

PRACTUS

BENEFITS OVERVIEW

MEDICAL, DENTAL, VISION, RETIREMENT



A LAW FIRM WITH A NEW PERSPECTIVE

PRACTUS

Practus partners with Amplify HR Management, a Professional Employer Organization (PEO), to provide comprehensive Human Resource services such as managing our W-2 payroll, issuing W-2 Forms, access to group medical, dental, and vision benefits plans and much more. This booklet contains information about the employee benefits available to you.

We are committed to providing quality benefit programs that are comprehensive, flexible, and affordable. Giving our employees the best in benefit plans is one way we show our team that they are our most important asset. Eligible employees have many benefit plans to choose from, so we ask that you read this benefits guide carefully to make benefit elections that are the best fit for you and your family.

Open Enrollment begins in November with new plans going into effect on January 1st. Please note that all benefits in this booklet are subject to change.

This booklet is a guide and not a contract. We are happy to provide more comprehensive plan details upon request. Feel free to contact us any time!

CONTACT:

Amplify's Benefits Specialists

8:00 a.m. - 5:00 p.m. Central Time

Monday through Friday at (224) 424-5400, or
email us at Benefits@AmplifyHRM.com.

OR

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MEDICAL PLAN OPTIONS

PRACTUS LLP - GROUP MEDICAL BENEFITS - 2022					
Carrier	United HealthCare	United HealthCare	United HealthCare	United HealthCare	United HealthCare
Network	Choice	Choice Plus	Choice Plus	Choice Plus	Choice Plus
Availability	National	National	National	National	National
Network/Plan Type	EPO / Copay	PPO / Copay	PPO / HDHP HSA	PPO / Copay	PPO / Copay
Plan Type	E3000i80LX21	P2000i80LX21	HP30002575i8021	P250i80LX21	P1000i80LX21
NETWORK BENEFITS					
Deductible (Ind / Fam)	\$3000 / \$6000	\$2000 / \$4000	\$3000 / \$6000	\$250 / \$500	\$1000 / \$2000
Coinsurance	80%	80%	80%	80%	80%
Out of Pocket Maximum (Ind / Fam)	\$8150 / \$16300	\$5000 / \$10000	\$7000 / \$14000	\$4000 / \$8000	\$4500 / \$9000
Primary Care Provider	\$25 copay	\$25 copay	\$25 copay + coins	\$25 copay	\$25 copay
Specialist	\$75 copay	\$50 copay	\$75 copay + coins	\$75 copay	\$75 copay
Diagnostic Test (X-ray, blood work)	20% after ded	20% after ded	20% after ded	20% after ded	20% after ded
Imaging (CT, PET scans, MRIs)	20% after ded	20% after ded	20% after ded	20% after ded	20% after ded
Urgent Care	\$50 copay	\$50 copay	\$75 after ded	\$50 copay	\$50 copay
Emergency	\$300 copay + coins	\$300 copay + coins	\$300 after ded	\$300 copay + coins	\$300 copay + coins
Rx Tier 1/2/3/4	\$10/\$35/\$60/\$250	\$10/\$35/\$75/\$250	\$10/\$35/\$70/\$150	\$10/\$35/\$60/\$250	\$10/\$35/\$75/\$250
NON NETWORK BENEFITS					
Deductible (Ind / Fam)	N/A	\$4000 / \$8000	\$6000 / \$12000	\$3000 / \$6000	\$2000 / \$4000
Coinsurance	N/A	50%	50%	50%	50%
Out of Pocket Maximum (Ind / Fam)	N/A	\$10000 / \$20000	\$14000 / \$28000	\$8000 / \$16000	\$9000 / \$18000

What is a PPO?

A PPO, or "Preferred Provider Organization", is a type of health plan that offers a larger network, so you have more doctors and hospitals to choose from. A PPO offers both "in" and "out" of network coverage.

What is an EPO?

An EPO stands for "Exclusive Provider Organization" plan. As a member of an EPO, you can use the doctors and hospitals within the EPO network, but cannot go outside the network for care. There are no out-of-network benefits.

Need help finding a provider?

You can use the carriers look-up tool online or give the Amplify benefits team a call at (224) 424-5400.

UHC provider finder tool: <https://www.uhc.com/find-a-doctor>

Glossary of key terms: <https://www.healthcare.gov/glossary/>

This document is designed to be a high level summary of the benefits being offered. If there is a conflict, the plan document or Summary of Benefits Coverage (SBC) will govern.

COSTS FOR PRACTUS STAFF

Employee Eligibility

Practus, LLP

Effective Date: 1/1/2022

Benefit Class: Staff

Waiting Period: First of the month following 0 Days

Medical					
Carrier	UHC	UHC	UHC	UHC	UHC
Description	EPO 3000/80%	PPO 2000/80%	HDHP PPO 3000/80%	PPO 250/80%	PPO 1000/80%
Plan Name	E3000i80LX21	P2000i80LX21	HP30002575i8021	P250i80LX21	P1000i80LX21
Cost	Monthly Premium	Monthly Premium	Monthly Premium	Monthly Premium	Monthly Premium
Employee	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
EE + Spouse	\$435.53	\$531.78	\$444.64	\$629.71	\$579.18
EE + Child(ren)	\$376.14	\$459.26	\$384.00	\$543.83	\$500.19
Family	\$811.68	\$991.06	\$828.64	\$1,173.55	\$1,079.37

Dental			
Carrier	MetLife	MetLife	MetLife
Plan Name	PPO - High Max - \$5000	PPO - High - \$1750	PPO - Standard - \$1250
Cost	Monthly Premium	Monthly Premium	Monthly Premium
Employee	\$18.94	\$17.47	\$12.01
EE + Spouse	\$57.94	\$53.46	\$36.74
EE + Child(ren)	\$88.96	\$82.07	\$58.07
Family	\$138.75	\$128.00	\$89.87

Vision	
Carrier	MetLife
Plan Name	Vision
Cost	Monthly Premium
Employee	\$6.96
EE + Spouse	\$13.22
EE + Child(ren)	\$13.92
Family	\$20.46

Other Benefits (Employee-Paid)	
Voluntary STD and LTD, & Life Insurance	

Note:

Practus contributes 100% towards the Employee level medical premium and 50% towards the Employee level dental premium. These contributions are reflected in the costs listed above.

Vision premiums are paid 100% by the W-2 employee.

DENTAL PLAN OPTIONS

MetLife Dental PPO

MetLife Dental PPO plans are designed to help you get the dental care you need and help lower your costs. The plans cover a wide range of services both in and out of network. By using an in-network dentist, you can expect to pay less out-of-pocket for covered services than when using a non-network dentist.

Benefits are payable immediately from the start date of an individual's benefits. Plan benefits for in-network covered services are based on a percentage of the negotiated fee. The fee that participating dentists have agreed to accept as payment in full for covered services, subject to the deductibles, copayments, cost sharing and benefit maximums. Negotiated fees are subject to change.

Find a dental provider here: <https://providers.online.metlife.com/findDentist>

Please note - MetLife does not mail out physical dental or vision cards since they are not required for services. If you want, you can download one from your MetLife.com account.

PRACTUS LLP - GROUP DENTAL BENEFITS			
Carrier	MetLife	MetLife	MetLife
Plan Name	High Max	High	Standard
Network	PDP Plus	PDP Plus	PDP Plus
Calendar Year Maximum Benefit Per Member	\$5,000	\$1,750	\$1,250
Preventative Services	100%	100%	100%
Basic Services	80%	80%	80%
Major Services	50%	50%	50%
Orthodontia	Yes - 50% (Up to age 19) \$1500 Lifetime Max	Yes - 50% (Up to age 19) \$1500 Lifetime Max	Yes - 50% (Up to age 19) \$1000 Lifetime Max
Individual Deductible	\$50	\$50	\$50
Family Deductible (Aggregate)	\$150	\$150	\$150

VISION PLAN OPTIONS

MetLife Vision PPO

With the MetLife Vision PPO plan, you have the flexibility choose one of the many in-network providers or any vision provider outside of the network. Remember, however, that you'll find more savings by seeing an in-network provider.

Find a vision provider here: <https://www.metlife.com/insurance/vision-insurance>

PRACTUS LLP - GROUP VISION BENEFIT		
Coverage	Member Cost In-Network	Member Non-Network Reimbursement
Exam (With Dilation As Necessary) Frequency: Once Every 12 Months	\$10	\$45 Allowance
Retinal Imaging This screening is used to take pictures of the inside of the eye particularly the retina to look for possible changes.	Up To \$39 Copay	Applied To The Exam Allowance
Materials/Eyewear		
Frames Frequency: Once Every 24 Months	\$0 Copay, \$130 Allowance, 20% Discount Off Balance Over \$130 \$70 Allowance At Costco, Sams Club, and Walmart	\$70 Allowance
Standard Corrective Lenses		
Single Vision	\$0 Copay	\$30
Lined Bifocal	\$0 Copay	\$50
Lined Trifocal	\$0 Copay	\$65
Lenticular	\$0 Copay	\$100
Standard Lens Enhancements		
Ultraviolet Coating	Covered In Full	Applied To The Allowance For The Applicable Corrective Lens
Polycarbonate (child up to age 18)	Covered In Full	
Additional Lense Enhancements		
Progressive Standard	Up To \$55 Copay	\$50 Allowance
Progressive Premium/Custom	Premium: Up To \$95 To \$105 Copay Custom: Up To \$150 To \$175 Copay	\$50
Polycarbonate (Adult)	Single Vision: Up To \$31 Copay Multifocal: Up To \$35 Copay	Applied To The Allowance For The Applicable Corrective Lens
Scratch Resistent Coating (Variable By Type)	Up To \$17 To \$33 Copay	
Tints (Variable By Type)	Single Vision: Up To \$17 To \$34 Copay Multifocal: Up To \$17 To \$44 Copay	
Anti-Reflective Coating (Variable By Type)	Up To \$41 To \$85 Copay	
Photochromic (Variable By Type)	Up To \$47 To \$82 Copay	
Contact Lenses		
Elective	\$130 Allowance	\$105 Allowance
Medically Necessary	Covered In Full After Eyewear Copay	\$210 Allowance
Contact Fiting And Evaluation	Standard Or Premium Fit Covered In Full With Maximum Copay Of \$60	Applied To The Contact Lense Allowance

RETIREMENT PLAN

Amplify HR Management Retirement Savings Plan

Practus GP LLC & Practus LLP/Practus LLP - 401(k) Plan highlights



General Details of Your Plan

Effective Date: 1/1/2022

Eligibility Requirements:

- **Deferrals:**
 - Age: 0, Months: 3, Hours: 0, Entry: date of event

Employee Contribution:

- 1% – 98% (based on all W-2 wages)
- Your contributions are always 100% vested.

Vesting Schedule for Non-Safe Harbor Employer Contributions	Vested Interest
After one year of service	0
At least 2 years of service, but less than 3	20
At least 3 years of service, but less than 4	40
At least 4 years of service, but less than 5	60
At least 5 years of service, but less than 6	80
6 years or more	100

Safe Harbor Contribution: Your worksite employer will contribute a 401(k) Safe Harbor nonelective contribution to your account under the Plan. The 401(k) Safe Harbor nonelective contribution will be an amount equal to 3% of your eligible compensation for the Plan Year (regardless of whether you elect to contribute). The Safe Harbor contribution is always 100% vested.

2022 Annual Limits – You can contribute up to \$20,500. For participants over the age of 50, up to \$27,000. *Additional limits may apply due to compliance testing

Deferral Options

Pre-tax Traditional – Reduces current taxable income, upon distribution your assets will be taxed accordingly.

Roth 401(k) – After-tax contributions do not affect current taxable income, upon distribution your deferrals and gains on investments are not taxed with a qualified distribution.

Distribution Options – A pension plan may provide for distribution only upon retirement, termination of employment, disability, or death of the participant according to Treasury Regulation §1.401-1(b)(1)(i). Taxes and penalties may apply.

Loan Feature – You can access up to 2 loans at a time from your account, minimum loan \$1,000 and maximum loan \$50,000.

Investment Portfolio, Changing Allocations and Rollovers:

Investments

Open architecture platform of "true" no-load mutual funds. The funds are traded and cleared through Fidelity, one of the industry's leading financial services firms.

If an Investment choice is not selected, your account will default to a Target Date Fund. Target-date funds provide a shifting mix of stocks and bonds that look to become more conservative as you approach retirement.

Fees:

- Annual Admin fee: \$35
- Annual Asset fee: see fee disclosure for details

Loan fee:

- \$150.0 initial fee
- \$50.0 annual maintenance fee

Distribution fee:

- \$50.0 standard
- \$75.0 hardship
- \$150.0 QDRO

Service Center Available

(New Enrollments and Changes, Beneficiary updates, loans and distribution questions)

- Toll-free number: (800) 356-3008 Customer service hours: 9a.m. to 8p.m. EST
- customers@slavic401k.com

First-Time Enrollment

- Go to www.slavic401k.com
- Click the Enroll button on the top right hand side.
- Enter your Social Security Number (without dashes).
- Enter your Date of Birth.

New Account Access

- To access your account online for the first time, go to www.slavic401k.com and click on "Log In" in top right-hand corner of the page. Then click on "Sign Up" and provide the information required to verify your account and create your username and password.