

WINSTEAD

2025



DOGGONE GOOD BENEFITS



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WELCOME

At Winstead PC it's our employees who make the difference in our success. That's why, each year, you have the opportunity to choose from a variety of benefits that can make a real difference in your life. We offer a broad range of benefits, including health care, life insurance, disability insurance, and much more. You can customize a benefits program that's exactly right for your personal situation.

This guide provides a summary of your benefit options. Please review it carefully and make your elections before the deadline. All elections you make during the Open Enrollment period will be effective on January 1, 2025. Most changes will not be allowed at any other time unless you have a Qualified Life Event (such as a birth, death, divorce, marriage, etc.).

If you have any questions about your benefits choices or about how to enroll, please reach out to get the answers you need to ensure that you have the benefits you need for the year ahead.



ELIGIBILITY



You have 31 days from your date of hire to enroll in coverage if you work at least 30 hours per week. Your benefits are effective on the first day of the month following 15 days of employment. You may also enroll your eligible dependents for coverage.

This includes the following:

- Your legal spouse or qualified domestic partner
- Children under the age of 26, regardless of student, dependency or marital status
- Children who are past the age of 26 and are fully dependent on you for support due to a mental or physical disability, and who are indicated as such on your federal tax return

Qualified Life Events

Generally, you may only change your benefit elections during the Open Enrollment period. However, because life happens, you also may change your benefit elections during the year if you experience a Qualified Life Event.

QUALIFIED LIFE EVENT		DOCUMENTATION NEEDED
Change in marital status	Marriage	Copy of marriage certificate
	Divorce/Legal Separation	Copy of divorce decree
	Death	Copy of death certificate
Change in number of dependents	Birth or adoption	Copy of birth certificate or copy of legal adoption papers
	Step-child	Copy of birth certificate plus a copy of the marriage certificate between employee and spouse
	Death	Copy of death certificate
Change in employment	Change in your eligibility status (i.e., full-time to part-time)	Notification of increase or reduction of hours that changes coverage status
	Change in spouse's benefits or employment status	Notification of spouse's employment status that results in a loss or gain of their coverage

Changing Benefits After Enrollment

During the year, you cannot make changes to your medical, dental, vision, Health Care or Dependent Care Flexible Spending Accounts unless you have a Qualified Life Event. If you do not make changes within 60 days of the Qualified Life Event, you will have to wait until the next annual Open Enrollment period to make changes (unless you experience another Qualified Life Event).



BENEFIT COSTS

Winstead pays the full cost of many of your benefits. For others, Winstead and you share the cost or you pay the full cost.

Pre-tax means the cost comes out of your pay before taxes are deducted. After-tax means costs come out after taxes are deducted. The chart below shows who pays for each benefit and the related tax treatment.

BENEFIT	WHO PAYS	TAX TREATMENT
Medical, Prescription	Winstead / You	Pre-tax
Dental	You	Pre-tax
Vision	You	Pre-tax
Basic Life and Accidental Death & Dismemberment (AD&D) Insurance	Winstead	N/A*
Voluntary Life	You	After-tax
Long-Term Disability Coverage	Winstead	N/A
Voluntary Short-Term Disability	You	After-tax
Flexible Spending Accounts	You	Pre-tax
Employee Assistance Plan	Winstead	N/A
Family Planning Support	Winstead	N/A
Additional Voluntary Benefits	You	After-tax

* The value of life insurance coverage in excess of \$50,000 will be reflected as taxable income.



How to Enroll

- Log on to Dayforce
 - If this is your first time to log on to Dayforce, click on the Windows icon in the lower left-hand corner of your VDI screen. Attorneys will be asked for secondary authentication through the Okta Verify app.
- Add or update your dependent(s), beneficiary and emergency contact information

2025 MONTHLY RATES

HDHP WITH HEALTH SAVINGS ACCOUNT		
	NON-ATTORNEY	ATTORNEY
Employee Only	\$82.47	\$189.56
Employee + Spouse	\$164.89	\$500.99
Employee + Child(ren)	\$137.40	\$399.45
Employee + Family	\$322.90	\$724.42

PPO		
	NON-ATTORNEY	ATTORNEY
Employee Only	\$358.83	\$561.93
Employee + Spouse	\$893.66	\$1,428.51
Employee + Child(ren)	\$771.80	\$1,191.55
Employee + Family	\$1,421.74	\$2,098.75

DENTAL		
	DHMO	DPPO
Employee Only	\$15.52	\$44.12
Employee + Spouse	\$38.93	\$110.72
Employee + Child(ren)	\$37.40	\$106.34
Employee + Family	\$63.92	\$181.76

VISION		
	BASE PLAN	BUY-UP
Employee Only	\$11.47	\$18.20
Employee + Spouse	\$23.85	\$37.85
Employee + Child(ren)	\$25.54	\$40.53
Employee + Family	\$37.59	\$59.65

SUPPLEMENTAL LIFE	
AGE	RATE PER \$1,000
0-19	\$0.050
20-24	\$0.050
25-29	\$0.060
30-34	\$0.080
35-39	\$0.090
40-44	\$0.130
45-49	\$0.230
50-54	\$0.370
55-59	\$0.600
60-64	\$0.780
65-69	\$1.270
70+	\$2.060



MEDICAL PLAN

Winstead's medical coverage through UnitedHealthcare provides you and your family the protection you need for everyday health issues, or when the unexpected happens.

You can choose from any of the medical plans – each medical plan offers:

- Comprehensive health care benefits
- In-network preventive care covered at 100%
- Coverage for eligible children up to age 26
- Prescription drug coverage

Choose the Plan That's Right for You

The key difference between the plans is the amount of money you'll pay each pay period when you need care. The plans have different:

- **Annual deductible amounts** – The amount you pay each year for eligible in-network and out-of-network charges before the plan begins to pay
- **Out-of-pocket maximums** – The most you will pay each year for eligible network services including prescriptions
- **Copay and coinsurance** – Money you pay toward the cost of covered services



Save When You Use In-Network Providers

In-network providers offer the highest level of benefits and lower out-of-pocket costs. Network providers charge you reduced fees but providers outside the plan's network set their own rates, which means you may have to pay the difference if a provider's fees are above the usual and customary amounts.



Medical Plan Comparison

	HDHP WITH HSA PLAN		PPO PLAN	
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
CALENDAR YEAR DEDUCTIBLE (CYD)				
Individual	\$4,000	\$15,000	\$2,000	\$15,000
Family	\$8,000	\$30,000	\$4,000	\$30,000
CALENDAR YEAR OUT-OF-POCKET MAXIMUM (INCLUDES DEDUCTIBLE)				
Individual	\$4,000	No Maximum	\$4,000	No Maximum
Family	\$8,000	No Maximum	\$8,000	No Maximum
	YOU PAY			
Coinsurance	0%	50%*	20%	50%*
Preventive Care	\$0	50%*	\$0	50%*
Primary Care Physician	\$0*	50%*	\$35	50%*
Specialist	\$0*	50%*	\$75	50%*
Urgent Care	\$0*	50%*	\$50	50%*
Emergency Room	CYD then \$300	CYD then \$300	CYD then \$300	CYD then \$300
Rx PLAN DESIGN	RETAIL		RETAIL	
Deductible	CYD ¹ then \$0	Not Covered	\$100 ² (single) \$300 (family)	Not Covered
Generic Copay	CYD then \$0	Not Covered	\$7.50	Not Covered
Preferred Copay	CYD then \$0	Not Covered	\$30	Not Covered
Non-preferred Copay	CYD then \$0	Not Covered	\$75	

* After deductible

¹ CYD = calendar year deductible

² Deductible only applies to brand name Rx



Pharmacy Plan

Provided by OptumRx and administered by RxBenefits

You will receive a separate ID card from OptumRx with a separate prescription drug member ID number. If you have any questions about the new ID cards or prescription benefits, contact RxBenefits Member Services at **800-334-8134**. You will be required to create a separate OptumRx log-in.

Visit member.rxbenefits.com to:

- Locate a nearby pharmacy
- Refill mail order prescriptions
- Review current medications
- Review preferred drug list and formulary exclusions
- View your claims
- Print temporary ID cards

Once you receive your new member ID number, you can log-in to OptumRx or download the OptumRx mobile app to take advantage of your pharmacy benefits.

HEALTH SAVINGS ACCOUNT

An HSA is a personal savings account you can use to pay for qualified out-of-pocket medical expenses with pre-tax dollars – now or in the future. Once you're enrolled in the HSA, you'll receive a debit card to help manage your HSA reimbursements. Your HSA can also be used for your expenses and those of your spouse and dependents, even if they are not covered by the HDHP medical plan. If you recently enrolled in the HDHP and need to establish your HSA, please go to <https://enrollhsa.optumbank.com/enrollment#/>. You can access your HSA account information through www.myuhc.com or www.optumbank.com.

How a Health Savings Account Works



Eligibility

You must be enrolled in the High Deductible Health Plan.

You contribute on a pre-tax basis and can change how much you contribute from each paycheck up to the IRS maximum of \$4,300* if you enroll only yourself, or \$8,550* if you enroll in family coverage. You can make an additional \$1,000 catch-up contribution if you are age 55.

Your Contributions

Winstead's Contribution

- \$500 for employee only coverage
- \$1,000 for all other tiers



Eligible Expenses

Medical, dental, vision and prescription drug expenses incurred by you and your eligible family members. If you want to enroll in a Health Care FSA, you are eligible to enroll only in a Limited Purpose FSA.

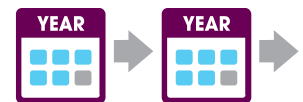
Using Your Account

Use the debit card linked to your HSA to cover eligible expenses, or pay for expenses out of your own pocket and save your HSA money for future health care expenses.



Remaining Funds

Money left in your HSA at the end of the year will roll over to the next year – you'll never lose your HSA dollars. If you leave Winstead or retire, you can take your HSA with you and continue to pay and save for future eligible health care expenses.



* The IRS maximum includes Winstead's contribution

Your HSA is Always Yours – No Matter What!

One of the best features of an HSA is that any money left in your HSA account at the end of the year rolls over so you can use it next year or sometime in the future. And if you leave Winstead or retire, your HSA goes with you!

The Triple Tax Advantage

- 1 You can use your HSA funds to cover qualified medical expenses, plus dental and vision expenses too – tax free.
- 2 Unused funds grow and can earn interest over time – tax free.
- 3 You can save your HSA funds to use for your health care when you leave Winstead or retire – tax free.

The HDHP and HSA: How They Work Together

Together, your and Winstead's contributions can cover a portion of your deductible and coinsurance.



Free In-Network Preventive Care

To emphasize the importance of wellness, preventive care is covered at 100%, if you receive this care from in-network providers.



Deductible

You pay for your initial medical costs until you meet your annual deductible. This deductible is higher compared to the other medical plan, but offset by HSA contributions you and Winstead may make.



Coinsurance

Once the deductible is met, you and Winstead share any further health care costs until you meet the out-of-pocket maximum.

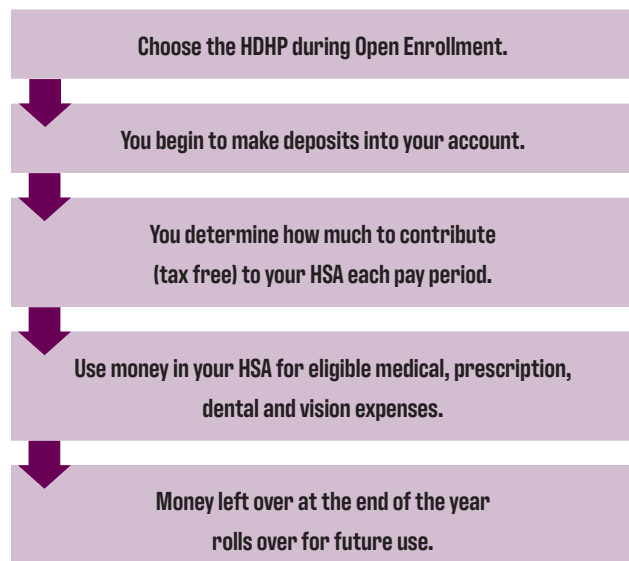


Out-of-Pocket Maximum

The plan limits the total amount you'll pay each year. Once you meet your out-of-pocket maximum, the plan pays 100% of your eligible, in-network expenses for the remainder of the year.

How the HSA Works

Please note: Funds available for reimbursement are limited to the balance in your HSA.



Yolanda enrolls herself only in the HDHP with HSA. She chooses to use her HSA to pay for covered services – this reduces her out-of-pocket amount needed to meet her deductible before her health plan begins to pay.

YEAR 1 EXAMPLE	YEAR 2 EXAMPLE
Winstead deposits \$500 in Yolanda's HSA	Winstead deposits \$500 in Yolanda's HSA
She contributes \$3,150 to her HSA (tax free) for total of \$3,650	She contributes \$3,650 for total of \$4,150
She uses her HSA to pay \$700 of eligible expenses	\$2,950 rolls over from last year for total of \$7,100
She has \$2,950 in her HSA to roll over to next year	She uses her HSA to pay \$1,250 of eligible expenses
	She has \$5,850 in her HSA to roll over to next year

FLEXIBLE SPENDING ACCOUNTS

Comparing (FSA) Flexible Spending Accounts

HEALTH CARE	LIMITED PURPOSE	DEPENDENT CARE
Contribute up to \$3,300 per year, pre-tax	Contribute up to \$3,300 per year, pre-tax	Contribute up to \$5,000 per year, pre-tax, or \$2,500 if married and filing separate tax returns
Receive a debit card to pay for eligible medical expenses (funds must be available in your account)	Receive a debit card to pay for eligible dental and vision (funds must be available in your account)	You must submit claims and be reimbursed if you enroll in this FSA; no debit cards are provided
Eligible expenses include medical copays, coinsurance, deductibles, eyeglasses, over-the-counter medications prescribed by your doctor	Eligible expenses include dental and vision copays, coinsurance, deductibles, eyeglasses, over-the-counter medications prescribed by your doctor	Can only be used to pay for eligible dependent care expenses including day care, after-school programs and elder care programs
Submit claims up to March 31 of the following year for expenses from January 1 to December 31	Submit claims up to March 31 of the following year for expenses from January 1 to December 31	Submit claims up to March 31 of the following year for expenses from January 1 to December 31
If you do not spend all the money in this FSA by December 31 , unused dollars will be forfeited per IRS regulations for pre-tax contributions	If you do not spend all the money in this FSA by December 31 , unused dollars will be forfeited per IRS regulations for pre-tax contributions	If you do not spend all the money in this FSA by December 31 , unused dollars will be forfeited per IRS regulations for pre-tax contributions

How You Can Save on Taxes with FSAs

Here's an example of how much you can save when you use the FSAs to pay for your predictable health care and dependent care expenses.



	HEALTH CARE FSA		DEPENDENT CARE FSA	
	Without Account	With Account	With Account	With Account
Your Taxable Annual Income	\$50,000	\$50,000	\$50,000	\$50,000
Account Deposit (Before Taxes)	NA	\$3,300	NA	\$5,000
Taxable Wages	\$50,000	\$46,700	\$50,000	\$45,000
Federal & Social Security Taxes	\$14,325	\$13,380	\$14,325	\$12,894
Expense (After Taxes)	\$3,300	N/A	\$5,000	N/A
Take Home (Net)	\$32,375	\$33,320	\$30,675	\$32,106
Annual Tax Savings	\$0	 \$945	\$0	 \$1,431

Telemedicine: UHC Virtual Visits With Doctor on Demand

If you are enrolled in a Winstead medical plan you have access to UHC Virtual Visits, a telemedicine service that helps you resolve non-emergency medical issues – at any time, from wherever you happen to be.

Virtual Visits are convenient and less expensive when compared to costs for similar services treated at a physician's office, urgent care center or emergency room. A virtual visit lets you see and talk to a doctor from your mobile device or computer without an appointment. Most visits take about 10–15 minutes and doctors can write a prescription, if needed, that you can pick up at your local pharmacy.*

UHC Virtual Visit providers can diagnose and treat a wide range of non-emergency medical conditions including:

- Bladder/Urinary tract infection
- Fever
- Sinus problems
- Bronchitis
- Migraine/Headaches
- Sore Throat
- Cold/Flu
- Pink eye
- Stomach ache
- Diarrhea
- Rash

The cost per visit will vary based on your medical plan:

- Choice Plus HDHP – \$49
- PPO Plan – \$40

*Prescription services may not be available in all states.

Use Virtual Visits When:

- Your doctor is not available
- You become ill while traveling
- You are considering visiting a hospital emergency room for a non-emergency health condition

Not Good For:

- Anything requiring an exam or test
- Complex or chronic conditions
- Injuries requiring bandaging or sprains/broken bones

To access participating UHC Virtual Visit Providers

- Log in to www.myuhc.com, UHC's Health4Me™ mobile app OR download the Doctor on Demand app to your smart device
- Choose from provider sites where you can register for a virtual visit
- Upon registration, you will be required to pay for your visit. Acceptable forms of payment include: credit cards or debit cards (including FSA or HSA debit cards)
- Once your payment is received, you will then enter a virtual waiting room
- UHC Virtual Visit provider groups are expected to deliver care within 30 minutes or less from the time of your request
- You can also select a specific appointment time to speak with a UHC Virtual Visit provider



HEALTH PRO – ALIGHT'S HEALTH CARE NAVIGATION

Alight's Health Care Navigation Services can help you bring down your overall health care costs. If you are enrolled in one of the medical plans, the Health Pros at Alight are available to answer your health care questions and guide you through the complexities of your medical, dental and vision plans – at no cost to you.

HOW YOUR HEALTH PRO TAKES CARE OF YOU



Understand Insurance Benefits

Receive guidance in understanding your benefits throughout the year.



Coordinate Care

Receive help scheduling appointments and coordinating care. Alight gives you back all the time you spent on hold and helps you get the services you need.



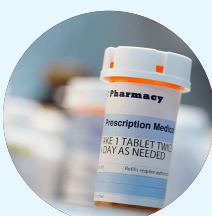
Find A Great Doctor

Find highly-rated doctors, dentists and eye care professionals in your area who meet your personal preferences and health care needs.



Save Money On Medical Care

Get price comparisons before receiving care. Depending on the doctor, hospital or facility, costs can vary by hundreds or thousands of dollars – even in-network.



Pay Less For Prescriptions

Alight can compare medication prices and explore lower-cost options for you.



Get Help With Medical Bills

Have your medical bills reviewed to make sure you are not overcharged.

Health Care Support for You and Your Family



Simply visit member.alight.com and click on "Register" to get started.

Note: All contact with Alight is strictly confidential.

Health Care Help on the Go



Whether you need help finding a great doctor or lowering health care costs, you can make smarter, in-the-moment health care decisions with the Health Pro Cloud app. Get instant answers to health care questions 24/7.



Testimonials

James – Savings of \$800

"When I hurt my shoulder, my doctor told me I needed a CT scan. Luckily, I used Alight to check prices first because the hospital was going to charge me \$1,500. Alight found an imaging center near my home that only charged \$700."

Sarah – Savings of \$600

"After my surgery, I wanted to check my various bills and charges to make sure I wasn't being overcharged. I had absolutely no time to do this, so I called Alight and they found several mistakes. They worked everything out between the hospital and the insurance company and it saved me \$600."

DENTAL PLAN



Your dental health is an important part of your overall wellness. Dental insurance gives you a reason to smile – it's affordable and covers preventive care (including regular checkups) as well as fillings, bridges, crowns and other dental services.

When you enroll in the Dental Plan through Cigna, you may visit any dentist you choose, but in-network providers offer larger discounts and can file your claims for you. If you prefer to see an out-of-network provider, keep in mind, since they are not under a contract, they may charge you for any amount billed in excess of the negotiated discounted rate.

The amount you pay for your coverage is based on who you cover and which plan you choose.



	DHMO	DPP0	
	IN-NETWORK ONLY	IN-NETWORK	OUT-OF-NETWORK
CALENDAR YEAR DEDUCTIBLE			
Individual	\$0	\$50	\$50
Family	\$0	\$150	\$150
CALENDAR YEAR MAXIMUM BENEFIT			
Per Individual	Unlimited	\$1,000 per individual (Basic and Major Services combined)	
	YOU PAY		
SERVICES			
Office Visit	\$5 copay	N/A	
PREVENTIVE CARE			
Exams, Cleanings, X-rays, Fluoride Treatments	\$0	\$0	\$0
BASIC SERVICES			
Fillings, Space Maintainers, Sealants, Extractions, Oral Surgery, Endodontics, Periodontics, Emergency Exams	Various copays apply. See Schedule of Benefits.	20%	20%
MAJOR PROCEDURES			
Crowns, Inlays/Outlays, Dentures and Bridgework, Repairs	Various copays apply. See Schedule of Benefits.	50%	50%
ORTHODONTIA			
24-Month Treatment Fee – Additional fees will apply for pre-ortho visits and treatment, records and retention, and banding			
Adults	\$2,376	N/A	
Children (up to 20th birthday)	\$2,040	50% up to a lifetime maximum benefit of \$1,000 per individual; \$50 calendar year deductible	



VISION PLAN

Our vision care plan through VSP provides affordable, quality vision care nationwide. In addition to the Base VSP plan, Winstead offers a Buy-Up plan that provides more comprehensive benefits. These benefits include an annual frame allowance plus additional upgrade options. The table below outlines the plan designs for both plans.

Although vision care services and supplies are covered in- and out-of-network, your benefits are generally greater when you use network providers. Your costs are based on the family members you choose to cover.

The VSP Vision Buy-Up plan covers frames every calendar year and gives you access to VSP's EasyOption coverage enhancements!

	VSP BASE PLAN	VSP BUY-UP PLAN
Exam Copay	\$20	\$20
Material Copay	\$20	\$20
FREQUENCY		
Exams	Every calendar year	Every calendar year
Lenses	Every calendar year	Every calendar year
Frames	Every other calendar year	Every calendar year
FRAME COVERAGE		
VSP Doctors	\$130 allowance; plus 20% off any amount above the allowance	\$130 allowance; plus 20% off any amount above the allowance
CONTACT LENS COVERAGE		
Elective Contact Lenses (prescription contact lenses, in lieu of glasses)	\$150 allowance	\$150 allowance
Necessary Contact Lenses	Covered in full after copay	Covered in full after copay
PLAN ENHANCEMENT		
VSP EasyOption Member can choose from one of these covered enhancements	N/A	\$230 frame allowance, or \$200 contact lens allowance, or photochromic lenses, or anti-reflective lenses



LIFE AND ACCIDENTAL DEATH & DISMEMBERMENT (AD&D) INSURANCE

It's important to give some serious thought to what expenses and income needs your dependents would have if something happened to you. To make sure you have financial protection, Winstead offers several different types of Life and AD&D insurance through The Standard.

Basic Life insurance coverage is provided at no cost to you, and you are automatically enrolled even if you don't elect medical. If you purchase additional Life insurance for yourself, you may also purchase coverage for your spouse and dependent children.

AD&D is provided as part of your Basic Life coverage and provides you specified benefits for a covered accidental bodily injury that directly causes dismemberment (i.e., the loss of a hand, foot or eye). In the event that death occurs from an accident, 100% of the AD&D benefit would be payable to your beneficiary(ies).

BASIC LIFE & AD&D	
	BENEFIT
Equity Shareholders	\$760,000 or \$1,000,000
Income Shareholders	\$600,000
Non-Shareholder Attorneys and Managers	2x Annual Salary + \$10,000
All Other Employees	1x Annual Salary + \$10,000

Voluntary Life Coverage

Voluntary optional life insurance for you, your spouse and children can help protect your family during difficult times. Eligible employees may purchase Voluntary Life for themselves and their family.

Guaranteed Issue (GI) and Evidence of Insurability (EOI)

Employee: When you are first eligible for Voluntary Life, you may purchase up to \$300,000 of coverage without EOI. If the amount requested is more than \$300,000, you will need to provide EOI before the amount over GI becomes effective.*

Spouse: You may cover a spouse up to \$200,000, not to exceed your own Voluntary Life amount. GI for spouse life coverage is \$50,000. Any amount over \$50,000 requires EOI.*

Child(ren): Benefit is a flat \$10,000.

* EOI is also required if you do not sign up when you are first eligible.

Imputed Income

Under current tax laws, imputed income (the value of your basic life insurance that exceeds \$50,000) is subject to federal income, Social Security, and state income taxes, if applicable. This imputed income amount will be included in your paycheck and shown on your W-2 statement.

DISABILITY INSURANCE

If you have a serious injury or illness that keeps you from working, how would you pay your bills? Disability insurance replaces a portion of your income when you are unable to work due to a qualified illness or non-work-related injury.

Voluntary Short-Term Disability (STD)

Pregnancy, a scheduled surgery or an unplanned illness or injury could keep you off the job and without income for an extended period of time. STD can protect part of your paycheck should you become disabled.

COVERAGE	BENEFIT
Short-Term Disability	60% of your weekly earnings to a \$1,500 maximum for 11 weeks Benefit begins after 14 days of disability

Long-Term Disability (LTD)

LTD makes sure you have a portion of your income replaced if you can't work for an extended period of time due to a non-work-related illness or injury. This coverage, provided by The Standard, is coordinated with other benefits you may receive while disabled, such as Social Security and Worker's Compensation. LTD payments will last for as long as you are disabled or until you reach your Social Security Normal Retirement Age, whichever comes first. Certain exclusions and pre-existing condition limitations may apply.

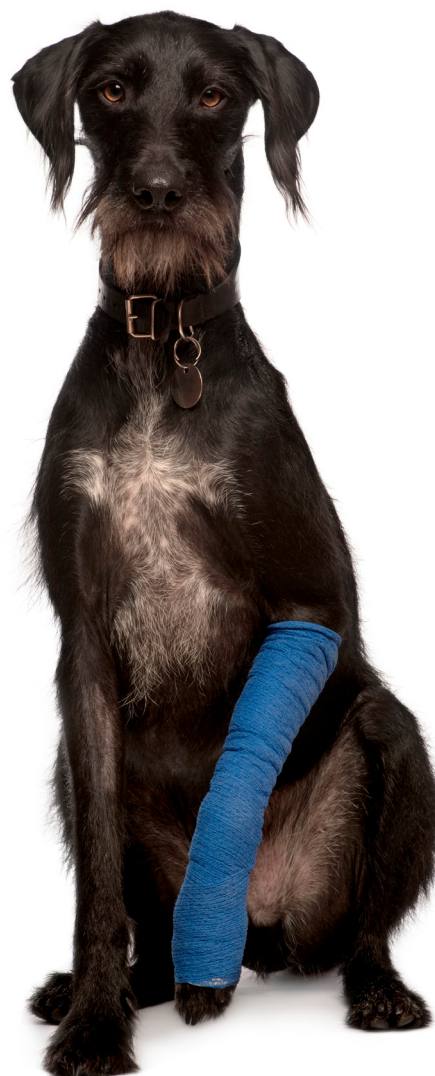
LTD is provided at no cost – you are automatically covered as a full-time employee and no enrollment is needed.

BASIC LTD	BENEFIT
Shareholders	50% up to \$16,667 per month
Non-Shareholder Attorneys and Managers	60% up to \$14,000 per month
All Other Employees	60% up to \$5,000 per month

Supplemental Long-Term Disability

If you meet eligibility requirements, you will receive a packet from The Standard regarding your ability to purchase Long-Term Disability insurance that pays a benefit in addition to the Firm-paid benefit.

- Rates lock in at the age purchased
- Policy is fully portable if you leave Winstead
- Deductions begin after approval is received from The Standard
- If electing after the first 31 days of employment, you are subject to Evidence of Insurability
- Conditional coverage starts when the application is signed



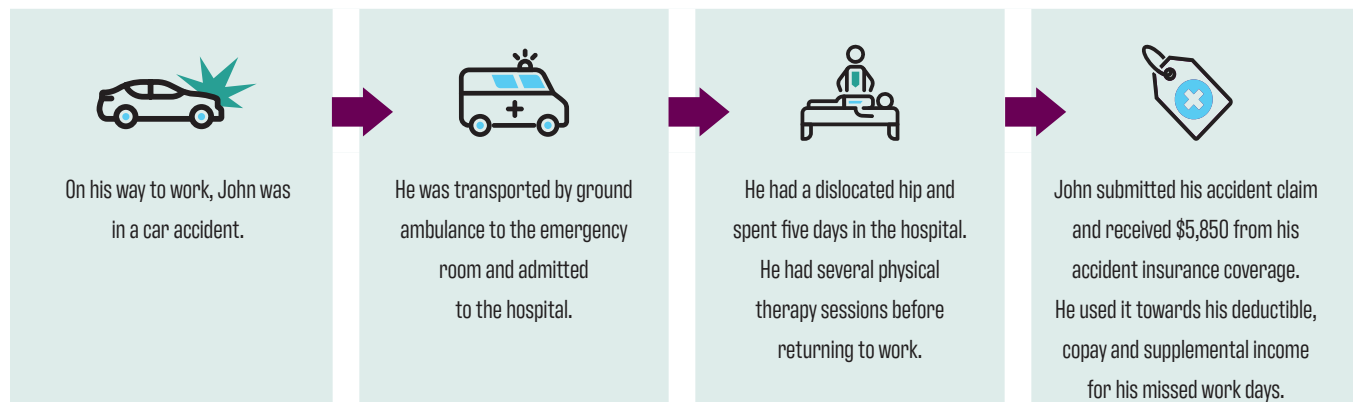
ACCIDENT INSURANCE

Just as it sounds, Accident insurance can help you pay for costs you may incur after an accidental injury. This type of injury includes things such as a car accident, a fall while skiing, or even a fall down the stairs at home. This benefit is paid regardless of any other insurance coverage you might have (including your medical coverage).

 Emergency Room Visits	 Medical Exams – including major diagnostic exams
 Hospital Stays	 Physical Therapy
 Fractures and Dislocations	 Transportation and Lodging – if you are away from home when the accident happens

How the Plan Works

Again, these benefits are in addition to any health insurance benefits you may receive. The benefit amount is paid directly to you. You can use this money in any way you like, including deductibles, child care, housecleaning, groceries, utilities, or any purpose that can help you meet your personal, financial or household needs. **For example:**



JOHN'S ACCIDENT INSURANCE BENEFITS PAID A TOTAL OF: \$5,850

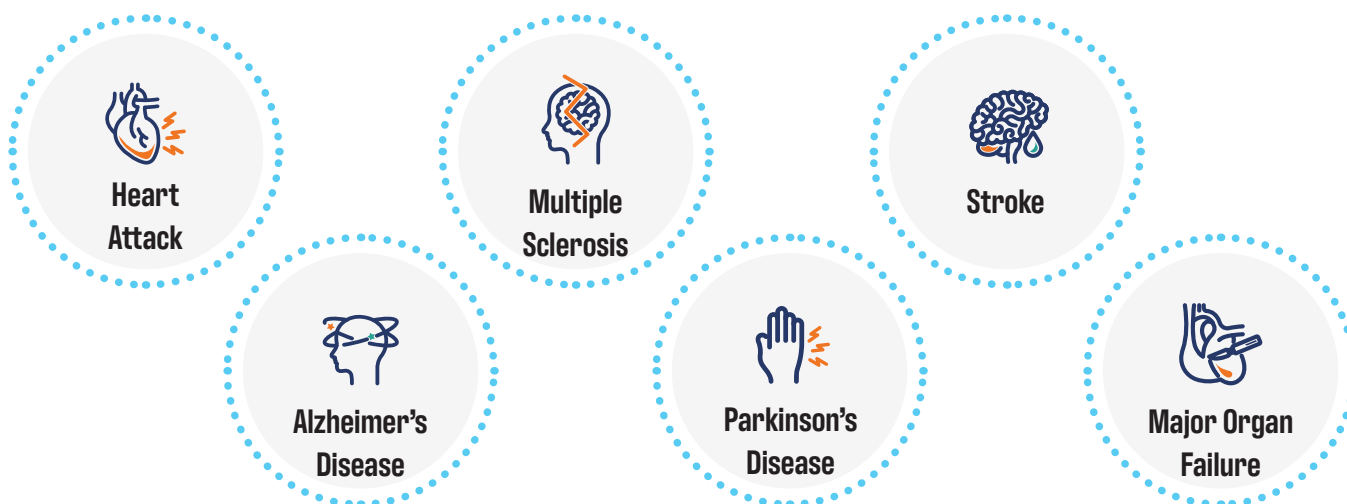
Ground Ambulance	\$300	MRI	\$150	Dislocated Hip	\$3,000
Emergency Room	\$150	Hospital Stay – Admission	\$1,000	Appliances	\$100
X-ray	\$50	Hospital Stay – Daily (5 days)	\$1,000	Physical Therapy (4 sessions)	\$100

Please refer to the benefit summary for details of this coverage.



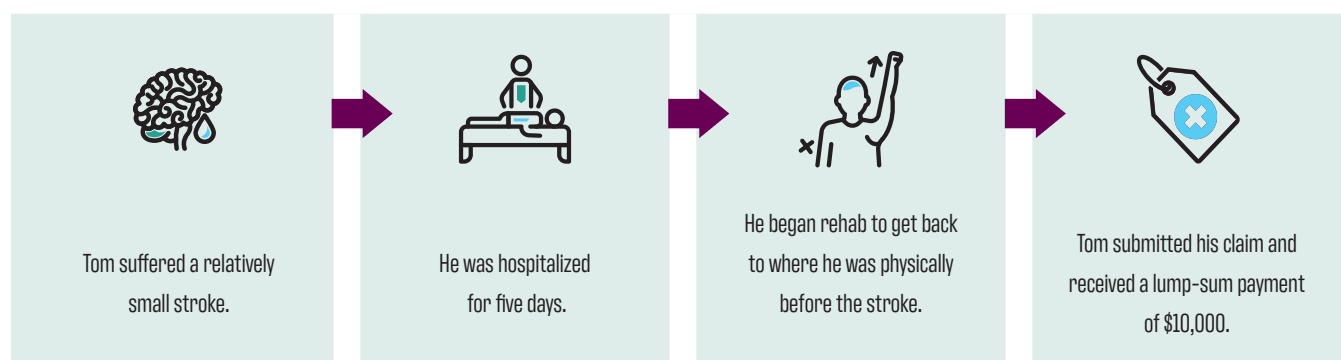
CRITICAL ILLNESS

Critical illnesses can have a huge impact on your life. A critical illness can keep you from working and can make it difficult to do simple, everyday things. Critical Illness insurance can help reduce your stress – financially and mentally – while you recover from your illness. **These illnesses can include, but are not limited to, the following:**



How the Plan Works

Critical Illness insurance pays a fixed one-time benefit amount if you are diagnosed with a covered disease or illness after your coverage effective date. You can use this money for any purpose you like. It can help pay for expenses not covered by your health care plan (such as your deductible or copays), lost income, child care, travel to and from treatment, home health care costs or any of your regular household expenses. **Below is an example.**



TOTAL CRITICAL ILLNESS BENEFIT PAID: \$10,000

	BENEFIT AMOUNT	GUARANTEED ISSUE AMOUNT
Employee	\$10,000, \$20,000, \$30,000	Up to \$30,000
Spouse	50% of employee amount	Up to \$15,000
Children	25% of employee amount	All Guaranteed Issue

Please refer to the benefit summary for details of this coverage.

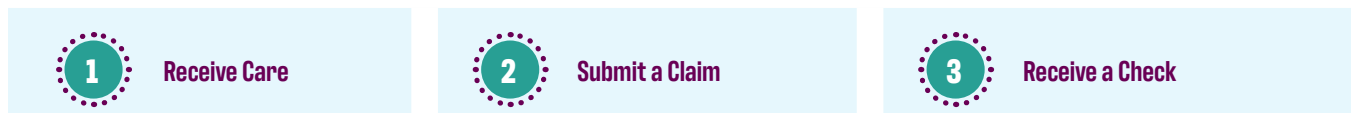
HOSPITAL INDEMNITY INSURANCE

Hospital Indemnity insurance pays cash benefits directly to you if you are admitted to the hospital for a covered inpatient stay — no matter the reason.

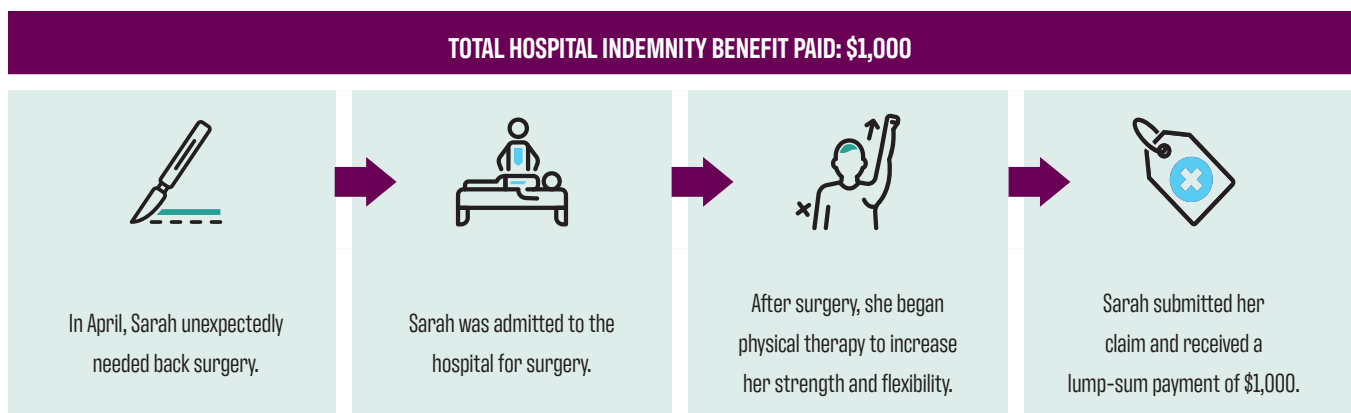
 Hospital Admission	 Surgical Care
 Hospital Confinement	 Medical Diagnostic and Imaging
 Hospital Intensive Care	 Transportation and Lodging

How the Plan Works

Simply complete a claim form and submit it with attached copies of your receipts for any covered items (see the plan you choose for details). You are then issued a check that you can use as you see fit. Benefits are paid in a lump sum directly to you, and amounts are fixed and determined by your policy, regardless of the amount of expenses incurred.



You can use the money to pay for everyday expenses or for health care expenses that aren't covered by your medical plan (for example, your deductible, copays and/or coinsurance). You can also use this payment to help with other expenses like transportation and meals for family members, help with child care, and other expenses you may have. **For example:**



This example is for illustrative purposes and does not reflect events experienced by an actual participant.

EMPLOYEE ASSISTANCE PROGRAM

There are times in life when you might need a little help coping or figuring out what to do. Take advantage of the Employee Assistance Program¹ (EAP) which includes WorkLife Services, and is available to you and your family in connection with your group insurance from Standard Insurance Company (The Standard). It's confidential – information will be released only with your permission or as required by law.

Connection to Resources, Support and Guidance

You, your dependents (including children to age 26)² and all household members can contact master's-degreed clinicians 24/7 by phone, online, live chat, email and text. There's even a mobile EAP app. Receive referrals to support groups, a network counselor, community resources or your health plan. If necessary, you'll be connected to emergency services.

Your program includes up to three face-to-face assessment and counseling sessions per issue. EAP services can help with:



Depression, grief, loss and emotional well-being



Family, marital and other relationship issues



Life improvement and goal-setting



Addictions such as alcohol and drug abuse



Stress or anxiety with work or family



Financial and legal concerns



Identity theft and fraud resolution



Online will preparation



Travel Assistance

WorkLife Services

WorkLife Services are included with the Employee Assistance Program. Get help with referrals for important needs like education, adoption, travel, daily living and care for your pet, child or elderly loved one.

Online Resources

Visit workhealthlife.com/Standard3 to explore a wealth of information online, including videos, guides, articles, webinars, resources, self-assessments and calculators.

¹ The EAP service is provided through an arrangement with Morneau Shepell, which is not affiliated with The Standard. Morneau Shepell is solely responsible for providing and administering the included service. EAP is not an insurance product and is provided to groups of 10–2,499 lives. This service is only available while insured under The Standard's group policy.

² Individual EAP counseling sessions are available to eligible participants 16 years and older; family sessions are available for eligible members 12 years and older; and their parent or guardian. Children under the age of 12 will not receive individual counseling sessions.

ADDITIONAL BENEFITS

Bright Horizons Back-Up Care Advantage

Back-up care is temporary care provided during a lapse or breakdown in your normal care arrangements. The Back-Up Care Advantage Program® or BUCA is there to help you get to work when you need temporary care for a loved one, or if you need assistance while on disability.

Any child, adult or elder who relies on you as a primary caregiver qualifies to receive care when normal care arrangements break down. Through this service, you have 24-hour access to a team of Back-Up Care Consultants who will find and schedule care on your behalf. You receive care through the National BUCA Program Network and care, for any age, can take place in child care centers and/or with in-home caregivers. You pay a \$2.00 copay for child care centers and a \$4.00 copay for home care.

Visit brighthouse.com

Username: **Winstead** Password: **backupcare1**

Wellness Program



Winstead's wellness program encourages you and your family to take an active role in managing your health and lifestyle. Completion of the following wellness requirements will result in a medical premium discount of \$50 per month in 2026. If your spouse is covered by Winstead's medical plan and also completes the program, you will receive an additional \$50 per month.

Wellness Requirements

- Age Appropriate Screening with Biometrics
- Sign Up for Omada Health*

* Based on your 2025 biometric screening results, if you have elevated BMI, dyslipidemia, diabetes, prediabetes, or hypertension, you will be required to sign up for Omada Health.

For more information, visit the Winstead wellness portal at winstead4life.wellright.com.

Maven Family Planning Support – New This Year!

Maven is a unique digital program for maternal health that provides 9 months of pregnancy and 3 months of postpartum support (or 12 months total). You'll have access to a personal care advocate to help guide you and connect with you with providers throughout your journey. You'll also have unlimited video chat and messaging with doctors, nurses, and coaches across 35+ specialties.

Support provided for the following areas:

- Pregnancy
- Postpartum & Newborn Care
- Milk Shipping Program (Pump and Post, Carry or Check)
- Return-to-work coaching
- Breast Milk Shipping
- Miscarriage & Loss
- Mental Health

Pet Insurance

Let's not forget about our furry friends! Pet insurance offered through Pets Best helps offset the cost of caring for your pet with more than 6,400 covered medical treatments. Pets Best covers everything from preventive care to accidents and illness, as well as the costs of X-rays, office visits, medications, surgeries and hospital stays. You can either choose your own vet or use a licensed vet in the Pets Best network. The cost of coverage depends on your pet's age, species, and the coverage level that you select.

Referral Code: EBWINSPC



OMADA HEALTH – A WHOLE NEW WAY TO GET HEALTHY

Omada Health is a personalized program designed to help you reach your health goals, whether that's losing weight, managing diabetes, lowering your blood pressure, or improving your overall health. You'll get a dedicated health coach and the latest technology to support you in making lasting changes that fit your life, one step at a time.

- **Eat healthier, move smarter**

Discover easy ways to sneak healthy choices into daily life.

- **Get a personalized plan**

Whether it's meditation or medication, zero in on your needs.

- **Track progress seamlessly**

Monitor your weight, blood pressure, or blood glucose with the devices you need delivered to your door.

- **Overcome challenges**

Gain skills that allow you to break barriers to change.

- **Improve your overall health**

Set and reach your evolving goals with strategies and support.



You'll get your own:

- Personalized program
- Professional health coach
- Smart health devices
- Weekly online lessons
- Online community



More good news:

If you or your adult family members are at risk for type 2 diabetes or heart disease or are living with diabetes or high blood pressure, Winstead will cover the entire cost of the program.

Take a few minutes to see if you're eligible: omadahealth.com/Winstead



IMPORTANT CONTACTS

COVERAGE	CONTACT	PHONE	WEBSITE
Medical	UnitedHealthcare	800-842-5724	www.myuhc.com
Health Savings Account	UnitedHealthcare/Optum Bank	800-791-9361	www.myuhc.com www.optumbank.com
UHC Virtual Visits Doctor on Demand & Amwell	UnitedHealthcare	800-842-5724	www.myuhc.com UHC's Health4Me app
Alight's Health Care Navigation	Alight Health Pro: Sara Ratnasingam	800-513-1667 ext. 2952	member.alight.com
Dental	Cigna	800-244-6224	www.cigna.com
Vision	VSP	800-877-7195	www.vsp.com
Flexible Spending Accounts	UnitedHealthcare	877-311-7849	www.myuhc.com
Life and AD&D	The Standard	888-937-4783	www.standard.com
Disability	The Standard	888-937-4783	www.standard.com
Accident Insurance	The Standard	888-937-4783	www.standard.com
Critical Illness	The Standard	888-937-4783	www.standard.com
Hospital Insurance	The Standard	888-937-4783	www.standard.com
Employee Assistance Program	The Standard	888-293-6948	www.standard.com
Identity Theft	The Standard	888-293-6948	www.standard.com
Pet Insurance	Pets Best	877-738-7237	www.petsbest.com
Travel Assistance Program	The Standard	866-455-9188	www.standard.com
Back-Up Care	Bright Horizons	877-242-2737	www.brighthorizons.com
Benefits	Marsha Clarke	214-745-5877	mclarke@winstead.com

IMPORTANT NOTICES

HEALTH COVERAGE NOTICES

For Your Files

This guide contains legal notices for participants in group health plan(s) sponsored by Winstead. The notices included in this guide are:

- **Health Insurance Marketplace Coverage Options and Your Health Coverage** that describes the Health Insurance Marketplace and eligibility and tax credit information.
- **Notice of Privacy Practices** that explains how the health care plan(s) protect your personal medical information.
- **Medicare Part D Notice** that provides information about how your current prescription drug coverage under the health care plan(s) is affected—and your options for coverage—when you become eligible for Medicare.
- **COBRA Rights Notice** that explains when you and your family may be able to temporarily continue coverage under the health care plan(s) if coverage would otherwise end for you.
- **Newborn & Mothers Health Protection Notice** that describes federal laws that govern benefits for hospital stays for mothers following the birth of child.
- **Women's Health and Cancer Rights Act** that summarizes the benefits available under your medical plan if you have had or are going to have a mastectomy.
- **Wellness Program and Reasonable Alternatives Notice** that informs employees of what information will be collected, how it will be used, who will receive it, and what will be done to keep it confidential, as well as options for those who have a medical condition that makes wellness program participation difficult.
- **Notice of Special Enrollment Rights** that explains when you can enroll in the health care plan(s) due to special circumstances.
- **60-Day Special Enrollment Period** that describes a special 60-day timeframe to elect or discontinue coverage.

IMPORTANT: If you or your dependents have Medicare or will become eligible for Medicare in the next 12 months, the Medicare Prescription Drug program gives you more choices about your prescription drug coverage.

HEALTH INSURANCE MARKETPLACE COVERAGE OPTIONS AND YOUR HEALTH COVERAGE

PART A: GENERAL INFORMATION

Since key parts of the health care law took effect in 2014, there is another way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the Marketplace and employment-based health coverage offered by your employer.

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers “one-stop shopping” to find and compare private health insurance options. You may also be eligible for a tax credit that lowers your monthly premium right away. Typically, you can enroll in a Marketplace health plan during the Marketplace's annual Open Enrollment period or if you experience a qualifying life event.

Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.02% of your household income for the year; or if the coverage your employer provides does not meet the “minimum value” standard set by the Affordable Care Act, you may be eligible for a tax credit.

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution — as well as your employee contribution to employer-offered coverage — is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description or contact human resources at 214-745-5877 or MClarke@winstead.com.

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit HealthCare.gov for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

PART B: INFORMATION ABOUT HEALTH COVERAGE OFFERED BY YOUR EMPLOYER

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.



1. Employer Name: Winstead PC	2. Employer Identification Number (EIN): 73-2404691	
3. Employer Address: 2728 N Harwood Street, Suite 500	4. Employer Phone Number: 214-745-5877	
5. City: Dallas	6. State: TX	7. Zip Code: 75201
8. Who can we contact about employee health coverage at this job? Human Resources		
9. Phone Number: 214-745-5877	10. E-mail Address: MClarke@winstead.com	

Here is some basic information about health coverage offered by this employer:

- As your employer, we offer a health plan to all eligible employees
 - Full-time eligible employees are:
 - Employees working 30 or more hours per week
- With respect to dependents, we do offer coverage.
 - Eligible dependents are:
 - Your legal spouse or qualified domestic partner
 - Children under the age of 26, regardless of student, dependency or marital status
 - Children who are past the age of 26 and are fully dependent on you for support due to a mental or physical disability, and who are indicated as such on your federal tax return

☒ If checked, this coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.

** Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.

If you decide to shop for coverage in the Marketplace, www.healthcare.gov will guide you through the process.

WINSTEAD NOTICE OF PRIVACY PRACTICES

This notice describes how medical information about you may be used and disclosed, and how you can get access to this information. Please review it carefully.

WINSTEAD'S PLEDGE TO YOU

This notice is intended to inform you of the privacy practices followed by the Winstead (the Plan) and the Plan's legal obligations regarding your protected health information under the Health Insurance Portability and Accountability Act of 1996 (HIPAA). The notice also explains the privacy rights you and your family members have as participants of the Plan. It is effective on 1/1/2025.

The Plan often needs access to your protected health information in order to provide payment for health services and perform plan administrative functions. We want to assure the participants covered under the Plan that we comply with federal privacy laws and respect your right to privacy. Winstead requires all members of our workforce and third parties that are provided access to protected health information to comply with the privacy practices outlined below.

Protected Health Information

Your protected health information is protected by the HIPAA Privacy Rule. Generally, protected health information is information that identifies an individual created or received by a health care provider, health plan or an employer on behalf of a group health plan that relates to physical or mental health conditions, provision of health care, or payment for health care, whether past, present or future.

How We May Use Your Protected Health Information

Under the HIPAA Privacy Rule, we may use or disclose your protected health information for certain purposes without your permission. This section describes the ways we can use and disclose your protected health information.

Payment. We use or disclose your protected health information without your written authorization in order to determine eligibility for benefits, seek reimbursement from a third party, or coordinate benefits with another health plan under which you are covered. For example, a health care provider that provided treatment to you will provide us with your health information. We use that information in order to determine whether those services are eligible for payment under our group health plan.

Health Care Operations. We use and disclose your protected health information in order to perform plan administration functions such as quality assurance activities, resolution of internal grievances, and evaluating plan performance. For example, we review claims experience in order to understand participant utilization and to make plan design changes that are intended to control health care costs.

However, we are prohibited from using or disclosing protected health information that is genetic information for our underwriting purposes.

Treatment. Although the law allows use and disclosure of your protected health information for purposes of treatment, as a health plan we generally do not need to disclose your information for treatment purposes. Your physician or health care provider is required to provide you with an explanation of how they use and share your health information for purposes of treatment, payment, and health care operations.

As permitted or Required by Law. We may also use or disclose your protected health information without your written authorization for other reasons as permitted by law. We are permitted by law to share information, subject to certain requirements, in order to communicate information on health-related benefits or services that may be of interest to you, respond to a court order, or provide information to further public health activities (e.g., preventing the spread of disease) without your written authorization. We are also permitted to share protected health information during a corporate restructuring such as a merger, sale, or acquisition. We will also disclose health information about you when required by law, for example, in order to prevent serious harm to you or others.

Pursuant to Your Authorization. When required by law, we will ask for your written authorization before using or disclosing your protected health information. Uses and disclosures not described in this notice will only be made with your written authorization. Subject to some limited exceptions, your written authorization is required for the sale of protected health information and for the use or disclosure of protected health information for marketing purposes. If you choose to sign an authorization to disclose information, you can later revoke that authorization to prevent any future uses or disclosures.

To Business Associates. We may enter into contracts with entities known as Business Associates that provide services to or perform functions on behalf of the Plan. We may disclose protected health information to Business Associates once they have agreed in writing to safeguard the protected health information. For example, we may disclose your protected health information to a Business Associate to administer claims. Business Associates are also required by law to protect protected health information.

To the Plan Sponsor. We may disclose protected health information to certain employees of Winstead for the purpose of administering the Plan. These employees will use or disclose the protected health information only as necessary to perform plan administration functions or as otherwise required by HIPAA, unless you have authorized additional disclosures. Your protected health information cannot be used for employment purposes without your specific authorization.

Your Rights

Right to Inspect and Copy. In most cases, you have the right to inspect and copy the protected health information we maintain about you. If you request copies, we will charge you a reasonable fee to cover the costs of copying, mailing, or other expenses associated with your request. Your request to inspect or review your health information must be submitted in writing to the person listed below. In some circumstances, we may deny your request to inspect and copy your health information. To the extent your information is held in an electronic health record, you may be able to receive the information in an electronic format.

Right to Amend. If you believe that information within your records is incorrect or if important information is missing, you have the right to request that we correct the existing information or add the missing information. Your request to amend your health information must be submitted in writing to the person listed below. In some circumstances, we may deny your request to amend your health information. If we deny your request, you may file a statement of disagreement with us for inclusion in any future disclosures of the disputed information.

Right to an Accounting of Disclosures. You have the right to receive an accounting of certain disclosures of your protected health information. The accounting will not include disclosures that were made (1) for purposes of treatment, payment or health care operations; (2) to you; (3) pursuant to your authorization; (4) to your friends or family in your presence or because of an emergency; (5) for national security purposes; or (6) incidental to otherwise permissible disclosures.

Your request for an accounting must be submitted in writing to the person listed below. You may request an accounting of disclosures made within the last six years. You may request one accounting free of charge within a 12-month period.

Right to Request Restrictions. You have the right to request that we not use or disclose information for treatment, payment, or other administrative purposes except when specifically authorized by you, when required by law, or in emergency circumstances. You also have the right to request that we limit the protected health information that we disclose to someone involved in your care or the payment for your care, such as a family member or friend. Your request for restrictions must be submitted in writing to the person listed below. We will consider your request, but in most cases are not legally obligated to agree to those restrictions.

Right to Request Confidential Communications. You have the right to receive confidential communications containing your health information. Your request for restrictions must be submitted in writing to the person listed below. We are required to accommodate reasonable requests. For example, you may ask that we contact you at your place of employment or send communications regarding treatment to an alternate address.

Right to be Notified of a Breach. You have the right to be notified in the event that we (or one of our Business Associates) discover a breach of your unsecured protected health information. Notice of any such breach will be made in accordance with federal requirements.



Right to Receive a Paper Copy of this Notice. If you have agreed to accept this notice electronically, you also have a right to obtain a paper copy of this notice from us upon request. To obtain a paper copy of this notice, please contact the person listed below.

Our Legal Responsibilities

We are required by law to maintain the privacy of your protected health information, provide you with this notice about our legal duties and privacy practices with respect to protected health information and notify affected individuals following a breach of unsecured protected health information.

We may change our policies at any time and reserve the right to make the change effective for all protective health information that we maintain. In the event that we make a significant change in our policies, we will provide you with a revised copy of this notice. You can also request a copy of our notice at any time. For more information about our privacy practices, contact the person listed below.

If you have any questions or complaints, please contact:

Marsha Clarke
Winstead PC
2728 N Harwood Street
Suite 500, Dallas, TX 75201
214-745-5877 and MClarke@winstead.com

Complaints

If you are concerned that we have violated your privacy rights, or you disagree with a decision we made about access to your records, you may contact the person listed above. You also may send a written complaint to the U.S. Department of Health and Human Services — Office of Civil Rights. The person listed above can provide you with the appropriate address upon request or you may visit www.hhs.gov/ocr for further information. You will not be penalized or retaliated against for filing a complaint with the Office of Civil Rights or with us.

IMPORTANT NOTICE FROM WINSTEAD ABOUT YOUR PRESCRIPTION DRUG COVERAGE AND MEDICARE

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Winstead and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

- 1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.**

- 2. Winstead has determined that the prescription drug coverage offered by the Winstead plan is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.**

When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current Winstead coverage will not be affected. If you do decide to join a Medicare drug plan and drop your current Winstead coverage, be aware that you and your dependents may not be able to get this coverage back.

When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with Winstead and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For More Information About This Notice Or Your Current Prescription Drug Coverage...

Contact the person listed below for further information. NOTE: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Winstead changes. You also may request a copy of this notice at any time.

For More Information About Your Options Under Medicare Prescription Drug Coverage...

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare Prescription drug coverage:

- Visit www.medicare.gov.
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of "Medicare & You" handbook for their telephone number) for personalized help.
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this creditable coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

Date: 1/1/2025

Name of Entity/Sender: Winstead PC

Contact/Office: Marsha Clarke

Address: 2728 N Harwood Street, Suite 500, Dallas, TX 75201

Phone Number: 214-745-5877

COBRA RIGHTS NOTICE

You're getting this notice because you recently gained coverage under a group health plan (the Plan). This notice has important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan.

This notice explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect your right to get it. When you become eligible for COBRA, you may also become eligible for other coverage options that may cost less than COBRA continuation coverage.

The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you and other members of your family when group health coverage would otherwise end. For more information about your rights and obligations under the Plan and under federal law, you should review the Plan's Summary Plan Description or contact the Plan Administrator.

You may have other options available to you when you lose group health coverage. For example, you may be eligible to buy an individual plan through the Health Insurance Marketplace. By enrolling in coverage through the Marketplace, you may qualify for lower costs on your monthly premiums and lower out-of-pocket costs. Additionally, you may qualify for a 30-day special enrollment period for another group health plan for which you are eligible (such as a spouse's plan), even if that plan generally doesn't accept late enrollees.

WHAT IS COBRA CONTINUATION COVERAGE?

COBRA continuation coverage is a continuation of Plan coverage when it would otherwise end because of a life event. This is also called a "qualifying event." Specific qualifying events are listed later in this notice. After a qualifying event, COBRA continuation coverage must be offered to each person who is a "qualified beneficiary." You, your spouse, and your dependent children could become qualified beneficiaries if coverage under the Plan is lost because of the qualifying event. Under the Plan, qualified beneficiaries who elect COBRA continuation coverage must pay for COBRA continuation coverage.

If you're an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your hours of employment are reduced; or
- Your employment ends for any reason other than your gross misconduct.

If you're the spouse of an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your spouse dies;
- Your spouse's hours of employment are reduced;
- Your spouse's employment ends for any reason other than his or her gross misconduct;
- Your spouse becomes entitled to Medicare benefits (under Part A, Part B, or both); or
- You become divorced or legally separated from your spouse.

Your dependent children will become qualified beneficiaries if they lose coverage under the Plan because of the following qualifying events:

- The parent-employee dies;
- The parent-employee's hours of employment are reduced;
- The parent-employee's employment ends for any reason other than his or her gross misconduct;
- The parent-employee becomes entitled to Medicare benefits (Part A, Part B, or both);
- The parents become divorced or legally separated; or
- The child stops being eligible for coverage under the Plan as a "dependent child."

When Is COBRA Coverage Available?

The Plan will offer COBRA continuation coverage to qualified beneficiaries only after the Plan Administrator has been notified that a qualifying event has occurred. The employer must notify the Plan Administrator of the following qualifying events:

- The end of employment or reduction of hours of employment;
- Death of the employee or
- The employee's becoming entitled to Medicare benefits (under Part A, Part B, or both).

For all other qualifying events (divorce or legal separation of the employee and spouse or a dependent child's losing eligibility for coverage as a dependent child), you must notify the Plan Administrator within 60 days after the qualifying event occurs. You must provide this notice to: Winstead. **You must notify** Winstead of the qualifying event by sending written notice to Winstead Human Resources at 2728 N Harwood Street, Suite 500, Dallas, TX 75201. Your written notice must include all of the following information (form available upon request).

- Your name, your current address and complete phone number
- The group number
- Description of the qualifying event (i.e., divorce, legal separation or dependent's loss of eligibility for coverage as a dependent child)
- The date that the qualifying event occurred or will occur

HOW IS COBRA CONTINUATION COVERAGE PROVIDED?

Once the Plan Administrator receives notice that a qualifying event has occurred, COBRA continuation coverage will be offered to each of the qualified beneficiaries. Each qualified beneficiary will have an independent right to elect COBRA continuation coverage. Covered employees may elect COBRA continuation coverage on behalf of their spouses, and parents may elect COBRA continuation coverage on behalf of their children.

COBRA continuation coverage is a temporary continuation of coverage that generally lasts for 18 months due to employment termination or reduction of hours of work. Certain qualifying events, or a second qualifying event during the initial period of coverage, may permit a beneficiary to receive a maximum of 36 months of coverage.

There are also ways in which this 18-month period of COBRA continuation coverage can be extended:

Disability Extension of 18-Month Period of Continuation Coverage

If you or anyone in your family covered under the Plan is determined by Social Security to be disabled and you notify the Plan Administrator in a timely fashion, you and your entire family may be entitled to get up to an additional 11 months of COBRA continuation coverage, for a maximum of 29 months. The disability would have to have started at some time before the 60th day of COBRA continuation coverage and must last at least until the end of the 18-month period of COBRA continuation coverage. To notify Winstead of the disability determination, call 214-745-5877 and request Employee Benefits department. You, your covered spouse or your covered dependents must notify Winstead within 30 days of the date the disability ends by calling 214-745-5877 and requesting the Human Resources Department.

Second Qualifying Event Extension of 18-Month Period of Continuation Coverage

If your family experiences another qualifying event during the 18 months of COBRA continuation coverage, the spouse and dependent children in your family can get up to 18 additional months of COBRA continuation coverage, for a maximum of 36 months, if the Plan is properly notified about the second qualifying event. This extension may be available to the spouse and any dependent children getting COBRA continuation coverage if the employee or former employee dies; becomes entitled to Medicare benefits (under Part A, Part B, or both); gets divorced or legally separated; or if the dependent child stops being eligible under the Plan as a dependent child. This extension is only available if the second qualifying event would have caused the spouse or dependent child to lose coverage under the Plan had the first qualifying event not occurred.

ARE THERE OTHER COVERAGE OPTIONS BESIDES COBRA CONTINUATION COVERAGE?

Yes. Instead of enrolling in COBRA continuation coverage, there may be other coverage options for you and your family through the Health Insurance Marketplace, Medicaid, or other group health plan coverage options (such as a spouse's plan) through what is called a "special enrollment period." Some of these options may cost less than COBRA continuation coverage. You can learn more about many of these options at www.healthcare.gov.

IF YOU HAVE QUESTIONS

Questions concerning your Plan or your COBRA continuation coverage rights should be addressed to the contact or contacts identified below. For more information about your rights under the Employee Retirement Income Security Act (ERISA), including COBRA, the Patient Protection and Affordable Care Act, and other laws affecting group health plans, contact the nearest Regional or District Office of the U.S. Department of Labor's

Employee Benefits Security Administration (EBSA) in your area or visit www.dol.gov/ebsa. (Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA's website.) For more information about the Marketplace, visit www.HealthCare.gov.

KEEP YOUR PLAN INFORMED OF ADDRESS CHANGES

To protect your family's rights, let the Plan Administrator know about any changes in the addresses of family members. You should also keep a copy, for your records, of any notices you send to the Plan Administrator.

PLAN CONTACT INFORMATION

Date: January 1st, 2025

Name of Entity/Sender: Winstead PC

Contact/Office: Marsha Clarke

Address: 2728 N Harwood Street, Suite 500, Dallas, TX 75201

Phone Number: 214-745-5877

OTHER NOTICES

WELLNESS PROGRAM AND REASONABLE ALTERNATIVES NOTICE

Winstead's wellness program is a voluntary wellness program available to all employees. The program is administered according to federal rules permitting employer-sponsored wellness programs that seek to improve employee health or prevent disease, including the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008, and the Health Insurance Portability and Accountability Act, as applicable, among others. If you choose to participate in the wellness program you will be asked to complete an online health assessment, see a doctor for a preventive visit, complete all of the recommended U.S. Preventive Services Task Force Cancer Screenings based on your age and gender; a Biometric Screening, and Dilated Eye Exam; as well as two of the four additional health actions outlined in your Open Enrollment Guide.

If you are unable to participate in any of the health-related activities or achieve any of the health outcomes required to earn an incentive, you may be entitled to a reasonable accommodation or an alternative standard. You may request a reasonable accommodation or an alternative standard by contacting Marsha Clarke at 214-745-5877 or MClarke@winstead.com.

The information from your online health assessment and the results from your biometric screening will be used to provide you with information to help you understand your current health and potential risks and may also be used to offer you services through the wellness program, such as health coaching. You also are encouraged to share your results or concerns with your own doctor.

Protections from Disclosure of Medical Information

We are required by law to maintain the privacy and security of your personally identifiable health information. Although the wellness program and Winstead may use aggregate information it collects to design a program based on identified health risks in the workplace, the Winstead wellness program will never disclose any of your personal information either publicly or to the employer, except as necessary to respond to a request from you for a reasonable accommodation needed to participate in the wellness program, or as expressly permitted by law. Medical information that personally identifies you that is provided in connection with the wellness program will not be provided to your supervisors or managers and may never be used to make decisions regarding your employment.

Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements. The only individual(s) who will receive your personally identifiable health information are applicable healthcare professionals in order to provide you with services under the wellness program.

In addition, all medical information obtained through the wellness program will be maintained separate from your personnel records, information stored electronically will be encrypted, and no information you provide as part of the wellness program will be used in making any employment decision. Appropriate precautions will be taken to avoid any data breach, and in the event a data breach occurs involving information you provide in connection with the wellness program, we will notify you immediately.

You may not be discriminated against in employment because of the medical information you provide as part of participating in the wellness program, nor may you be subjected to retaliation if you choose not to participate.

Reasonable Alternatives

Your health plan is committed to helping you achieve your best health. Rewards for participating in a wellness program are available to all eligible employees. If you think you might be unable to meet a standard for a reward under the Winstead wellness program, you might qualify for an opportunity to earn the same reward by different means. Contact Marsha Clarke at 214-745-5877 or MClarke@winstead.com and we will work with you (and if you wish, with your doctor) to find a wellness program with the same reward that is right for you in light of your health status.

If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact Marsha Clarke at 214-745-5877 or MClarke@winstead.com.

60-DAY SPECIAL ENROLLMENT PERIOD

In addition to the qualifying events listed in the enrollment guide and this document, you and your dependents will have a special 60-day period to elect or discontinue coverage if:

- You or your dependent's Medicaid or Children's Health Insurance Program (CHIP) coverage is terminated as a result of loss of eligibility; or
- You or your dependent becomes eligible for a premium assistance subsidy under Medicaid or CHIP.

NOTICE OF SPECIAL ENROLLMENT RIGHTS

If you decline enrollment in medical coverage for yourself or your dependents (including your spouse) because of other health insurance coverage, you may be able to enroll yourself or your dependents in Winstead medical coverage if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment no more than 30 days after your or your dependent's other coverage ends (or after the employer stops contributing to the other coverage). In addition, if you have a new dependent as a result of marriage, birth, adoption or placement for adoption, you can enroll yourself and your dependents in Winstead medical coverage as long as you request enrollment by contacting the benefits manager no more than 30 days after the marriage, birth, adoption or placement for adoption. For more information, contact Marsha Clarke at 214-745-5877 or MClarke@winstead.com

NEWBORN & MOTHERS HEALTH PROTECTION NOTICE

For maternity hospital stays, in accordance with federal law, the Plan does not restrict benefits, for any hospital length of stay in connection with childbirth for the mother or newborn child, to less than 48 hours following a vaginal delivery or less than 96 hours following a Cesarean delivery.

However, federal law generally does not prevent the mother's or newborn's attending care provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours, as applicable). The plan cannot require a provider to prescribe a length of stay any shorter than 48 hours (or 96 hours following a Cesarean delivery).

WOMEN'S HEALTH AND CANCER RIGHTS ACT OF 1998

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultations with the attending physician and the patient, for:

- All states of reconstruction of the breast on which the mastectomy was performed
- Surgery and reconstruction of the other breast to produce a symmetrical appearance
- Prostheses
- Treatment of physical complications of the mastectomy, including lymphedema

These benefits will be provided subject to the same deductibles, copays and coinsurance applicable to other medical and surgical benefits provided under your medical plan. For more information on WHCRA benefits, contact the Winstead or your medical plan administrator.





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