



2026

MyClyde Benefits
Employee Benefits Overview

Clyde & Co

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Medicare Part D Notice: If you (and/or your dependents) have Medicare or will become eligible for Medicare in the next 12 months, a federal law gives you more choices about your prescription drug coverage. Please see the Annual Notices on pg. 25 for more details.



Explore Your Benefits.

This guide is an overview and does not provide a complete description of all benefit provisions. For more detailed information, please refer to your plan benefit booklets or summary plan descriptions (SPDs). The plan benefit booklets determine how all benefits are paid.

A list of plan contacts is included at the back of this guide.

The benefits in this summary are effective:

January 1, 2026 - December 31, 2026



At Clyde & Co, you will deliver exceptional work within a global footprint, and in return, we will reward and recognize your contributions to our firm. We'll help you flourish alongside other talented people in collaborative teams, empowered to deliver in a way that works best for you. Our benefits are designed to support your individual needs at every stage of your career and life, to help you thrive personally and professionally whether it's investing in your health, being smart with your finances, or having support for life's unexpected moments.

WHO IS ELIGIBLE?

In general, full-time employees working 24 or more hours per week are eligible for the benefits outlined in this overview. Employees with variable hours and seasonal schedules may be considered eligible for benefits. Refer to "Determining Eligibility" later in this guide for details.

You can enroll the following family members in our medical, dental and vision plans:

- Your spouse (the person who you are legally married to under state law, including a same-sex spouse.)
- Your same or opposite sex domestic partner is eligible for coverage if you have completed a Domestic Partner Affidavit. Please review the affidavit carefully because it includes important information about the guidelines for adding, ending or changing your domestic partner. Any premiums for your domestic partner paid for by Clyde & Co are taxable income and will be included on your W-2. Any premiums you pay for your domestic partner will be deducted on an after-tax basis.
- Your children (including your domestic partner's children):
 - o Under age 26. They do not have to live with you or be enrolled in school. They can be married and/or living and working on their own.
 - o Over age 26 ONLY if they are incapacitated due to a disability and primarily dependent on you for support.
 - o Named in a Qualified Medical Child Support Order (QMCSO) as defined by federal law.

Please refer to the Summary Plan Description for complete details on how benefits eligibility is determined.

WHO IS NOT ELIGIBLE?

Family members who are not eligible for coverage include (but are not limited to):

- Parents, grandparents, and siblings.
- Any individual who is covered as an employee of Clyde & Co US LLP cannot also be covered as a dependent.
- Employees who work fewer than 24 hours per week, temporary employees, contract employees, or employees residing outside the United States.

WHEN CAN I ENROLL?

Medical coverage for new employees begins immediately upon hire and election. All other benefits begin the first of the month following or coinciding with your date of hire and election.

Open enrollment is the one time each year that you can make changes to your benefit elections without a qualifying life event.

You must notify Human Resources within 31 days if you experience a qualifying life event and need to make a change (add or drop) to your coverage election. Life events include (but are not limited to):

- Birth or adoption of a baby or child
- Loss of other healthcare coverage
- Eligibility for new healthcare coverage
- Marriage
- Divorce



Investing In Your Health

Your health, our priority – protection, prevention & peace of mind.

	Cigna EPO	Kaiser HMO (California)
	In-Network Only	In-Network Only
Annual Deductible	\$500 per member, up to \$1,000 per family	\$1,000 per member, up to \$2,000 per family
Annual Out-of-Pocket Max	\$2,500 per member, up to \$5,000 per family	\$3,000 per member, up to \$6,000 per family
Lifetime Max	Unlimited	Unlimited
Office Visit		
Primary Provider	\$25 copay	\$30 copay per visit
Specialist	\$40 copay	\$40 copay per visit
Preventive Services	No charge	No charge
Chiropractic Care	\$40 copay per visit	Not covered
Lab and X-ray	You pay 10% after deductible	\$10 copay per visit
Inpatient Hospitalization	You pay 10% after deductible	You pay 20% after deductible
Outpatient Surgery	You pay 10% after deductible	You pay 20% after deductible
Emergency Room	\$200 copay (copay waived if admitted)	You pay 20% after deductible
Infertility Services	Covered based on place of service (Lifetime maximum: unlimited)	You pay 50% of covered charges (Advanced reproductive technologies are not covered)
Prescription Drug Deductible	None	None
Retail Pharmacy		
Preferred Generic	\$10 copay	\$10 copay
Preferred Brand	\$25 copay	\$30 copay
Non-preferred Generic/Brand	\$50 copay	\$30 copay (if authorized)
Supply Limit	30 days	30 days
Mail Order Pharmacy		
Preferred Generic	2.5x retail copay (90 day supply)	2x retail copay (100 day supply)

Medical, continued

FREEDOM-OF-CHOICE MEDICAL PLAN OPTIONS

Our Cigna PPO and HDHP/HSA medical plans offer members the flexibility to choose between in- and out-of-network providers when receiving care, although your costs will be lower when you stay in-network.

Cigna HDHP

Cigna PPO

	In-Network	Out-Of-Network ¹	In-Network	Out-Of-Network ¹
Annual Deductible	Self Only: \$2,000 Family ² : \$3,400 per member, up to \$4,000 per family	Self Only: \$2,000 Family ² : \$3,400 per member, up to \$4,000 per family	\$750 per member, up to \$1,500 per family	\$1,500 per member, up to \$3,000 per family
Annual Out-of-Pocket Max	\$4,000 per member, up to \$8,000 per family	\$6,000 per member, up to \$12,000 per family	\$3,000 per member, up to \$6,000 per family	\$4,500 per member, up to \$9,000 per family
Lifetime Max	Unlimited	Unlimited	Unlimited	Unlimited
Office Visit				
Primary Provider	You pay 10% after deductible	You pay 30% after deductible	\$25 copay per visit	You pay 30% after deductible
Specialist	You pay 10% after deductible	You pay 30% after deductible	\$40 copay per visit	You pay 30% after deductible
Preventive Services	No charge	You pay 30% after deductible	No charge	You pay 30% after deductible
Chiropractic Care	You pay 10% after deductible	You pay 30% after deductible	\$40 copay per visit	You pay 30% after deductible
Lab and X-ray	You pay 10% after deductible	You pay 30% after deductible	You pay 10% after deductible	You pay 30% after deductible
Inpatient Hospitalization	You pay 10% after deductible	You pay 30% after deductible	No charge after deductible	You pay 30% after deductible
Outpatient Surgery	You pay 10% after deductible	You pay 30% after deductible	You pay 10% after deductible	You pay 30% after deductible
Emergency Room	You pay 10% after deductible (waived if admitted)	You pay 10% after deductible (waived if admitted)	\$200 copay (copay waived if admitted)	\$200 copay (copay waived if admitted)
Infertility Services	Covered based on place of service (Lifetime maximum: unlimited)	Covered based on place of service Advanced: Not covered	Covered based on place of service (Lifetime maximum: unlimited)	Covered based on place of service Advanced: Not covered

¹ **Reimbursement of Out-of-Network Services:** Out-of-network reimbursement is based on the 300% of Medicare. Amounts in excess of this amount are your responsibility, and do not count toward your plan deductible or out-of-pocket maximum.

² **HDHP Family Coverage:** A family is considered to be you + 1 or more dependents.

³ **Accumulation of Charges toward the Deductible and Out-of-Pocket Maximum:** In-network charges accumulate toward the in-network deductible and out-of-pocket; out-of-network charges accumulate toward the out-of-network deductible and out-of-pocket maximum.

Medical, continued

FREEDOM-OF-CHOICE MEDICAL PLAN OPTIONS

	Cigna HDHP		Cigna PPO	
	In-Network	Out-Of-Network ¹	In-Network	Out-Of-Network ¹
Prescription Drug Deductible	Medical deductible applies	Medical deductible applies	None	None
Retail Pharmacy				
Preferred Generic	\$10 copay after deductible	You pay 20% after deductible	\$10 copay	You pay 20%
Preferred Brand	\$25 copay after deductible	You pay 20% after deductible	\$25 copay	You pay 20%
Non-preferred Generic/Brand	\$50 copay after deductible	You pay 20% after deductible	\$50 copay	You pay 20%
Supply Limit	30 days	30 days	30 days	30 days
Mail Order				
Preferred Generic	\$25 copay after deductible	Not covered	\$25 copay	Not covered
Preferred Brand	\$62 copay after deductible	Not covered	\$62 copay	Not covered
Non-preferred Generic/Brand	\$125 copay after deductible	Not covered	\$125 copay	Not covered
Supply Limit	90 days	N/A	90 days	N/A

¹ **Reimbursement of Out-of-Network Services:** Out-of-network reimbursement is based on the 300% of Medicare. Amounts in excess of this amount are your responsibility, and do not count toward your plan deductible or out-of-pocket maximum.

FINDING A PROVIDER

All three of our Cigna medical plans use the same provider network. To find an in-network provider or pharmacy with Cigna, go to hcpdirectory.cigna.com/web/public/providers

- Enter your search location
- Choose your search criteria (type of provider, or provider name)
- Select the “Open Access Plus, OA Plus, Choice Fund OA Plus” network
- Once you’re a Cigna medical member, you can register on mycigna.com to search providers within your plan.

To find Kaiser doctors and facilities near you, go to kp.org

- Click on “Doctors & Locations”
- Select your region (California – Northern; or California – Southern)
- Choose your search criteria (doctors, locations, or specific search terms)
- Once you’re a Kaiser medical member, you can register on kp.org to search providers in your plan.



Getting Care When You Need It Now

WHEN TO USE THE ER

The emergency room shouldn't be your first choice unless there's a true emergency—a serious or life-threatening condition that requires immediate attention or treatment that is only available at a hospital.

WHEN TO USE URGENT CARE

Urgent care is for serious symptoms, pain, or conditions that require immediate medical attention but are not severe or life-threatening and do not require use of a hospital or ER. Urgent care conditions include: earache, sore throat, rashes, sprains, flu, and fever up to 104°.

WHEN YOU NEED CARE NOW

What do you do when you need care right away, but it's not an emergency?

Cigna Medical Plan Participants

- Call Cigna's 24/7 NurseLine at 855-673-3063.
- Find an urgent care center by visiting mycigna.com.
- Find a convenience care clinic near you by visiting mycigna.com.
- Download the mycigna app for access to your plan on the go.

Kaiser Permanente Plan Participants

- Call Kaiser's 24/7 NurseLine at 800-464-4000.
- Find an urgent care center by visiting kp.org.

GET A VIDEO HOUSE CALL

You can connect with a doctor anytime from the comfort of your office or home using the medical plan's telehealth benefit. Physicians can treat a host of common illnesses quickly and effectively via phone or video visit. They can even send prescription orders to your local pharmacy. In addition to saving you time, telehealth visits can cost less than an in-person office visit.

Cigna Medical Plan Participants

Connect with an MD Live virtual provider: Visit mycigna.com, locate the “talk to a doctor or nurse 24/7” callout and click “connect now” or call 888-726-3171.

Locate a Cigna Behavioral Health virtual provider: Visit mycigna.com, go to “find care & costs” and enter “virtual counselor” under “doctor by type” or call 800-244-6224.

Kaiser Permanente Plan Participants

Phone and video visits are available with Kaiser physicians. Visit kp.org for information.

PREVENTIVE OR DIAGNOSTIC?

Preventive care is intended to prevent or detect illness before you notice any symptoms. Diagnostic care treats or diagnoses a problem after you have had symptoms.

Be sure to ask your doctor why a test or service is ordered. Many preventive services are covered at no out-of-pocket cost to you. The same test or service can be preventive, diagnostic, or routine care for a chronic health condition. Depending on why it's done, your share of the cost may change.

Health Savings Account (HSA)

Do you want to save money on taxes? A Health Savings Account is a tax-advantaged, portable (you own it!) savings account that is offered if you enroll in our Cigna HDHP medical plan.

You (optional) and Clyde & Co contribute pre-tax money to your account to save for out-of-pocket healthcare expenses. Any money that you don't spend grows year after year and can be used in the future, even after you retire. HSA Bank administers this account.

ACCOUNT CONTRIBUTIONS

	Clyde & Co Contributes	You Can Contribute ²
Employee	Up to \$1,000 (provided in four quarterly installments) ¹	\$4,400 less employer contribution
Employee + Family	Up to \$2,000 (provided in four quarterly installments) ¹	\$8,750 less employer contribution

1 Firm contribution: The firm's contribution will be pro-rated if you join the plan mid-year.

2 Contribution limits: The IRS has set limits on the total amount you can contribute to a Health Savings Account each calendar year and contributions made by your employer count. In **2026, the limit is \$4,400 for an individual and \$8,750 for a family.** If you're over 55, the IRS allows you to contribute an additional \$1,000—this is called a Catch-Up Contribution.

USING YOUR MONEY

You can use your account to pay for qualified medical expenses that are not paid for by your high deductible health plan (HDHP). In general, your HSA can be used for these expenses:

- Medically necessary expenses that are not covered by your health plan including deductibles and coinsurance
- Dental care services
- Vision care services
- Prescription drugs
- Over-the-counter (OTC) medications and items
- Certain medical equipment
- For a list of IRS-qualified medical expenses please visit [HSA Bank](#).

When possible, use your HSA debit card to pay for expenses. Make sure that you keep records of your receipts and any OTC medications and items in case the IRS requests them.

ELIGIBILITY

You are not eligible to open or contribute to an HSA account if you are:

- Covered by a non-high deductible health plan
- Enrolled in a regular healthcare flexible spending account (you or your spouse count)
- Covered under Medicare, Medicaid or Tricare
- Someone else's tax dependent

SETTING UP YOUR HSA

When you enroll in the HDHP we will automatically establish a bank account through HSA Bank. The bank may require additional information to confirm your identity. Please contact Cigna with any questions regarding your account.

Non-Qualified Expenses

If you use HSA funds for non-qualified expenses before age 65, you will owe a 20% penalty tax PLUS income tax on the withdrawal. After age 65, if you use HSA funds for non-qualified expenses, you will owe income tax only. Visit [irs.gov/publications/p502](https://www.irs.gov/publications/p502) for details.



Dental

Regular visits to your dentist can protect more than your smile; they can help protect your overall wellbeing. Recent studies have linked gum disease to damage elsewhere in the body and dentists are able to screen for oral symptoms of many other diseases including cancer, diabetes, and heart disease.

Clyde & Co gives you a choice between three dental plans with Delta Dental. Please note that the Dental HMO plan may not be available in all 50 states. If the Dental HMO is not available where you live, HR will inform you.

	Delta Dental HMO	Delta Dental PPO Base		Delta Dental PPO Buy-Up	
	In-Network	In-Network	Out-Of-Network	In-Network	Out-Of-Network
Calendar Year Deductible	None	\$50 per individual, up to \$150 per family		\$50 per individual, up to \$150 per family	
Annual Plan Maximum	Unlimited	\$1,750		\$3,000	
Diagnostic and Preventive	No charge	No charge	No charge	No charge	No charge
Basic Services					
Fillings, Root Canals	You pay based on copay schedule	You pay 10% after deductible	You pay 20% after deductible	You pay 0% after deductible	You pay 10% after deductible
Major Services					
Periodontics, Crowns, Bridges	You pay based on copay schedule	You pay 40% after deductible	You pay 50% after deductible	You pay 30% after deductible	You pay 40% after deductible
Orthodontia					
Orthodontia	Child: \$1,700 copay Adult: \$1,900 copay	Not covered		You pay 50%	You pay 50%
Lifetime Maximum	24 months of treatment per member	Not applicable		\$2,000 per individual	
Covers	Children & Adults	Not applicable		Children & Adults	

To find an in-network dental provider, go to: <https://www1.deltadentalins.com/find-a-dentist-members.html>

- Select your location
- Select the plan network that you want to search within:
 - Dental PPO Base and Buy-Up Plans – Select “Delta Dental PPO or Delta Dental PPO Premier”
 - Dental HMO – Select “DeltaCare USA”

Once you’re a Delta Dental member, log on to deltadental.com to search providers within your plan.

Vision

Routine vision exams can not only correct vision, but also detect more serious health conditions. We give you a choice between two vision plans through Vision Service Plan (VSP).

	VSP Vision Base		VSP Vision Buy Up	
	In-Network	Out-Of-Network	In-Network	Out-Of-Network
Examination				
Benefit	\$10 copay	\$10 copay (Reimbursed up to \$50)	\$10 copay	\$10 copay (Reimbursed up to \$50)
Frequency	12 months	12 months	12 months	12 months
Materials	\$25 copay	\$25 copay	\$25 copay	\$25 copay
Eyeglass Lenses				
Single Vision Lens	No charge after applicable copay	Reimbursed up to \$50	No charge after applicable copay	Reimbursed up to \$50
Bifocal Lens	No charge after applicable copay	Reimbursed up to \$75	No charge after applicable copay	Reimbursed up to \$75 after
Trifocal Lens	No charge after applicable copay	Reimbursed up to \$100	No charge after applicable copay	Reimbursed up to \$100
Frequency	12 months	12 months	12 months	12 months
Lens Enhancements ¹				
Progressive Lens	Standard: No charge Premium or custom: \$80 - \$160 copay	Reimbursed up to \$75	No charge	Reimbursed up to \$75
Tinted or Photochromic Lens	Not covered ¹	Not covered	No charge	Not covered
Anti-Scratch Coating	Not covered ¹	Not covered	No charge	Not covered
Anti-Reflective Coating	Not covered ¹	Not covered	No charge	Not covered
Frames				
Benefit	Coverage limited to \$130 (\$70 for Costco)	Reimbursed up to \$70 after applicable copay	Coverage limited to \$180 (\$100 for Costco)	Reimbursed up to \$70 after applicable copay
Frequency	24 months	24 months	12 months	12 months
Contacts (Elective)				
Benefit	Coverage limited to \$130 for materials	Reimbursed up to \$105	Coverage limited to \$180 for materials	Reimbursed up to \$105
Frequency	12 months (in lieu of lenses/frames)	12 months (in lieu of lenses/frames)	12 months (in lieu of lenses/frames)	12 months (in lieu of lenses/frames)

1 Lens Enhancements: Members receive an average discount of 35-40% on non-covered lens enhancements with a VSP provider.

2 Extra Savings: VSP members receive an extra \$20 to spend on featured frame brands in-network, as well as 20% savings on the frame amount over your allowance. Visit vsp.com for more savings and special offers.



Flexible Spending Account (FSA)

A Flexible Spending Account lets you set aside money—before it's taxed—through payroll deductions. The money can be used for eligible healthcare and dependent day care expenses you and your family expect to have over the next year. The main benefit of using an FSA is that you reduce your taxable income, which means you have more money to spend. Eligible reimbursements from your FSA are tax-free. The catch is that you have to use the money in your account by our plan year's end. Otherwise, that money is lost, so plan carefully. You must re-enroll in this program each year. Health Equity administers this program.

IMPORTANT CONSIDERATIONS

- There's no "crossover" spending allowed between the healthcare and dependent care accounts.
- Expenses must be incurred between 01/01/26 and 3/15/27. Claims must be submitted for reimbursement by 03/31/27. (If your employment ends, you have 90 days following your termination date to submit Healthcare FSA claims, if earlier.)
- Elections cannot be changed during the plan year, unless you have a qualified change in family status (and the election change must be consistent with the event).
- Unused amounts will be lost at the end of the plan year, so it is very important that you plan carefully before making your election.
- FSA funds can be used for eligible expense incurred by you, your spouse, and your tax dependents only. Your spouse or tax dependent children do not have to be covered on the Clyde & Co health plan.
- You cannot obtain reimbursement for eligible expenses for a domestic partner or their children, unless they qualify as your tax dependents (Important: questions about the tax status of your dependents should be addressed with your tax advisor).
- Keep your receipts as proof that your expenses were eligible for IRS purposes.

TAX-FREE HEALTHCARE FSA

Eligible expenses include medical, dental, and vision costs including plan deductibles, copays, coinsurance amounts, and other non-covered healthcare costs for you and your tax dependents. You may access your entire annual election from the first day of the plan year and you can set aside up to \$3,400 per year.

If you are enrolled in the Cigna HDHP and HSA, you can participate in our Limited Purpose Healthcare FSA which covers out-of-pocket vision and dental expenses ONLY.

TAX-FREE DEPENDENT CARE FSA

This plan allows you to pay for eligible out-of-pocket dependent care expenses with pre-tax dollars. Eligible expenses may include daycare centers, in-home child care, and before or after school care for your dependent children under age 13. Other individuals may qualify if they are your tax dependent and are incapable of self-care. It is important to note that you can access money only after it is placed into your dependent care FSA.

All caregivers must have a tax ID or Social Security number. This information must be included on your federal tax return. If you use the dependent care reimbursement account, the IRS will not allow you to claim a dependent care credit for reimbursed expenses. Consult your tax advisor to determine whether you should enroll in this plan. You can set aside up to \$7,500 per household for eligible dependent care expenses for the year.



Clyde Thrive

WHY THRIVE?

Our people are our business. We continually strive to build a diverse and inclusive working environment where we support our people to flourish, to find a balance between their personal and professional lives, and manage their everyday challenges. Integral to this is fostering a culture whereby mental and physical health can be openly discussed and where our people are provided with support and guidance to manage their wellbeing.



BUILDING A SUPPORTIVE ENVIRONMENT



Clyde & Co has pledged our commitment to the American Bar Association's campaign to advance wellbeing in the legal profession. The firm recognizes that the journey to true wellbeing is a continuous process in which we work across multiple dimensions of wellness to become the best versions of ourselves. The Thrive initiative will provide tools to support you on your journey and help build a supportive environment – we are all in this together.

WELLBEING REIMBURSEMENT PROGRAM

Clyde & Co's Wellbeing Reimbursement Program is designed to encourage and support a well-rounded healthy lifestyle for our employees. The program covers expenses for a variety of wellness activities, including gym memberships, fitness classes, massages, nutritional counseling, and more. Clyde & Co will reimburse a maximum of \$300 per year for eligible expenses (subject to applicable Federal, State, and Local tax withholding).

WHO IS ELIGIBLE?

All regular full-time and part-time employees working 24+ hours per week are eligible to participate in the program. You must be employed with Clyde & Co when your eligible expenses are incurred and submitted for reimbursement. Expenses submitted after termination of employment are not eligible for reimbursement. **Please review the Wellness Reimbursement Policy for additional information.**



Support For The Unexpected Moments

Standing by you and your family through life's 'what if?' moments.

BASIC LIFE AND AD&D

Basic Life Insurance pays your beneficiary a lump sum if you die. AD&D provides another layer of benefits to either you or your beneficiary if you suffer from loss of a limb, speech, sight, or hearing, or if you die in an accident. The cost of coverage is paid in full by the firm. Coverage is provided by Unum Group.

Basic Life Amount	1 X base annual earnings rounded to next higher \$1,000 up to a maximum of \$500,000
Basic AD&D Amount	1 X base annual earnings rounded to next higher \$1,000 up to a maximum of \$500,000

Beneficiary Reminder: Make sure that you have named a beneficiary for your life insurance benefit. It's important to know that many states require that a spouse be named as the beneficiary, unless they sign a waiver.

Taxes: A life insurance benefit of \$50,000 or more is a taxable benefit. You will see the value of the benefit included in your taxable income on your paycheck and W-2.

VOLUNTARY LIFE AND AD&D

You may purchase Voluntary Life and AD&D insurance from Unum for yourself and your family. You can elect additional life insurance, AD&D insurance, or both. However, you must elect coverage for yourself in order to elect coverage for your dependents. You pay the full cost of coverage.

Employee Voluntary Life or AD&D Amount	\$10,000 increments up to lesser of 5 X base annual earnings or \$500,000* Guarantee Issue Amount**: \$150,000
Spouse / Domestic Partner Voluntary Life or AD&D Amount	\$5,000 increments up to \$250,000* not to exceed your amount Guarantee Issue Amount**: \$25,000
Child(ren) Voluntary Life or AD&D Amount	\$2,000 increments up to \$10,000 (limit \$1,000, birth – 6 months) Guarantee Issue Amount**: \$10,000

* Coverage reduces at age 70 or older.

** Applies to life insurance. No medical underwriting required for AD&D.

When you are first eligible: Elect up to the Guarantee Issue Amount with no medical questions. Amounts in excess of the Guarantee Issue Amount require you to submit Evidence of Insurability (EOI), which involves providing the insurance company with additional information about your health.

After your initial eligibility: If you are enrolling in Voluntary Life outside of your initial eligibility window, you will be required to submit EOI for any level of coverage.

Unum's Future Insurability Benefit: If you enroll in Voluntary Life when you are first eligible, even for a minimum amount of coverage, you can increase your coverage at any annual enrollment in the future up to the guaranteed issue amount – with no medical questions.



Disability Insurance

If you become disabled and cannot work, your financial security may be at risk. Protecting your income stream can provide you and your family with peace of mind.

SHORT-TERM DISABILITY INSURANCE

Short-Term Disability (STD) coverage pays you a benefit if you temporarily can't work because of an injury, illness, or maternity leave. Benefits may be reduced by income from other income sources such as paid time off. Your doctor and the insurance company will work together to determine how long benefits are payable, based on your condition. Coverage is provided by Unum Group.

Weekly Benefit Amount	70%
Maximum Weekly Benefit	\$2,500 per week
Benefits Begin After:	
Accident	7 days of disability
Sickness	7 days of disability
Maximum Payment Period*	24 weeks

*Maximum payment period is based on the first day you are disabled, not when benefits begin.

LONG-TERM DISABILITY INSURANCE

Long-Term Disability (LTD) coverage pays you a certain percentage of your income if you can't work because an injury or illness prevents you from performing any of your job functions over a long time. It's important to know that benefits are reduced by income from other benefits you might receive while disabled, like workers' compensation and Social Security.

If you qualify, long-term disability benefits begin after short-term disability benefits end. Coverage is provided by Unum Group.

Monthly Benefit Amount	60%
Maximum Monthly Benefit	\$20,000
Benefits Begin After:	
Accident	180 days of disability
Sickness	180 days of disability
Maximum Payment Period*	SSNRA

*The age at which the disability begins may affect the duration of the benefits.

The value of the LTD premium paid by Clyde & Co on your reported on your paycheck. This allows future Long Term Disability (LTD) benefits to be a non-taxable benefit, resulting in a larger net payment if you become disabled.



Supplemental Health Benefits

Your medical plan helps cover the cost of illness, but a serious or long-lasting medical crisis often involves additional expenses and may affect your ability to bring home a full paycheck. These plans provide you with resources to help you get by while there are additional strains on your finances.

Voluntary Medical Accident Insurance

Medical Accident insurance from Cigna helps you pay for unexpected costs that can add up due to common injuries such as fractures, dislocations, burns, emergency room or urgent care visits, and physical therapy. If you or a covered family member has an accident, this plan pays a lump-sum, tax-free benefit. The amount of money depends on the type and severity of your injury and can be used any way you choose.

If you enroll in the Cigna HDHP, you will be automatically enrolled in the Medical Accident plan on the first of the month following your date of hire. Clyde & Co pays the premium on your behalf.

Not enrolled in the HDHP? You can elect Medical Accident on a voluntary basis. You'll pay 100% of the cost for your coverage.

Voluntary Critical Illness Insurance

Critical Illness insurance from Cigna can help fill a financial gap if you experience a serious illness such as cancer, heart attack or stroke. Upon diagnosis of a covered illness, a lump-sum, tax-free benefit is paid directly to you. Use it to help cover medical costs, transportation, child care, lost income, or any other need following a critical illness. You choose a benefit amount that fits your paycheck and can cover yourself and your family members if needed.

Benefit Election Options:

- You: \$10,000, \$20,000 or \$30,000 benefit
- Spouse/DP or Children: 50% of your election

With the Critical Illness plan, you and your enrolled dependents are also eligible to receive an annual \$50 Wellness Benefit if you receive a covered wellness screening such as a colonoscopy, mammogram or certain blood tests.

If you enroll, you'll pay 100% of the cost for your coverage.

Refer to the plan documents for a comprehensive list of covered benefits and limitations under these plans.



Being Smart With Your Finances

Plan, spend and save – the smart way.

401(K) RETIREMENT PLAN

The Clyde & Co US LLP 401(k) Plan with Fidelity allows employees to set aside money for retirement on a pre-tax and/or Roth (post-tax) basis. Eligible employees may elect between 1% and 100% of eligible compensation to be deferred into the plan annually, subject to IRS limits (\$24,500 or \$32,500 if you are over the age of 50. For those ages 60-63 you can set aside an additional \$12,000 for a total of \$36,500).

New employees are eligible for the 401(k) plan on their date of hire and will be automatically enrolled with a 3% pre-tax contribution if no election is made after 30 days following date of hire. Clyde & Co contributes 3% of your eligible compensation as a Safe Harbor contribution each pay period – you are 100% vested in this contribution immediately. You can contact Fidelity by going to 401k.com or by calling (800) 890-4015.

CERITY FINANCIAL HELP DESK

The Certy Partners experienced financial advisors can assist with a variety of personal finance questions to help you understand your options and make sound decisions related to insurance coverage, college planning, debt management and more.

You can email them at retireready@certypartners.com or call them at (800) 563-7166 on Monday – Friday from 8:30 a.m. – 5 p.m. (CT). All messages should be returned within 24 business hours.

STUDENT LOAN REPAYMENT

The Clyde & Co Student Debt Repayment benefit provides eligible attorneys with a non-taxable monthly payment of \$250 towards a qualified higher education student loan. We know that student debt can be an obstacle to reaching your financial goals and we're pleased to be able to offer this benefit.

This program is administered by Fidelity. Eligible attorneys will receive an email from Fidelity which will include all of the instructions for enrolling. You can get a head start by gathering your most recent student loan statements as these will need to be provided to Fidelity.

Please reach out to northamericahr@clydeco.com with any questions about this program.

Additional Benefit Programs, continued

COMMUTER BENEFIT ACCOUNT

If you have out-of-pocket commuting expenses for public transportation or for worksite parking, you can save on taxes with our Commuter Benefit Account (also known as a Section 132 plan).

This account lets you set aside money—before it's taxed—through payroll deductions. You may enroll and/or stop participating in this program at any time. Monies in this account can be used in future months or plan years, however if you leave Clyde & Co, any unused account balance will be lost.

Here are the maximum pre-tax amounts for 2026:

Parking Expenses	Up to \$340 per month
Mass Transit Expenses	Up to \$340 per month

*These amounts are evaluated annually by the IRS and are subject to change.

To register online, visit healthequity.com/wageworks and click “Log in / Register” and select “Employee Registration” You’ll need to answer a few simple questions and create a username and password.

To place your Commuter Order you’ll need to Log into healthequity.com/wageworks and select your Commuter program. Then select “Enroll in Commuter”, and choose which type of order you wish to make (public transit, vanpool or parking option) and follow the instructions. Select “Every Month” to repeat the same order automatically each month until you change or cancel it. Select “Manage Calendar” to select specific benefit months you wish to receive your order for.

Call 1-877-924-3967 or visit healthequity.com/wageworks for more resources.

TRAVEL ASSISTANCE PROGRAM

If you experienced a medical emergency while traveling, would you know who to call? The Assist America travel assistance program, offered in connection with UNUM, can help with:

- Emergency medical evacuation
- Prescription replacement assistance
- Referrals to English-speaking medical providers
- Legal and interpreter referrals
- Passport replacement assistance

These worldwide assistance services are available when you are traveling 100 miles or more from home.

Contact Assist America WorldNet Assist 24 hours a day, seven days a week, by calling 1-800-872-1414, or +609-986-1234 outside the U.S. Or download the free Assist America mobile app using reference number **01-AA-UN-762490** to save a membership card and access more information



EMPOWERING YOU TO FLOURISH

Support for you to create the right balance.

EMPLOYEE ASSISTANCE PROGRAM

There are times when everyone needs a little help or advice. Clyde & Co has a confidential Employee Assistance Program (EAP) you can utilize. The EAP plan offered through UNUM can help you with things like stress, anxiety, depression, chemical dependency, relationship issues, legal issues, parenting questions, financial counseling, and dependent care resources for both children and elderly parents.

Best of all, it's free.

Help is easy to access:

- Online/phone support: Unlimited, confidential, 24/7.
- In-person: You can get up to 3 visits with UNUM at no cost with a Licensed Professional Counselor. Your counselor may refer you to resources in your community for ongoing support.

UNUM: Call 1-800-854-1446 or go to unum.com/lifebalance for more resources.

VOLUNTARY PET INSURANCE

When your pet gets sick, bills can add up faster than expected. Pet insurance prevents you from needing to weigh your pet's health against your bank account balance.

Clyde & Co offers access to discounted group pet insurance rates through Nationwide. Coverage is available for dogs, cats and exotic pets, and you can use any vet. Get a quote by contacting Nationwide at 877-738-7874 or petinsurance.com/clydeco.



Paid Time Off

PAID TIME OFF ACCRUAL

Staff Time Off

Staff employees begin earning paid time off, or PTO, with the commencement of employment. PTO is accrued on a monthly basis. Please refer to the below table and the employee handbook policies for more information.

Exempt Employees

Years of Employment	Total PTO Accrued Per Year	Days Accrued per Month	Maximum Accrual
Year 0 +	28 days	2.3 days	42 Days

Non-Exempt Employees

Years of Employment	Total PTO Accrued Per Year	Days Accrued per Month	Maximum Accrual
Year 0 through the end of Year 3	20 days	1.6 days	30 Days
Year 4 through the end of Year 10	25 days	2.1 days	37.5 Days
Year 11+	28 days	2.3 days	42 Days

Attorney Time Off

Salaried attorneys are subject to a Flexible Time Off policy in lieu of PTO. The firm does not allot a specific number of vacation days annually. Attorneys may use their professional judgment to take time off with pay as long as performance expectations for client deadlines, partner needs, billable hours, and high quality client service are met.



Cost of Coverage

The amount that you pay for health coverage is outlined below and depends on your employment class and whether you cover dependents. Clyde & Co pays for 100% of cost for your EAP, Basic Life/AD&D, STD, and LTD coverage. If you enroll in voluntary benefits, you will pay 100% of the cost for the coverage elected.

In general, you pay for health coverage before federal, state, and social security taxes are withheld, so you pay less in taxes. Please note that unless your domestic partner is your tax dependent as defined by the IRS, contributions for domestic partner coverage must be made after-tax. Similarly, the firm contribution toward coverage for your domestic partner and his/her dependents will be reported as taxable income on your W-2. Contact your tax advisor for more details on how this tax treatment applies to you. Notify Clyde & Co if your domestic partner is your tax dependent.

HEALTH PLAN COSTS (SHOWN AS BI-WEEKLY PAY PERIOD DEDUCTIONS)

Medical	Cigna EPO	Cigna PPO	Cigna HDHP	Kaiser HMO <i>(California Only)</i>
Non-Exempt Staff				
Employee Only	\$110.00	\$144.00	\$75.00	\$110.00
Employee + Spouse	\$280.00	\$351.00	\$210.00	\$280.00
Employee + Children	\$250.00	\$311.00	\$190.00	\$250.00
Employee + Family	\$437.00	\$529.00	\$331.00	\$437.00
Exempt Staff & Attorneys				
Employee Only	\$161.00	\$185.00	\$111.00	\$161.00
Employee + Spouse	\$392.00	\$441.00	\$286.00	\$392.00
Employee + Children	\$348.00	\$390.00	\$259.00	\$348.00
Employee + Family	\$569.00	\$674.00	\$424.00	\$569.00

Dental & Vision	Delta Dental Base PPO	Delta Dental Buy-Up PPO	Delta Dental HMO	VSP Base Vision	VSP Buy-up Vision
All Staff & Non-Partner Attorneys					
Employee Only	\$8.31	\$15.23	\$4.14	\$1.72	\$5.21
Employee + Spouse	\$23.91	\$37.41	\$10.75	\$3.79	\$8.66
Employee + Children	\$32.72	\$49.91	\$10.63	\$3.90	\$8.84
Employee + Family	\$48.33	\$72.11	\$19.33	\$7.34	\$14.25

VOLUNTARY PLAN COSTS (SHOWN AS MONTHLY RATES)

Voluntary Medical Accident Insurance

Employee Only	\$6.64
Employee + Spouse	\$11.93
Employee + Children	\$14.90
Employee + Family	\$20.19

**Employees enrolled in the Cigna HDHP are automatically enrolled in Medical Accident coverage at no charge after 30 days following their date of hire.*

Voluntary Critical Illness Insurance

Critical Illness premiums vary by age, coverage tier election, and tobacco status. You can elect coverage for yourself in benefit increments of \$10,000, \$20,000 or \$30,000. Refer to ADP or the materials on clydeco.mybenefits.life for rates.

Voluntary Life Insurance

Your Age*	For You: Monthly Cost per \$10,000	For Spouse/DP: Monthly Cost per \$5,000	Your Age*	For You: Monthly Cost per \$10,000	For Spouse/DP: Monthly Cost per \$5,000
<25	\$0.275	\$0.285	50 - 54	\$2.107	\$2.055
25 - 29	\$0.301	\$0.310	55 - 59	\$3.010	\$3.040
30 - 34	\$0.404	\$0.410	60 - 64	\$3.879	\$4.215
35 - 39	\$0.602	\$0.590	65 - 69	\$5.513	\$6.000
40 - 44	\$0.912	\$0.885	70 - 74	\$10.432	\$11.350
45 - 49	\$1.428	\$1.385	75+	\$32.250	\$35.090

**Employee and Spouse / Domestic Partner rates are based on employee's age as of January 1st each year.*

For Your Children: Monthly Cost per \$2,000

Child(ren) up to age 26	\$0.719
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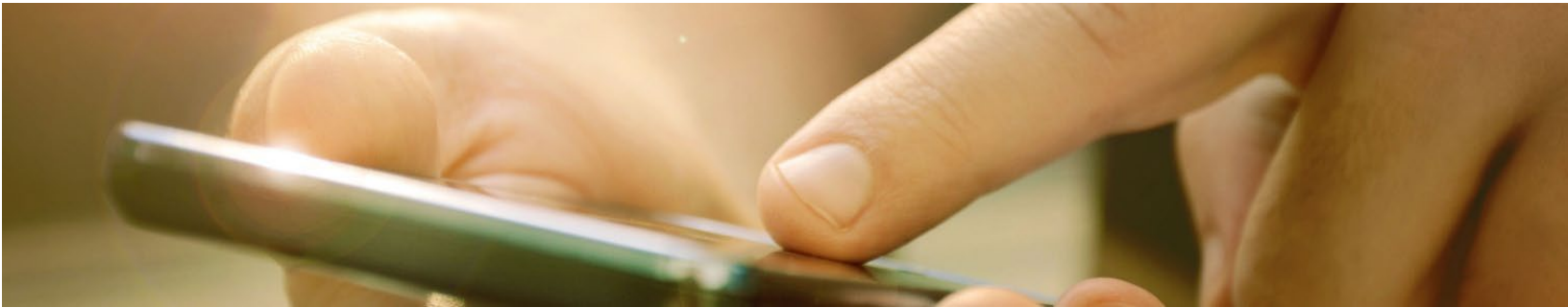
Voluntary AD&D Insurance

	Monthly Cost	Coverage Amount
You Only	\$0.261	Per \$10,000
Spouse / Domestic Partner	\$0.145	Per \$5,000
Child(ren)	\$0.136	Per \$2,000

Plan Contacts

If you need to reach our plan providers, here is their contact information:

Plan Type	Provider	Phone Number	Website	Policy/Group #
Medical	Cigna	(800) 244-6224	mycigna.com	624302
Medical	Kaiser Permanente (California)	(800) 464-4000	kp.org	N. CA: 603772 S. CA: 232130
Health Savings Account (HSA)	HSA Bank	(800) 357-6246	hsabank.com	n/a
Dental	Delta Dental	(844) 764-5301	deltadental.com	HMO: 70304 PPO: 23755
Vision	VSP	(800) 877-7195	vsp.com	30029447
Supplemental Medical Accident	Cigna	(800) 754-3207	SuppHealthClaims.com	624302
Supplemental Critical Illness	Cigna	(800) 754-3207	SuppHealthClaims.com	624302
Flexible Spending Account	WageWorks	(877) 924-3967	wageworks.com	n/a
Life/AD&D and Disability Insurance	UNUM	(800) 421-0344	unum.com	Life and AD&D: 410512 LTD: 410512 STD: 221769
Employee Assistance Program	UNUM	(800) 854-1446	unum.com/lifebalance	n/a
Travel Assistance	Assist America (UNUM)	(800) 872-1414; (609) 986-1234 outside the U.S.	assistamerica.com	Ref. 01-AA-UN-762490
Commuter Benefits	HealthEquity / WageWorks	(877) 924-3967	HealthEquity.com/WageWorks	AQN20
Pet Insurance	Nationwide	(877) 738-7874	petinsurance.com/clydeco	n/a
401(k)	Fidelity	(800) 890-4015	401k.com	n/a
Student Loan Repayment	Fidelity	(800) 835-5095	fidelityworkplace.com/s/studentdebt	n/a
Financial Help Desk	Cerity	(800) 563-7166	ceritypartners.com	n/a



For Assistance

YOUR BENEFITS PORTAL

Clyde & Co's MyBenefits.Life gives you 24/7 access to benefits information and other resources to help you understand your benefits. You can also use this site to select your benefits during Open Enrollment and to make most qualifying event changes to your coverage.

To access the portal, go to: clydeco.mybenefits.life.

YOUR BENEFIT ADVOCATES

If you have benefit questions or claim issues, you can email northamericahr@clydeco.com, who will help address any of your concerns in a timely matter. Additionally, you can also call the below Clyde & Co representatives if you have additional or more urgent questions.

Kristen Wessel

Kristen.Wessel@clydeco.us

816.278.1788

Kristin Berry

Kristin.Berry@clydeco.us

816.424.8107

Luke Johnson

Luke.Johnson@clydeco.us

816.424.8075

Words You Need to Know

Health insurance seems to have its own language. You will get more out of your plans if understand the most common terms, explained below in plain English.

MEDICAL

DEDUCTIBLE - The amount of healthcare expenses you have to pay for with your own money before your health plan will pay. The deductible does not apply to preventive care and certain other services.

COINSURANCE - After you meet the deductible amount, you and your health plan share the cost of covered expenses. Coinsurance is always a percentage totaling 100%. For example, if the plan pays 70% coinsurance, you are responsible for paying your coinsurance share, 30% of the cost.

COPAY - A set fee you pay whenever you use a particular healthcare service, for example, when you see your doctor or fill a prescription. After you pay the copay amount, your health plan pays the rest of the bill for that service.

IN-NETWORK / OUT-OF-NETWORK - Network providers (doctors, hospitals, labs, etc.) are contracted with your health plan and have agreed to charge lower fees to plan members, as negotiated in their contract with the health plan. Services from out-of-network providers can cost you more because the providers are under no obligation to limit their maximum fees. With some plans, such as HMOs and EPOs, services from out-of-network providers are not covered at all.

OUT-OF-POCKET MAXIMUM - The most you would pay from your own money for covered healthcare expenses in one year. Once you reach your plan's out-of-pocket maximum dollar amount (by paying your deductible, coinsurance and copays), the plan pays for all eligible expenses for the rest of the plan year.

PRESCRIPTION DRUG

BRAND NAME - A drug sold under its trademarked name. For example, Lipitor is the brand name of a common cholesterol medicine. You generally pay a higher copay for brand name drugs.

GENERIC DRUG - A drug that has the same active ingredients as a brand name drug, but is sold under a different name. For example, Atorvastatin is the generic name for medicines with the same formula as Lipitor. You generally pay a lower copay for generic drugs.

PREFERRED DRUG - Each health plan has a list of prescription medicines that are preferred based on an evaluation of effectiveness and cost. Another name for this list is a "formulary." The plan may charge more for non-preferred drugs or for brand name drugs that have generic versions. Drugs that are not on the preferred drug list may not be covered.

DENTAL

BASIC SERVICES - Dental services such as fillings, routine extractions and some oral surgery procedures.

DIAGNOSTIC AND PREVENTIVE SERVICES - Generally include routine cleanings, oral exams, x-rays, and fluoride treatments. Most plans limit preventive exams and cleanings to two times a year.

MAJOR SERVICES - Complex or restorative dental work such as crowns, bridges, dentures, inlays and onlays.

Determining Eligibility

LOOK-BACK MEASUREMENT METHOD

The information below explains how your eligibility for medical coverage is determined, in accordance with the rules of the Affordable Care Act (ACA).

Under the ACA, employers are required to report specific benefits information to IRS on “full-time” employees as defined by the ACA. A “full-time” employee is generally an employee whose works on average 130 hours per month. ACA full-time status can affect or determine major medical benefits eligibility but is not a guarantee of benefits eligibility. Clyde & Co uses the look-back measurement method to determine group health plan eligibility.

NEW EMPLOYEES HIRED TO WORK FULL-TIME: If you are hired as a new full-time employee (work on average 130 or more hours a month), you and your dependents are generally eligible for group health plan coverage as of the first of the month following or coincident with date of hire.

NEW EMPLOYEES HIRED TO WORK A VARIABLE HOUR OR SEASONAL SCHEDULE: If you are hired into a part-time position or a position where your hours vary and Clyde & Co is unable to determine — as of your date of hire — whether you will be a full-time employee (work on average 130 or more hours a month), or you are hired as a seasonal employee who will work for six (6) consecutive months or less (regardless of monthly hours worked), you will be placed in an initial measurement period (IMP) of 12 months to determine whether you are a full-time employee. Your IMP will begin on the first of the month following your date of hire and will last for 12 months. If, during your IMP, you average 30 or more hours a week over that 12-month period, you will be full time and, if otherwise eligible for benefits, you will be offered coverage by the first day of the second month after your IMP ends.

Your full-time status will remain in effect during an associated stability period that will last 12 months from the date that status is determined. If your employment is terminated during that stability period, and you were enrolled in benefits, you will be offered coverage under COBRA.

ONGOING EMPLOYEES: An ongoing employee is an individual who has been employed for an entire standard measurement period. A standard measurement period is the 12-month period of time over which Clyde & Co counts employee hours to determine which employees work full-time. Those employees who average 130 or more hours a month over the 12-month standard measurement period will be full-time and, if otherwise eligible for benefits, offered coverage as of the first day of the stability period associated with the standard measurement period. Full-time status will be in effect for a 12-month stability period. If your employment is terminated during a stability period, and you were enrolled in benefits, you will be offered continued coverage under COBRA.

Clyde & Co uses the standard measurement period and associated stability period annual cycle set forth below.

MEASUREMENT PERIOD: STARTS: DECEMBER 1. DURATION: 12 MONTHS. Time to determine if you work 130+ hours per month on average – used to establish if you are "full-time" or "part-time" for medical eligibility.

STABILITY PERIOD: STARTS: JANUARY 1. DURATION: 12 MONTHS. Time during which you will be considered "full-time" or "part-time" for medical plan eligibility - based on hours worked during preceding Measurement Period.

Important Plan Notices and Documents

CURRENT HEALTH PLAN NOTICES

Notices must be provided to plan participants on an annual basis and are available on the MyBenefits.Life website under Benefits → Important Notices or within the Annual Notices supplement and include:

- Medicare Part D Notice
Describes options to access prescription drug coverage for Medicare eligible individuals.
- Women's Health and Cancer Rights Act
Describes benefits available to those that will or have undergone a mastectomy.
- Newborns' and Mothers' Health Protection Act
Describes the rights of mother and newborn to stay in the hospital 48-96 hours after delivery.
- HIPAA Notice of Special Enrollment Rights
Describes when you can enroll yourself and/or dependents in health coverage outside of open enrollment.
- HIPAA Notice of Privacy Practices
Describes how health information about you may be used and disclosed.
- Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)
Describes availability of premium assistance for Medicaid eligible dependents.

COBRA CONTINUATION COVERAGE

You and/or your dependents may have the right to continue coverage after you lose eligibility under the terms of our health plan. Upon enrollment, you and your dependents receive a COBRA Initial Notice that outlines the circumstances under which continued coverage is available and your obligations to notify the plan when you or your dependents experience a qualifying event. Please review this Notice carefully to make sure you understand your rights and obligations.

CURRENT PLAN DOCUMENTS

Important documents for our health plan and retirement plan are available on clydeco.mybenefits.life and include:

Summary Plan Descriptions

A Summary Plan Description (SPD) is the legal document for describing benefits provided under the plan as well as plan rights and obligations to participants and beneficiaries. The following Summary Plan description is available:

- Clyde & Co US LLP Health and Welfare Benefit Plan

Summary of Benefits and Coverage

A Summary of Benefits and Coverage (SBC) is a document required by the Affordable Care Act (ACA) that presents benefit plan features in a standardized format. The following SBCs are available on the "Document" tab of the MyBenefits.Life site:

- Cigna EPO, PPO, and HDHP
- Kaiser HMO

Paper copies of these documents and notices are available if requested. If you would like a paper copy, please contact Human Resources by email at northamericahr@clydeco.com.

Statement of Material Modifications

This enrollment guide constitutes a Summary of Material Modifications (SMM) to the Clyde & Co US LLP Health and Welfare Benefit Plan. It is meant to supplement and/or replace certain information in the SPD, so retain it for future reference along with your SPD. Please share these materials with your covered family members.

