directly.

You may also purchase coverage for your spouse (or domestic partner) and your children.

For more information on Accident Insurance, including the cost of coverage, visit www.schiffhardinbenefits.com.



CRITICAL ILLNESS INSURANCE (UNUM)

Help protect your finances in the event of a major diagnosis with UNUM's Critical Illness Insurance. This plan pays you a lump-sum benefit at the first diagnosis of a covered illness. You can use the funds received however you choose—for expenses like co-pays, deductibles, coinsurance, mortgage, rent or childcare. You may use this coverage more than once – even if you receive payment for one illness you still are covered for remaining conditions with the diagnoses being at least 180 days apart and the conditions cannot be related to each other.

To be eligible for coverage, you must be actively at work on the day you apply for coverage and working a minimum of 30 hours per week. If you apply during your initial enrollment period, you can get coverage without a health exam or medical questions. You pay the cost of coverage for this voluntary benefit directly from your paycheck.

If you change jobs or retire, you can keep the coverage and UNUM will bill you directly. Coverage is available in the amounts of \$10,000, \$20,000 or \$30,000. Spouse (or domestic partner) and child coverage, if elected, is equal to 50% of the employee coverage amount.

For more detailed information on Critical Illness Insurance, including the cost of coverage, visit www.schiffhardinbenefits.com.

Critical Illnesses	
<ul style="list-style-type: none"> Heart attack Stroke Major organ failure End-stage kidney failure 	<ul style="list-style-type: none"> Coronary artery disease <p>Major (50%): Coronary artery bypass graft or valve replacement</p> <p>Minor (10%): Balloon angioplasty or stent replacement</p>
Cancer Conditions	
<ul style="list-style-type: none"> Invasive cancer- all breast cancer is considered invasive 	<ul style="list-style-type: none"> Non-invasive cancer (25%) Skin cancer
Progressive Diseases	Supplemental Conditions
<ul style="list-style-type: none"> Amyotrophic Lateral Sclerosis (ALS) Dementia, including Alzheimer's disease Multiple Sclerosis (MS) Parkinson's disease Functional loss 	<ul style="list-style-type: none"> Loss of sight, hearing or speech Benign brain tumor Coma Permanent Paralysis Occupational HIV, Hepatitis B, C or D Infectious Diseases (25%)



CONTACT INFORMATION

The resources identified below are available to assist you if you have any questions about your benefits.

Questions Regarding	Contact	Phone Number	Online/Address	Group#
General Benefits Questions	Benefits Service Center	1-800-307-0230	www.schiffhardinbenefits.com	N/A
Medical Benefits	Blue Cross Blue Shield of IL	1-800-634-8644 (PPOs) 1-800-892-2803 (HMOs)	www.bcbsil.com	26704
Telehealth	MDLIVE	1-888-676-4204	www.MDLIVE.com/bcbsil	N/A
Prescription Benefits	Prime Therapeutics	1-877-357-7463	www.myprime.com	N/A
Dental Benefits	Cigna	1-800-244-6224	www.mycigna.com	3339233
Vision Benefits	Cigna	1-877-478-7557	www.mycigna.com	3339233
Employee Assistance Program (EAP)	Morneau Shepell Unum	1-800-272-2727 1-800-854-1446	www.workhealthlife.com www.unum/lifebalance.com	N/A
FSA/Commuter Benefits & Wellness Reimbursement	Benefits Service Center myFlexDollars	1-800-307-0230 1-866-406-0946	www.schiffhardinbenefits.com www.myFlexDollars.com	N/A
Life and Disability	UNUM	1-866-679-3054	www.unum.com	47220
Back Up Care	Bright Horizons	1-877-242-2737	www.brighthorizons.com	N/A
Family Elder Care and Caregiver Support	Homethrive	1-888-777-2199	www.homethrive.com	N/A
Critical Illness Insurance	UNUM	1-866-679-3054	www.unum.com	N/A
Accident Insurance	UNUM	1-866-679-3054	www.unum.com	N/A

ABOUT THIS BENEFITS GUIDE: This Benefits Guide describes the highlights of the Schiff Hardin LLP benefits program in non-technical language. Your specific rights to benefits under this program are governed solely, and in every respect, by the official documents and not the information contained within this Benefits Guide. If there is any discrepancy between the descriptions of the program elements in this Benefits Guide and the official plan documents, the language of the official plan documents shall prevail as accurate. Please refer to the plan-specific documents published by each of the respective carriers for detailed plan information. Eligibility for any benefit plan is determined by applicable plan documents and policies. You should be aware that any and all elements of the Benefits Program may be modified in the future to meet Internal Revenue Service rules or otherwise as determined by the Firm. This Benefits Guide may not be reproduced or redistributed in any form or by any means without the express written consent of the Firm. Copies of all relevant Summary Plan Descriptions and notices that are legally required are available at www.schiffhardinbenefits.com in the Library section.