2026

EMPOWERING YOUR PRIDE:

LGBTQ+ INCLUSIVE BENEFITS

JMM | JEFFER MANGELS & MITCHELL LLP

LGBTQ+ BENEFITS GUIDE

Jeffer Mangels & Mitchell LLP is committed to fostering a culture of inclusion that supports all employees. We strive to create an environment where individuals feel welcome, respected, and empowered to bring their authentic selves to work each day. Our benefits programs are designed to support employees in both their professional and personal lives. This guide provides an overview of available benefits and services for LGBTQ+ employees and their dependents. For detailed plan information, including eligibility requirements and coverage specifics, please refer to the Summary Plan Description (SPD) available on the JMM Benefits Microsite (https://www.jmmbenefits.com/benefits)

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MEDICAL PLANS

IMPORTANT INFORMATION

There are different medical plans (Aetna and Kaiser) offered, depending on where you live. The following pages are a summary of those health plan, designed to be descriptive and general in nature. This guide does not include all provisions, so it is important to note the following resources:

- For specific benefit and eligibility requirement information, refer to the Summary Plan Description (SPD) available on the JMM Benefits Microsite (https://www.jmmbenefits.com/benefits)
- To assist you on your care journey and answer questions specific to medical plan coverage, reach out to your health plan provider.

COVERING YOUR FAMILY

Jeffer Mangels & Mitchell LLP offers benefits for you and your family members. You can cover a spouse or domestic partner, regardless of gender. Children are covered until their 26th birthday. These dependents are covered provided they meet the eligibility criteria in the SPD available on the JMM Benefits Microsite (https://www.jmmbenefits.com/benefits)

GENDER AFFIRMING CARE

Our medical plans may offer coverage for a range of medically necessary services related to gender affirming care, including treatment of gender dysphoria. These services may include:

- Pharmaceutical coverage (hormone replacement therapies, including puberty blockers for youth)
- Coverage for medical visits and laboratory services
- Reconstructive surgical procedures related to gender affirmation (including reconstructive chest, breast, and genital procedures)
- Office and mental health visits
- Travel and lodging expenses
- Lab/Imaging services
- Inpatient hospital
- Outpatient care
- Pharmacy and hormone therapy
- Mastectomy with chest reconstruction
- Gender-confirming lower body surgeries
- Pre and post-operative exams
- Treatment for medical complications that arise from authorized gender reassignment services

Additional services may be available; members should contact their medical plan for a complete list of covered services.
Coverage is subject to plan terms, conditions, and medical necessity requirements as defined in the Summary Plan Description (SPD). Members should consult their provider and health plan for specific coverage details.

HIV SERVICES AND TREATMENT

- Pre-exposure prophylaxis (PrEP) including the injectable treatment
- Post-exposure prophylaxis (PEP)
- Antiretroviral therapy (ART) including the injectable treatment

STD SERVICES AND TREATMENT

- STD testing is covered at 100% under the plan. Treatment for STDs is also covered under the applicable benefit cost-shares.

INFERTILITY TREATMENT COVERAGE

Covered through Jeffer Mangels & Mitchell LLP health plans provided you have pre-authorization through the health plan provider and meet all other criteria noted in the SPD. Included with Infertility Treatment is Advanced Reproductive Services, such as:

- Cryopreserved embryo transfers
  (For those capable of giving birth. Specific requirements apply.)
- In vitro fertilization (IVF)
- Intrauterine insemination (IUI)
- Zygote intrafallopian transfer (ZIFT)
- Intra-cytoplasmic sperm injection (ICSI)
- Ovum microsurgery

MEDICAL PLANS

Below are some other services that are covered under your plan to support your individual journey.

Preventive visits are covered at 100% and with no out-of-pocket costs to you with an in-network provider.
All services are subject to the health plan's policies and prior authorization requirements. Check with your health plan to ensure your provider is in-network and services are covered under the plan.

Covered Services	Office Visits	Diagnostic Lab Testing	Mental Health	Pharmacy
Aetna				
Aetna HMO	$15 / $30 Copay	No Charge	$30 Copay	Generic: $10 Copay Brand: $30 Copay Preferred Brand: $50 Copay Specialty: $30 Coinsurance up to $250
Aetna HDHP	20% after deductible	20% after deductible	20% after deductible	Generic: $10 Copay after Ded. Brand: $30 Copay after Ded. Preferred Brand: $50 Copay after Ded. Specialty: $30 Coinsurance up to $250

Covered Services	Office Visits	Diagnostic Lab Testing	Mental Health	Pharmacy
Kaiser				
CA HMO	20% after deductible	20% after deductible	$20 Copay	Generic: $10 Copay Brand: $30 Copay Specialty: 20% Coinsurance up to $250

MEDICAL NECESSITY REQUIREMENTS

To receive coverage for surgical sexual reassignment services, the services must be considered medically necessary. The criteria to be considered medically necessary are:

- ✔ Procedure must be recognized as medically necessary in the most current Standards of Care published by the World Professional Association for Transgender Health (WPATH).

MEDICAL PLAN PRE-AUTHORIZATION REQUIREMENTS

aetna™

Aetna and Medical Plans

To receive coverage for comprehensive sexual reassignment services, you must have prior authorization. Be sure to contact your medical plan prior to scheduling any services.

KAISER PERMANENTE®

Kaiser Medical Plans

Your Primary Care Physician is your first point of contact. They will work with you to create a Care Team to provide support throughout the process.

AETNA RESOURCES

The following information highlights resources and support available to members enrolled in Aetna medical plans. These programs are designed to support individuals throughout their healthcare journey, including gender affirming care and overall well-being.

Removal of "Gender Edits" within the Aetna Claims System

Regardless of your gender identity, you can receive the care you need. Aetna recently replaced the words "non-binary and transgender" in their system to "transgender and gender-diverse people or individual" to ensure all are covered.

Learn More.

Personal Aetna Navigator

We recognize that transgender and gender-diverse people have to navigate many different services that require in-depth knowledge and specific authorization requirements. To better serve our transgender and gender-diverse members, we created a service solution known as a personal navigator, who provides a single point of contact and is specifically trained on the service needs these members encounter ontheir journey.

Learn More.

We can also help coordinate the necessary surgeries through our national network of hospitals. Our provider search, a key feature of our member website, includes designations for network surgeons experienced in gender confirmation surgery. Members can see the designation for "Gender Affirming Surgery top or chest" along with the surgeon's name. We consider impact on the whole family and provide resources as needed to support their identified needs. We also provide resources to members with social determinants of health barriers.

Clinical Support

Our Aetna Care Advocate Team supports medical management services for transgender and gender-diverse members, including precertification, case management and behavioral health services. Our team consists of a registered nurse care advocate, social worker and behavioral health specialist who can assist with gender dysphoria and patient support before and after the surgery.

We can refer them to counseling and to our Aetna Behavioral Health program, local support groups and online resources such as The World Professional Association for Transgender Health (WPATH).

Transgender and gender-diverse advocates provide education, support and resources on health issues unique to transgender and gender-diverse members, such as:

- Helping members understand and access benefits (transgender and gender-diverse advocates work closely with in-house experts who create medical policies on transgender and gender-diverse benefits)
- Supporting members through the gender affirmation surgery process
- Referring members to online resources, behavioral health resources and local community support
- Finding providers and facilities specialized in transgender and gender-diverse care
- Focusing care on physical and mental well-being

NEW! FOLX Health - Virtual LGBTQIA+ Provider

FOLX Health offers gender-affirming care, primary care, sexual and reproductive health services, preventive care, fertility and family building consultation and mental health care.

Services include:

- Gender affirming Hormone Therapy, Surgical Navigation, Support Groups, Education & Resources
- For wellness and preventions, FOLX performs wellness exams as well as treating infections, skin & hair, hypertension, migraines, asthma, and GI issues
- Sexual and Reproductive Health; Birth Control, Emergency Contraception, Erectile Dysfunction, HIV Testing & Treatment, PCOS, PEP/PrEP, STI testing and treatment and UTI testing and treatment
- Mental health services that include Depression, Anxiety, Gender Dysphoria, and Insomnia

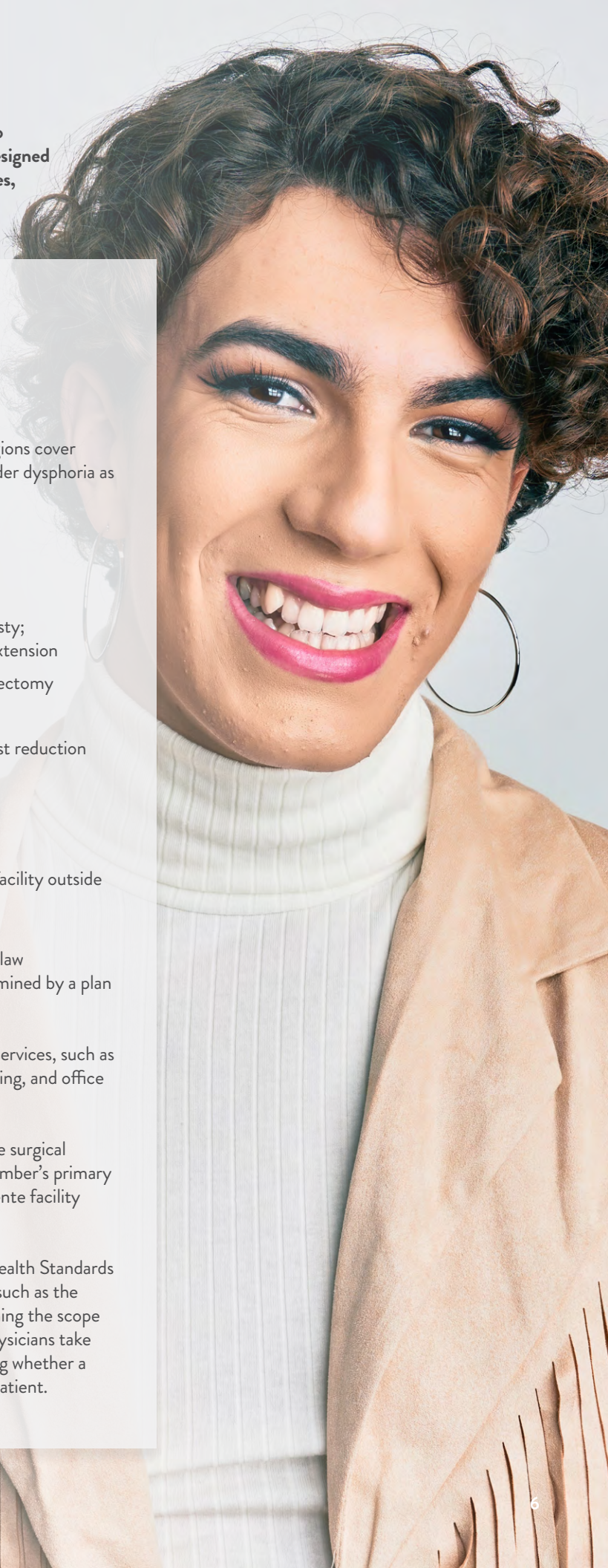
The FOLX provider team is made up of medical doctors (MDs), doctors of osteopathy (Dos), nurse practitioners (NPs), physician assistants (Pas), and certified nurse midwives (CNMs), all of whom specialize in LGBTQIA+ care.

Transgender Support Center

- Valuable resources to assist transgender and gender-diverse members through all phases of their experience
- Features to help find gender-affirming medical and behavioral health providers
- Features explaining benefits and costs

KAISER RESOURCES

The following information highlights resources and support available to members enrolled in Kaiser Permanente medical plans. Services are designed to support medically necessary care, including gender affirming services, mental health support, and coordinated care management.



KAISER PERMANENTE®

Covered Services

All of Kaiser Permanente's fully insured, commercial plans in all regions cover medically necessary transgender services for the treatment of gender dysphoria as base benefits, including:

- Mental health services
- Hormone therapy
- Gender-affirming lower-body surgeries including:
  - Hysterectomy; oophorectomy; metoidioplasty; phalloplasty; vaginectomy; scrotoplasty; erectile prosthesis; urethral extension
  - Penectomy; vaginoplasty; clitoroplasty; labiaplasty; orchiectomy
- Upper-body gender affirmation surgeries including:
  - Bilateral mastectomy with chest reconstruction and breast reduction
  - Breast augmentation
- Tracheal shave
- Facial hair removal
- Travel and lodging (when referred by Kaiser Permanente to a facility outside member's service area)

Additional services may be covered in some regions based on state law requirements. All services are based on medical necessity as determined by a plan physician.

A member's primary care physician helps coordinate non-surgical services, such as mental health services, hormone therapy, laboratory services, imaging, and office visits at a local Kaiser Permanente facility.

Where we have specialized providers on staff, members may receive surgical services at a Kaiser Permanente facility. When appropriate, the member's primary care physician will assist in referring a member to a Kaiser Permanente facility outside their service area or to an external contracted provider.

Kaiser Permanente takes the World Association for Transgender Health Standards of Care (WPATH SOC v.7), as well as other published guidelines (such as the 2017 Endocrine Society Guidelines), into consideration in establishing the scope of its coverage for transgender-related services. In addition, our physicians take the Standards of Care medical criteria into account when evaluating whether a particular covered service is medically appropriate for a particular patient.

LEAVE RESOURCES

Leave and Disability Benefits
Jeffer Mangels & Mitchell LLP provides leave and disability benefits designed to support employees during periods of medical need or personal leave. For complete policy terms, definitions, and administrative requirements, employees should refer to the Employee Handbook, Leave of Absence policies, and applicable Parental Leave Policies, as well as governing plan documents.

Jeffer Mangels & Mitchell LLP Disability Program
The Firm's disability program provides financial protection if you are unable to work due to a covered illness, injury, or medical condition. Short-Term Disability (STD) is offered as a voluntary, employee-paid benefit, while Basic Long-Term Disability (LTD) coverage is employer-paid and automatically provided to eligible employees. Benefit amounts vary by employee classification; please refer to the chart below for details.

- Voluntary Short-Term Disability (STD), administered through Unum, provides income replacement during periods of temporary disability, including medical recovery.
    - o Website: **Login Now**
    - o Phone: (866) 679-3054
- Long-Term Disability (LTD), provided through Lincoln Financial, offers continued income replacement for extended disabilities.
    - o Website: **Login Now**
    - o Phone: (800) 234-3500

Jeffer Mangels & Mitchell LLP Medical Leave
Eligible employees may take up to 12 weeks of unpaid, job-protected leave within a 12-month period for qualifying reasons, including the employee's own serious health condition, the care of a covered family member, or bonding with a new child. Leave is administered in accordance with the Family and Medical Leave Act (FMLA) and the California Family Rights Act (CFRA), which generally run concurrently. Additional leave entitlements may apply in limited circumstances under California law. Health benefits are maintained during the protected leave period, subject to employee premium contributions.

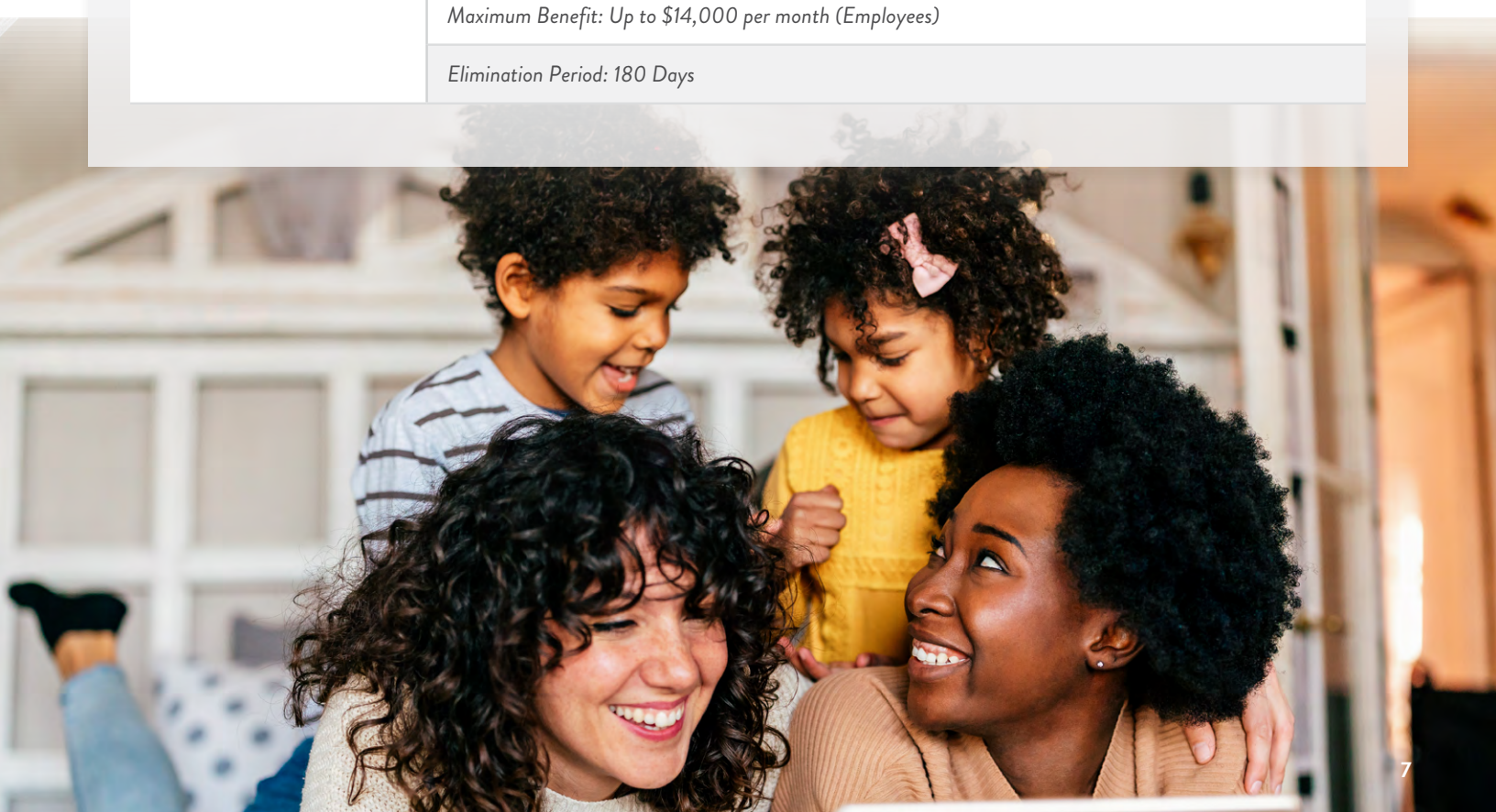
Jeffer Mangels & Mitchell LLP Paid Parental Leave
The Firm provides paid parental leave to support employees welcoming a new child, including through birth, adoption, foster placement, or surrogacy. Paid parental leave is available to all eligible Associates and Staff who become parents, including birth parents, spouses, and domestic partners, and is designed to support bonding and caregiving during the first year following a qualifying event.

- Associates are eligible for up to 16 weeks of paid parental leave at 100% of base compensation, subject to eligibility requirements and coordination with applicable benefits (see Associate Parental Leave Policy)
- Staff employees are eligible for up to 12 weeks of paid parental leave at 100% of base compensation, subject to eligibility requirements and coordination with applicable benefits (See Staff Parental Leave Policy)

Leave must be taken within 12 months of the qualifying event and will run concurrently with the Family and Medical Leave Act (FMLA) and the California Family Rights Act (CFRA), where applicable.

Jeffer Mangels & Mitchell LLP Pregnancy Disability Leave (PDL)
For employees who give birth, Pregnancy Disability Leave (PDL) provides job-protected leave for pregnancy, childbirth, and related medical conditions, in accordance with California law. PDL provides up to four months (17⅓ weeks) of job-protected leave, as certified by a healthcare provider, and may be taken intermittently or on a reduced schedule when medically necessary. During this period, income replacement may be provided through the Voluntary Short-Term Disability (STD) benefit administered by Supplemental Short Term Disability Unum, as applicable. PDL is medical leave and runs separately from the California Family Rights Act (CFRA). Following the medical recovery period, eligible employees may transition to paid parental leave for bonding, consistent with Firm policy.

Voluntary Short-Term Disability	
	Coverage: 80% of pre-disability weekly earnings for up to 25 weeks
	Maximum Benefit: Up to $3,500 per week
	Elimination Period: 7-Days Injury / Illness
Long-Term Disability	
	Coverage: 60% of pre-disability monthly earnings up to Social Security Normal Retirement Age
	Maximum Benefit: Up to $20,000 per month (Partners)
	Maximum Benefit: Up to $14,000 per month (Employees)
	Elimination Period: 180 Days

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