



2026



Overview of Staff Benefits

Coblentz
Patch Duffy
& Bass LLP

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BENEFIT PLAN CONTACTS

If you have a specific question regarding one of the benefit plans, contact the plan's Member Services Department at the phone number or web address listed below.

Plan Type	Provider	Phone Number	Website	Policy/Group #
Medical HDHP/HSA	Cigna/HSA Bank	(800) 244-6224	www.mycigna.com	3330180
Medical HMO	Kaiser Permanente	(800) 464-4000	www.kp.org	602075
Dental	Cigna	(800) 244-6224	www.mycigna.com	3330180
Vision	VSP	(800) 877-7195	www.vsp.com	12289690
Life Insurance	Cigna	(800) 238-2125	www.cigna.com	SGM 600592/ SOK 600232
Disability Insurance	UNUM	(800) 227-4165	www.unum.com	STD 410512-007 LTD 410512-507
Long Term Care	UNUM	(800) 227-4165	www.unum.com	138115
Flexible Spending Account	PeakOne	(866) 315-1777	www.peakoneadmin.com	N/A
Employee Assistance Program	UNUM/ Health Advocate	(800) 854-1446	www.unum.com/lifebalance	N/A
Family Care	Care.com	(855) 781-1303	Coblentz.care.com	N/A
Mental Health Support	Spring Health	(855) 629-0554	www.coblentz.springhealth.com Email: careteam@springhealth.com	N/A
401(k)	Fidelity	(800) 835-5097	www.fidelity.com	N/A
Medicare Questions and Support	Hampton Insurance Services	(415) 275-0723	www.Hamptoninsurance.com David@Hamptoninsurance.com	N/A
Medicare Questions and Support	Alliant Medicare Solutions	(877) 385-8107	www.alliantmedicareolutions.com/	N/A

OVERVIEW

Coblentz Patch Duffy & Bass LLP (“Coblentz”) is committed to supporting the health, well-being, and financial security of our employees. We offer a comprehensive benefits program designed to provide meaningful protection and valuable resources for you and your family. This guide offers an overview of your benefits, and detailed information can be found in each plan’s Summary Plan Description on the intranet.

ENROLLMENT

To enroll in benefits, you must complete online enrollment through the ADP portal.

Enrolling as a New Hire

As a new hire, you should complete your enrollment as soon as possible, and you must enroll within 30 days of your date of hire. Medical, dental, and vision coverage will begin on the first day of the month following your hire date, unless you are hired on the first day of the month, in which case your coverage begins immediately.

Annual Benefits Open Enrollment

You have an annual opportunity to enroll, terminate, or make changes to your benefits. This enrollment period is referred to as benefits “Open Enrollment” and is typically held in early November.

The benefits you elect during Open Enrollment become effective the following plan year (January 1st – December 31st).

ELIGIBILITY

You are eligible to participate in the benefits program if you are a full-time employee working at least 30 hours per week. You may enroll your spouse, or domestic partner (same sex or opposite sex), and eligible dependent children in the medical, dental and vision plans. Children are eligible for health care coverage until age 26, regardless of student or marital status. For more information regarding coverage for dependent children, contact Human Resources.

SPECIAL ENROLLMENT PROVISIONS UNDER HIPAA

Under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), a special enrollment period for medical insurance may be available if you lose medical coverage under certain conditions or when you acquire a new dependent by marriage, birth, or adoption.

QUALIFIED LIFE EVENT

You can only make changes to your benefits during the plan year if you have a Qualified Life Event, which includes any of the following:

- Change in the size of your family (resulting from marriage, divorce, legal separation or annulment, birth, adoption, placement for adoption, or death of a covered family member).
- You or your spouse/domestic partner experiences a substantial change in employment (such as changing between full-time and part-time employment, or commencement of or return from an unpaid leave of absence).
- Change in dependent eligibility.
- A court-issued judgment, decree, or order (including a Qualified Medical Child Support Order) resulting from divorce, legal separation, annulment, or change in legal custody that requires health coverage of your dependent child.
- Changes resulting from a family medical leave.

- Significant cost or coverage change (although such a change does not permit a modification to your health flexible spending account).

For family status changes, the coverage change you make must be consistent with your qualifying event. To ensure enrollment, the change must be submitted within 31 days of the event.

ABOUT OUR MEDICAL PLANS

Coblentz offers a choice between medical plans. The table below highlights the similarities and differences between our medical plan options. Refer to pages 2 -3 for a comparison of what's covered.

	Health Maintenance Organization (HMO)	High Deductible Health Plan (HDHP)
Plan Providers	Kaiser Permanente	Cigna
Description	A restricted group of doctors and facilities that have contracted with the HMO to offer services at a discounted rate.	A PPO-style plan offering a combination of in- and out-of-network providers.
Accessing Care	When you enroll, you and your eligible dependents each select a Primary Care Physician (PCP) to coordinate all your medical care within the provider's network. All services must be provided by Kaiser physicians at Kaiser facilities, otherwise, you won't be covered (except in emergencies).	You can choose between in-network and out-of-network providers and do not need referrals or Primary Care Physician (PCP) authorization for specialists.
Restrictions	You must use the HMO's network of doctors and facilities every time you receive care.	To receive in-network benefits, you must use the provider's network of doctors and facilities.
Out-of-Pocket Costs	Services are generally paid for with copays. There are generally no deductibles.	The deductible is higher than a traditional PPO. However, when this plan is paired with a Health Savings Account, it can be used to pay for all or part of the medical expenses you incur before you meet the deductible.

PLAN FEATURES	Kaiser HMO
Calendar Year Deductible	None
Calendar Year Out-of-Pocket Maximum	\$1,500 per person, up to \$3,000 per family
Plan Accumulation	Calendar Year
Lifetime Maximum Benefit	Unlimited
Coinsurance	None
OFFICE VISITS	
Physician Office Visit	\$30 copay
Specialist Office Visit	\$30 copay
Adult Periodic Exams w/Tests	No charge
Well Baby/Child Care	No charge
OUTPATIENT SERVICES ¹	
Diagnostic X-Ray and Lab Tests	No charge
Outpatient Surgery Services	\$30 copay per procedure
INPATIENT SERVICES ¹	
Inpatient Hospitalization	\$500 copay per admission
Emergency Room Services	\$150 copay (waived if admitted)
OTHER SERVICES	
Chiropractic	\$15 copay (coverage limited to 30 visits per calendar year)
Acupuncture	\$30 copay (only covered if referred by KP physician)
Durable Medical Equipment	You pay 20% of covered charges
PRESCRIPTION DRUGS (GENERIC / FORMULARY / NON-FORMULARY) – Mandatory Generic Substitution	
Retail (30 day supply)	\$10 copay/\$25 copay/\$25 copay (requires physician approval)
Mail Order (100 day supply)	\$20 copay/\$50 copay \$50 copay (requires physician approval)

¹ Utilization Review: Before any hospital stay or surgical procedure, you'll need to have the services authorized through the Utilization Review process. If this step isn't completed, you may be responsible for higher out-of-pocket costs. **

Plan Features	Cigna High Deductible Health Plan	
	In-Network	Out-of-Network
Calendar Year Deductible	\$2,000 individual coverage \$3,400 per individual, up to \$4,000 per family ¹	\$3,000 individual coverage \$3,600 individual, up to \$6,000 per family ¹
Calendar Year Out-of-Pocket Maximum	\$3,000 individual coverage \$3,400 per individual, up to \$6,000 per family ²	\$4,500 per person, up to \$9,000 per family ²
Deductible included in OOP Max?	Yes	Yes
Plan Accumulation	Calendar Year	Calendar Year
Lifetime Maximum Benefit	Unlimited	Unlimited
Coinsurance	You pay 20%	You pay 40%
OFFICE VISITS		
Physician Office Visit	20% after deductible	40% after deductible
Specialist Office Visit	20% after deductible	40% after deductible
Adult Periodic Exams w/Tests	No charge, deductible waived	Not covered
Well Baby/Child Care	No charge, deductible waived	40% after deductible
OUTPATIENT SERVICES³		
Diagnostic X-Ray and Lab Tests	20% after deductible	40% after deductible
Outpatient Surgery Services	20% after deductible	40% after deductible
INPATIENT SERVICES³		
Inpatient Hospitalization	20% after deductible	40% after deductible
Emergency Room Services	20% after deductible	40% after deductible
OTHER SERVICES		
Chiropractic	20% after deductible (coverage limited to 20 visits per calendar year combined with out-of- network and other short term rehabilitation therapies)	40% after deductible (coverage limited to 20 visits per calendar year combined with in-network and other short term rehabilitation therapies)
Acupuncture	Not covered	Not covered
Durable Medical Equipment	20% after deductible	40% after deductible
PRESCRIPTION DRUGS (GENERIC / FORMULARY / NON-FORMULARY) – Mandatory Generic Substitution		
Retail (30 day supply)	\$10 copay/\$30 copay/\$50 copay after deductible	Not covered
Retail – Cigna 90Now Pharmacies (90 day supply)	\$30 copay/\$90 copay/\$150 copay after deductible	Not covered
Mail Order (90 day supply)	\$30 copay/\$90 copay/\$150 copay after deductible	Not covered

¹ Family Coverage Deductible: Individuals within a family will be subject to a separate deductible, however it will be limited to the combined family deductible.

² Family Out-of-Pocket Maximum: After an individual member or insured family reaches the out-of-pocket maximum, the individual member or insured family will no longer be required to pay a copay for the remainder of that year.

³ Utilization Review: Prior to any hospitalization or surgical procedure, it is the responsibility of the plan participant to have the services authorized by the utilization review service. Failure to comply will result in additional out-of-pocket expense.

HEALTH SAVINGS ACCOUNT (HSA)

The Health Savings Account (HSA) offers a tax benefit by allowing you to pay for qualified health care expenses incurred by you, your spouse or domestic partner, or your dependent children (even if they are not covered on your medical plan. **You must be enrolled in the HDHP plan in order to have this account, and you may not be covered by any other non-HDHP plan** (traditional health plan, Medicare, coverage under a spouse's plan, or a general-purpose FSA).

You may set up the HSA account with the custodian sponsored by HSA Bank or any custodian of your choice. When using HSA Bank, you may be reimbursed directly for eligible expenses or use the HSA debit card.

Health Savings Account	
Annual Contribution Limit	For 2026, \$4,400 for single coverage and \$8,750 for family coverage regardless of the High Deductible Health Plan's (HDHP) deductible amount. If you are over age 55 you may contribute an additional annual "catch up" of up to \$1,000 per HSA account.
Employer Annual Contributions*	Employee only: \$1,000 Employee +1 or more dependents: \$ 1,500 <i>*amounts are pro-rated for new hires</i>
Eligible Expenses	Unreimbursed medical, dental, and vision care expenses not covered by your health plans as well as COBRA and Medicare premiums. See Important Notes below regarding dependent expenses.
Examples of Eligible Expenses	Deductibles, coinsurance, eye care materials or procedures, chiropractic care, orthodontic and other dental treatments. For a complete list is located at www.irs.gov .

IMPORTANT NOTES CONCERNING HEALTH SAVINGS ACCOUNTS

You may not be enrolled in the HSA and a general-purpose Flexible Spending Account at the same time.

Under the healthcare reform law, the extension of dependent eligibility to age 26 does not apply to HSA reimbursements, which are governed by the Internal Revenue Service. Only expenses for qualified tax dependents (those listed on your federal tax income return) can be reimbursed from your HSA account.

When the adult dependent child does not qualify as a tax dependent, then any HSA distributions for the child would be taxable and subject to an IRS penalty. The penalty for using your HSA for ineligible expenses will be 20% of the reimbursed amount.

Why should you consider an HSA?

- **Triple tax savings.** You enjoy pre-tax deductions when you contribute to your account, tax free earnings through the investments you choose, and tax free withdrawals to pay for qualified medical expenses
- **It's flexible.** Your HSA is yours to keep, and you choose how to use the money in your account. You can use it for eligible health expenses, or you can save it and let it grow.

- **No “use it or lose it” rule.** Your unused funds roll over from year to year, enabling you to build your investment and pay for future expenses. After the first year, your account balance may be higher than your annual deductible, so the HSA can financially protect you years from now, even after you retire.
- **You own your account.** Even if you leave the firm your HSA and any money in your account is yours to keep you can even use your HSA as retirement income at age 65.

DENTAL CARE

Dental coverage is provided through Cigna. Cost for dental services is based on your choice of network or non-network providers and reasonable and customary charges in your area.

Dental Plan	In-Network	Out-of-Network
Calendar Year Deductible	\$50 per individual, up to \$150 per family for both in-and out-of-network	
Preventive (Deductible Waived)	No charge	No charge
Basic	10% after deductible	20% after deductible
Major	40% after deductible	50% after deductible
Maximum Annual Benefit	\$2,000 per person for both in- and out-of-network	
Orthodontia*	50% after deductible	50% after deductible
Max. Lifetime Orthodontia Benefit	\$1,000 per dependent child to age 19 for both in-and out-of-network. No coverage for participants over age 19.	

VISION CARE

Vision benefits are provided by Vision Service Plan (VSP). To maximize your vision benefits, you are encouraged to use a VSP provider.

VSP Provider	
Copays	\$10 copay for examination, \$25 copay for materials
Routine Eye Exam	Every 12 months
Lenses	Every 12 months
Frames	Every 24 months
Contact Lenses	Additional charges may apply for contact lens exam and materials.
Non-VSP Provider	
Expenses for eye examinations, lenses and frames are covered based on a reimbursement schedule.	

FLEXIBLE SPENDING ACCOUNTS (FSA)

The Flexible Spending Accounts (FSA) offer a tax benefit by allowing you to pay for eligible health and dependent care expenses with pre-tax dollars. If you enroll in the FSA, an amount you elect is deducted from your paycheck on a pre-tax basis. When you have accumulated eligible expenses, you submit a claim to the plan administrator and are reimbursed up to your total annual election for health care expenses or your year-to-date contributions for dependent care expenses.

Health Care Spending Account	
Annual Contribution Limit	\$3,400
Eligible Expenses	Unreimbursed medical, dental, and vision care expenses not covered by your health plans.
Examples of Eligible Expenses	Deductibles, coinsurance, copayments for office visits and prescription drugs, eye care materials, chiropractic care
Dependent Care Spending Account	
Annual Contribution Limit	\$7,500 (\$3,750 if married, filing separately)
Eligible Expenses	Eligible dependent day care expenses
Examples of Eligible Expenses	Fees for childcare facilities, elder day care, and before and after school care

Special Notes Concerning Spending Accounts:

- Extended Grace Period for Health Care FSA Expenses – 2026 plan year expenses must be incurred by March 15, 2027. The deadline for submitting expenses for the 2026 plan year is March 31, 2027. If you participated in the Health Care FSA in 2025 and have unspent funds, please estimate your 2026 expenses carefully as the extended grace period may affect how much you decide to contribute in 2026.
- HDHP Participants – If you are enrolled in a High Deductible Health Plan (HDHP) and contribute to a Health Savings Account (HSA) you cannot participate in a Full-Use FSA. You may enroll in a Limited-Use FSA, which allows you to submit non-medical expenses for reimbursement. Please contact Human Resources or your FSA administrator for details.
- "Use it or lose it!" – If you do not spend all the money in your accounts during the year, IRS regulations require that you forfeit any remaining balance. You have until March 31 to submit claims incurred under the prior plan year.
- Health and/or dependent care expenses incurred by a domestic partner or their dependents are not eligible for reimbursement.

INCOME PROTECTION PLANS

Coblentz provides a variety of insurance plans for replacement income to you or your beneficiaries in the event of an accident, disability or death.

Plan	Provider	Description	Coverage	Maximum Benefit
Basic Life and Accidental Death & Dismemberment (AD&D)	Cigna	Life and accidental injury protection	One time your annual salary	Up to a maximum of \$500,000 (Benefit reductions- 65% at age 65 50% at age 70)
Short-Term Disability (Other)	Unum	Income replacement during a short-term disability	66 2/3% of your weekly salary, reduced by other sources of disability income	Up to a maximum of \$2,500 per week
Long-Term Disability	Unum	Income replacement for disabilities after 90 days of total disability	66 2/3% of your monthly salary, reduced by other sources of disability income	Up to a maximum of \$15,000 per month (Disability benefits become time-limited at 62)

LONG TERM CARE PLAN

Coblentz provides you with group Long Term Care (LTC) coverage that includes an option to purchase coverage for your family members. There also is a buy-up option for additional and extended coverage. Long Term Care insurance pays benefits when a physician certifies that you are unable to perform (without substantial assistance from another individual), two of six activities of daily living for a period that is expected to last at least 90 days, or that you require substantial supervision by another individual to protect yourself and others from threats to health or safety due to severe cognitive impairment.

Note: Unum will no longer be accepting new enrollees into this plan as of 2/1/2026.

UNUM	Description	Coverage
Base Plan (Employer Funded)	Nursing Facility Monthly Benefit	\$3,000
	Residential Care Facility	70% of nursing facility amount
	Home & Community Based Care	50% of nursing facility amount
	Elimination period, once per lifetime	90 consecutive days
	Lifetime Maximum	\$108,000
	Facility Benefit Duration	3 years
Buy-Up Options (Employee Funded)	Nursing Facility Monthly Benefit	\$1,000 to \$5,000 in additional coverage (in \$1,000 increments)
	Home, Community-Based and Immediate Family Member Care	Covers services regardless of who provides the care, including family or friends
	Family Home Care	
	Inflation Protection	5% compounded annually
	Lifetime maximum	6 years, 72 times the nursing facility monthly benefit amount, or unlimited, depending on the chosen option

EMPLOYEE ASSISTANCE PROGRAM

Coblentz offers an employee assistance program (EAP) to all benefits-eligible staff and their eligible dependents. The EAP, administered by Health Advocate through Unum, offers a completely confidential counseling and referral service for issues that may affect your personal life or job performance. The EAP can help you in balancing the demands of work and home in areas such as:

- Marriage, family and relationship issues;
- Emotional, personal, and stress-related concerns;
- Alcohol and drug abuse;
- Child and elder care resources;
- Financial and credit assistance; and
- Legal assistance.

The EAP provides up to 3 visits per incident each year. If you need further assistance beyond the EAP sessions, a counselor can refer you to other community services and additional resources available through your medical plan. Counselors are available 24 hours a day, seven days a week. You can access an array of information online at www.unum.com/lifebalance or by calling 1-800-854-1446.

SPRING HEALTH

Spring Health is the comprehensive mental health solution that serves as your single access to a network of high-quality providers and a variety of treatment options personalized to your individual needs. Finding the support that's precisely right for you, at the right time, can help you heal better, and faster.

Spring Health uses data and clinically validated technology to give you:



- Care that fits your needs, anytime, anywhere
- Personalized solutions – therapy, coaching, medication management, resources, support
- A comprehensive platform
- Same/next day appointments
- 6 virtual visits with a Spring Health Therapist OR 4 virtual visits with a Spring Health Therapist & 2 virtual visits with a Spring Health Physician
- 6 coaching sessions

Getting started is easy and 100% confidential. Sign up at coblentz.springhealth.com. You can also call (855) 629-0554 or email careteam@springhealth.com.

COMMUTER/TRANSIT PROGRAM – PARKING & TRANSIT REIMBURSEMENT ACCOUNT

The Commuter/Transit Program allows you to use pre-tax contributions to cover work-related parking and/or transportation expenses. When you enroll in the Commuter/Transit Program the amount you elect is deducted from your paycheck on a pre-tax basis. You may adjust the amount on a monthly basis. For the Transit Program, you have until the 5th of each month to make an election for the upcoming month; for the Parking Program, you'll have until the 5th of each month to enroll.

Commuter Benefits	2026 Limit
Public Transit or Vanpool	\$340
Parking At or Near Work	\$340

TRAVEL ASSISTANCE PROGRAM

Coblentz offers a travel assistance program to all benefits-eligible employees and their eligible dependents, free of charge. The CIGNA travel assistance program provides a comprehensive range of information, referrals, coordination and arrangement services designed to respond to most medical care situations and many other emergencies you may have when you travel. It also offers pre-trip assistance and information on things like passport/visa requirements, foreign currency and weather. Some of the many services offered include:

- Locating medical care;
- Emergency translator and interpreter services;
- Emergency ticket replacement;
- Emergency evacuation;
- Hotel convalescence arrangements; and
- Missing baggage assistance.

These worldwide assistance services are available to you and covered family members when traveling 100 miles or more from home, or when traveling in a foreign country on trips of up to 90 days. CIGNA Secure Travel is available 24 hours a day, seven days a week, by calling 1-888-226-4567 (US and Canada) or (202) 331-7635 (International).

COBLENTZ RETIREMENT PLANS

In addition to the benefits that provide security for today, Coblentz sponsors a number of retirement plans that help you save for your future.

Elective Contributions into the 401(k) Plan. The Coblentz 401(k) Profit Sharing Plan has a deferral feature that allows you to save for your retirement by electing to make either pre-tax or Roth (after-tax) deferrals into the plan. For standard pre-tax salary deferrals, your contributions are automatically deducted from your paycheck on a pre-tax basis, allowing you to save money in two ways: you put away money for your future and you pay less in current taxes. For Roth 401(k) deferrals, your contributions are taxed as income at the time they are put into the plan, but are non-taxable when distributed to you. If you meet certain requirements, even the investment gains on your Roth deferrals are tax-free, so your retirement savings can grow un-impered while you save for your retirement. You decide what type of deferral to make and how to invest them. The Plan offers several fund options, which are available to you through Fidelity Investments.

Pre-tax and Roth Deferrals under the Coblentz 401(k) Profit Sharing Plan	
Maximum Annual Contribution	The IRS has not yet released the official contribution limits for 2026. For planning purposes, this overview uses projected limits of \$24,500 or \$32,500 for individuals 50 years old or older.
Eligibility Requirements	All regular employees over the age of 21 are eligible to join the 401(k) feature of the Plan on the first day of the month following their date of hire.

Non-elective Contributions by the Firm into Retirement Plans. The Firm makes contributions on your behalf to one or more retirement plans, described below, regardless of whether you make salary deferrals. Generally, regardless of which plan(s) you are eligible for, when aggregated, you receive the same percentage of plan compensation (approximately 9.5%) in retirement benefits as every other employee. Like your 401(K) account, you may invest your profit sharing account and your QNEC account in one or more of the fund choices that the Plan offers through Fidelity Investments. You do not invest your cash balance account. Instead, the firm is responsible for making investments for that plan. The Cash Balance Pension Plan guarantees your account a set amount of interest (currently 4%), regardless of investment performance.

QNEC Plan	
Non-Elective Contribution	The Firm may, at its discretion, make a contribution to this plan on your behalf.
Eligibility Requirements	All regular employees who have completed one year of service with the Firm. Such employee joins on the first day of the month after completion of a year of service. You must be eligible for the 401(k) portion but not the profit sharing feature of the Coblentz 401(k) Profit Sharing Plan. You must be employed on December 31st of the year in order to be eligible for the contribution, if one is made.

Profit Sharing Feature of the 401(k) Profit Sharing Plan	
Non-Elective Contribution	The Firm may, at its discretion, make a contribution under the profit sharing feature of this plan. When profit sharing contributions are made, the amount of the contribution depends on whether you are eligible for the cash balance plan or not. You are grouped in this manner to ensure that the Firm's total retirement contribution (the Profit Sharing Contribution under this Plan plus any allocation under the Cash Balance Pension Plan) is the same percentage of compensation for each staff eligible.
Eligibility Requirements	All regular employees over the age of 21 are eligible to join the plan on the January 1 or July 1 to occur on or after he or she has completed two years of service. You must be employed on the last day of the plan year (December 31) to receive an allocation of any contribution made under the profit sharing feature of this plan.
Cash Balance Plan	
Non-Elective Contribution	3% of Compensation, if you have completed 1,000 hours of service.
Eligibility Requirements	All Employees except those who are in certain departments, as determined by the Firm, or meet the definition of Highly Compensated Employee, as defined by the IRS, for a prior year.

ADDITIONAL BENEFITS

CARE.COM

Care.com is a family care benefit that assists you with caring for your children, aging parents and pets. Through Care.com, you get access to 8 backup care days per year for your children or adult dependents. These would be for school holidays, last-minute sitter cancelations or other emergencies where you need care in the next 24 hours. Each visit or day comes with a small copay depending on if it is in-home (\$6 per day) or in a childcare center (\$10 per day) in the Care.com network. These backup care days should not replace your regularly scheduled childcare. Additionally, all employees receive a Care.com membership at no cost, which can be access at coblentz.care.com. The membership allows you to find care for your children, seniors and much more. You can even get backup care for your pets, which you can submit for reimbursement for up to \$75 per day. You can also download the Care.com app to request backup care on the go!

SOFI

SoFi helps early stage professionals accelerate their success with student loan refinancing, mortgages, mortgage refinancing, and personal loans. Coblentz has partnered with SoFi to bring you an additional rate discount on approved loans. Visit sofi.com/coblentz to explore your options and find your rate.

NOTICE OF PRIVACY PRACTICES

Coblentz understands that information about you and your health is personal and we are committed to protecting this information. Coblentz maintains a Notice of Privacy Practices that explains how we may disclose your health information. The Notice of Privacy Practices also describes your rights and our obligations regarding the use and disclosure of this information. You have the right to request a paper copy of the Notice of Privacy Practices by contacting Human Resources at One Montgomery Street, Suite 3000, San Francisco, CA 94104, telephone: (415) 371-4800.

CONTRIBUTIONS

You share in the cost of your health care coverage, which you pay on a **pre-tax basis**. Because your health care contributions are deducted from your gross pay before federal, state, and Social Security taxes are withheld, you pay less in taxes overall. However, this tax advantage slightly reduces your reported taxable wages, which may result in a modest reduction in your future Social Security benefits.

Coblentz pays the full cost of your Life, AD&D, EAP, Disability, and Base Long-Term Care, and Spring Health coverages.

Domestic Partner Coverage

Under IRS regulations, contributions you make for domestic partner coverage must be made on a **post-tax basis**. In addition, the firm's contribution toward the cost of benefits for your domestic partner and their dependents is treated as taxable income to you. If your domestic partnership is registered with the Secretary of State of California, that imputed income is exempt from California state tax.

You may wish to consult your tax advisor for more information about how this tax treatment may affect you.

The rates below show your monthly contributions for each plan.

	Kaiser HMO	CIGNA HDHP	CIGNA Dental PPO
Earnings Under \$75,000			
Employee Only	\$86.13	\$70.94	\$5.94
Employee + Spouse	\$640.28	\$711.43	\$72.69
Employee + Child(ren)	\$444.65	\$418.18	\$77.85
Employee + Family	\$1,067.13	\$1,093.87	\$162.58
Earnings Between \$75,000 - \$119,999.99			
Employee Only	\$155.87	\$128.38	\$11.86
Employee + Spouse	\$749.01	\$841.54	\$78.61
Employee + Child(ren)	\$542.45	\$506.04	\$83.77
Employee + Family	\$1,216.00	\$1,309.19	\$168.50
Earnings Between \$120,000 - \$179,999.99			
Employee Only	\$283.24	\$211.42	\$17.81
Employee + Spouse	\$940.40	\$990.42	\$84.56
Employee + Child(ren)	\$716.48	\$595.97	\$89.72
Employee + Family	\$1,477.74	\$1,511.64	\$174.45
Earnings Greater than or Equal to \$180,000			
Employee Only	\$295.15	\$256.46	\$24.12
Employee + Spouse	\$961.30	\$1,116.06	\$90.87
Employee + Child(ren)	\$737.33	\$679.06	\$96.04
Employee + Family	\$1,506.94	\$1,684.67	\$180.76

VSP Vision	
All Employees	
Employee Only	\$0
Employee + 1 Dependent (Spouse or Child)	\$5.10
Employee + 2 or more Dependents	\$13.49

WALLET CARD

Below is a wallet card containing benefit contact information that you may cut out for your reference.

Coblentz 2026			Coblentz 2026		
BENEFITS QUICK REFERENCE			BENEFITS QUICK REFERENCE		
Carrier	Group #	Phone #	Carrier	Group #	Phone #
Cigna Medical	3330180	(800) 244-6224	UNUM Disability STD	410512-507	(800) 421-0344
Kaiser Medical	602075	(800) 464-4000	UNUM Disability LTD	410512-007	(800) 421-0344
Cigna Dental	3330180	(800) 244-6224	UNUM Long Term Care	138115	(800) 227-4165
Vision VSP	12289690	(800) 877-7195	Unum EAP	n/a	(800) 854-1446
Cigna Life/AD&D	SGM 600592/ SOK 600232	(800) 238-2125	Care.com	n/a	coblentz.care.com
			Fidelity	n/a	(800) 835-5097
Spring Health	n/a	(855) 629-0554	NOTE: This card is not proof of insurance		

SUMMARY OF BENEFITS & COVERAGE

Coblentz makes available a Summary of Benefits and Coverage (SBC) for each applicable plan which summarizes important information about your health coverage options in a standard format to help you compare across options.

The SBCs for Coblentz's plans can be found on the firm Intranet, under the "Documents" tab on the [MyBenefit.Life](#) website.

To receive paper copies, please contact a member of the Human Resources Department at (415) 677-5237.

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This overview is intended to provide a convenient summary of the Coblentz benefit plans. It is not intended to be a legal document. If there are any inconsistencies between the information in this overview and the plan documents or contracts, the plan documents and contracts will prevail. More detailed information, including Summary Plan Descriptions for these plans, can be found on the Benefit Center located on the intranet.