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A POINT OF VIEW LIKE NO OTHER

DISCOVER YOUR
EQUITY PARTNER BENEFITS
2026 BENEFITS

Table of Contents

Benefit Contacts	3
How to Enroll	4
Healthcare Benefits.....	5
Medical Plan Overview.....	6
Medical Plan Comparison – United Healthcare.....	7
Medical Plan Comparison – Surest.....	8
Medical Plan Option - California Residents Only	9
2026 Monthly Medical Premiums.....	10
Alex.....	11
Virtual Medical Visits	12
Virta.....	13
Family-Building Benefit.....	14
MedImpact.....	15
2nd.MD	15
Health Savings Account (HSA).....	16
Dental Plan	17
Vision Plan.....	18
Life Insurance	19
Personal Leaves	20
Retirement Plans	21
Firm Holidays.....	22
Well-Being Resources.....	23
Financial Well-Being	26
Voluntary Benefits.....	27
Inclusive Benefits	28
Additional Benefits.....	29
Legal Notices.....	31

Benefit Contacts

Plan/Service	Provider	Phone	Web/Email address
Benefits Department	Womble	336-747-6602	BenefitsAdministrationTeam@wbd-us.com
Medical	United Healthcare Group #218001	877-569-8749	myuhc.com
Medical	Surest Group #78800939	866-683-6440	benefits.surest.com
Pharmacy (UHC and Surest members only)	MedImpact	800-681-7651	MedImpact.com
Medical	Kaiser	800-464-4000	kp.org
Family-Building Benefits (UHC and Surest members only)	Kindbody	855-974-0896	kindbody.com/activate Access code: KINDWOMBLE Unique ID - UKG Number
Virtual Care (UHC members only)	United Healthcare	855-615-8335	myuhc.com/virtualvisits
Diabetes and Weight Management	Virta		virtahealth.com/join/uhc support@virtahealth.com
Second Opinion (UHC and Surest members only)	2nd.MD	866-841-2575	2nd.MD/activate
Health Savings Account (HSA)	Optum Bank	800-791-9361	optumbank.com
Dental	Delta Dental of NC Group #1205	800-662-8856	deltadentalnc.com
Vision	EyeMed Group #1012911	866-800-5457	eyemed.com
Employee Assistance Program	SupportLinc	888-881-5462	supportlinc.com group code: womble
Online Mental Health Services (UHC members only)	Virtual Therapy		myuhc.com Sign in or register. Then, go to Find Care & Costs > Virtual Care > Behavioral Health Care > Get Started and call the provider to set an appointment or call the telephone number on your health plan ID card.
Medicare Guidance	Benefit Advocates		WBD@benefitadvocates.net
Elder Care Support	Elder Care Choices	336-748-2171	ecc@seniorservicesinc.com
New Parent Support	MindfulReturn		mindfulreturn.com
Infant Feeding Support	Milk Stork	510-356-0221	milkstork.com/ womblebonddickinson
Student Loan Refinancing	SoFi	833-277-7634	sofi.com/wcsr
SupportLinc Savings Center	Savings	888-881-5462	supportlinc.com group code: womble
Travel Assistance	Sun Life (provided by Assist America)	In US: 800-872-1414 Outside US: 609-986-1234 Reference No: 01-AA-SUL-100101	medservices@assistamerica.com
ID Theft Protection Services	Sun Life	In US: 877-409-9597 Outside US: 816-396-9192 Access Code: 18327	
Truist Momentum	Truist		www.TruistMomentum.com
401(k)	Schwab	800-724-7526	workplace.schwab.com
Cash Balance Pension Plan	Schwab/October three		workplaceschwab.com

The information described in this Benefits Guide is only intended to be an easy-to-understand summary of your benefits. It does not describe or include all benefit provisions, limitations, exclusions or qualifications for coverage. Please review your Summary Plan Description (SPD)/certificate/Policy for a complete summary of your benefits. If the information on the enclosed pages conflicts in any way with the Summary Plan Description (SPD), certificate, or policy, the contract provisions of the appropriate policy or plan document (available with your employer) will prevail.

How to Enroll

New Hires / Newly Eligible



You will receive a Welcome Email within the first three business days of your employment with instructions to make your benefit enrollment elections. Your benefit elections must be completed within 31 days of your date of hire or date you become benefits eligible.

NEW HIRE BENEFITS TIMELINE

1. Within a few days of your first day of employment with Womble, you will receive an email instructing you to enroll in benefits.
2. Register to attend a New Hire Benefits Overview session. These sessions are conducted every week. If you need immediate assistance with your benefits, please reach out to the Womble Bond Dickinson Benefits Team at BenefitsAdministrationTeam@wbd-us.com or call, 336-747-6602.
3. Review the benefits education website at womble.mybenefitseducation.com to access information on all benefits. This site is available to all employees and dependents. In addition, Womble employees can access benefits information on the Benefits Hub on Womble Central.
4. Upon completion of benefits enrollment, employees will have an opportunity to print out a Confirmation Statement to confirm that benefit elections are accurate.
5. Benefit elections are transmitted to the insurance carriers. Once received they will prepare ID cards. See page 5 of the Benefits Guide for more information on ID cards.

Qualifying Life Event



If you experience a qualifying life event during the benefit year and would like to make a corresponding change to your coverage, you will need to submit your change request and supporting documentation through HR Online. All requests must be submitted within 31 days of your qualifying life event. You may reach out to the Benefits Department at BenefitsAdministrationTeam@wbd-us.com with any questions.

Review Your Options with **ALEX®**

ALEX walks you through the process of picking a medical plan option and provides easy-to-understand explanations for questions you might have along the way. For more information on ALEX, see page 11.

Before you enroll, visit ALEX at: <https://start.myalex.com/womble-bond-dickinson>



Healthcare Benefits

Eligible Equity Partners have the option to elect or decline healthcare benefits for themselves and their eligible dependents. You may enroll separately in medical (includes prescription), dental and/or vision coverage, or any combination of the three. You must enroll in coverage for yourself in order to cover your eligible dependents.

Am I Eligible?

Eligibility
All Equity Partners are eligible.
Eligible Dependent(s)
- Your spouse or domestic partner - Your dependent children or the dependent children of your eligible partner up to age 26, including a natural child, stepchild, a legally adopted child, or a child placed for adoption - Tax dependents over age 26 who are disabled and dependent on you for support - Children named in a Qualified Medical Child Support Order (QMCSO) as defined by federal law Note: You will need to provide proof of dependent relationship for any newly added dependents. Examples include marriage certificate, birth certificate, adoption papers, etc.

! Your name and social security number, as well as the names and social security numbers of any dependents you choose to enroll, must match the names and numbers on the relevant social security card **EXACTLY**. In compliance with the Affordable Care Act, this information is reported to the Internal Revenue Service. Any mismatch in names or social security numbers will result in an error, which must be corrected in order to process your enrollment.

When Can I Enroll?

Newly hired or newly eligible Equity Partners are required to make their benefit elections within 31 days of their date of hire or the date you become benefits eligible.

Each year during open enrollment, you may make changes to your benefit elections.

QUALIFYING LIFE EVENTS

If you do not take action during open enrollment, you must wait until the next open enrollment period to enroll, unless you experience a qualifying life event.

Common qualifying life events include:

- Birth or adoption of a child
- Change in legal marital status including marriage, divorce or death
- Loss of coverage as a result of a change in your employment status or the employment status of your spouse or domestic partner

Benefit changes resulting from a qualifying life event must be made within 31 days of the qualifying life event and you may be required to provide supporting documentation such as proof of marriage/divorce or loss of coverage from a spouse's employer. If you experience a qualifying life event during the benefit year and would like to make a corresponding change to your coverage, you will need to submit your change request and supporting documentation through HR Online. You may reach out to the Benefits Department at BenefitsAdministrationTeam@wbd-us.com with any questions.

ID Cards

Online access to a digital version of your ID card is available through the websites shown. Each carrier also provides a mobile app offering convenient access to your digital ID card and much more!

Carrier	Benefit	Online Access
United Healthcare (UHC)/MedImpact	Medical / Pharmacy	myuhc.com medimpact.com
Surest/MedImpact	Medical / Pharmacy	benefits.surest.com medimpact.com
Kaiser (CA)	Medical / Pharmacy	kp.org
Delta Dental	Dental	deltadentalinc.com
EyeMed	Vision	eyemed.com

Medical Plan Overview

Womble Bond Dickinson provides comprehensive, quality medical care for you and your family. We offer four medical plan options - two High Deductible Health Plans (HDHPs), a Preferred Provider Organization (PPO), and a Surest Plan (Surest). We also offer Kaiser Permanente for employees who are California residents. Each plan offers a unique design, allowing you to select the best plan to meet your needs. Your medical coverage begins on your date of hire.



HIGH DEDUCTIBLE HEALTH PLANS

A High Deductible Health Plan (HDHP) offers both a lower premium and a higher deductible than traditional medical plans. While you pay a lower per-paycheck premium for coverage, you pay 100% of the cost for services until you have met your deductible. In network preventive services and a specified list of maintenance medications, as indicated on MedImpact's website, are covered 100% by the plan. The HDHP is paired with an optional tax-advantaged savings account called a Health Savings Account or HSA. The HSA allows participants to set aside pre-tax dollars to cover the first-dollar medical expenses incurred under the HDHP. Any money remaining in your HSA at the end of the year will carry forward for use in future years or for your use during retirement.



PRESCRIPTIONS UNDER THE HIGH DEDUCTIBLE HEALTH PLANS

The full cost of covered prescriptions goes towards meeting your deductible. After meeting your deductible, you pay your coinsurance amount until you meet your annual out-of-pocket maximum.



PPO MEDICAL PLAN

The PPO Medical Plan has higher premium costs per paycheck but provides access to office visits, prescriptions, urgent care and other services for a copay. Some medical services will require that you meet your deductible before your insurance begins to pay, such as hospital services and imaging. In network preventive services are covered at 100%.



PRESCRIPTIONS UNDER THE PPO MEDICAL PLAN

You will pay a copay for most prescriptions.



SUREST MEDICAL PLAN

The Surest Medical Plan has higher premium costs per paycheck than the HDHP Plans but provides coverage for all services for only a flat copay, no deductible or coinsurance. In network preventive services are covered at 100%.



PRESCRIPTIONS UNDER THE SUREST MEDICAL PLAN

You will pay a copay for most prescriptions.

Medical Plan Comparison – United Healthcare

	PPO Medical Plan		Enhanced HDHP		Basic HDHP	
	In-Network	Non-Network	In-Network	Non-Network	In-Network	Non-Network
Calendar-Year Deductible						
Individual	\$1,000	\$3,000	\$3,400	\$5,000	\$5,000	\$6,000
Family	\$2,000	\$6,000	\$6,800	\$10,000	\$10,000	\$12,000
Coinsurance	10%	30%	10%	30%	20%	50%
Calendar-Year Out-of-Pocket Maximum						
Individual	\$4,000	\$8,000	\$6,000	\$10,000	\$7,500	\$12,000
Family	\$8,000	\$16,000	\$12,000	\$20,000	\$15,000	\$24,000
Preventive Services						
Preventive care/screening/immunizations	No charge, subject to plan guidelines	30% after deductible	No charge, subject to plan guidelines	30% after deductible	No charge, subject to plan guidelines	50% after deductible
Physician Services						
• Primary Care Office Visit	\$30 copay	30% after deductible	10% after deductible	30% after deductible	20% after deductible	50% after deductible
• Specialist Office Visit	\$60 copay					
• Urgent Care	\$60 copay					
Hospital Services						
• Emergency Room	10% after deductible	10% after deductible	10% after deductible	10% after deductible	20% after deductible	20% after deductible
• Inpatient/Outpatient		30% after deductible		30% after deductible		50% after deductible
Diagnostics and Imaging						
• Labs and x-rays	10% after deductible	30% after deductible	10% after deductible	30% after deductible	20% after deductible	50% after deductible
• CT/PT scans and MRIs						
Virtual Visits	\$25 copay	Not Applicable	\$25 copay	Not Applicable	\$25 copay	Not Applicable
Prescription Drugs						
Retail Tier 1 – Generics	\$7 copay	\$7 copay	10% after deductible	10% after deductible	20% after deductible	20% after deductible
Retail Tier 2 – Preferred Brand	\$60 copay	\$60 copay				
Retail Tier 3 – Non-preferred Brand	\$120 copay	\$120 copay				
Retail Tier 4 – Specialty	20% coinsurance up to \$200	Not Applicable	10% after deductible	Not Applicable	20% after deductible	Not Applicable
Mail Order Tier 1	\$17.50 copay	Not Applicable	10% after deductible	Not Applicable	20% after deductible	Not Applicable
Mail Order Tier 2	\$150 copay					
Mail Order Tier 3	\$300 copay					

a). Once out-of-pocket amount is reached, the Plans will pay up to 100% of the remainder of Covered Charges for the rest of the Benefit Year. b). Precertification is required for selected services (including Mental Health and Substance Abuse) and diagnostic procedures as outlined in the Plan document. c). All medical plans have "embedded" deductibles and out-of-pocket limits, which means that each individual has a deductible and out-of-pocket limit not to exceed the family maximum. d). Out-of-Network Emergency covered at In Network Coinsurance e). Retail prescriptions = 31-day supply. Mail Order prescriptions = 90-day supply. f). Out-of-network eligible expenses are determined by the Claims Administrator as reasonable and customary. You may be billed amounts in excess of applicable deductible, coinsurance or copay amounts.

The drug formulary for Womble can be found within your account on MedImpact.

Medical Plan Option – Surest

	Surest Plan	
	In-Network	Non-Network
Calendar-Year Deductible		
Individual	\$0	\$0
Family		
Coinsurance	0%	0%
Calendar-Year Out-of-Pocket Maximum		
Individual	\$4,500	\$9,000
Family	\$9,000	\$18,000
Preventive Services		
Preventive care/screening/immunizations	No charge, subject to plan guidelines	\$220 copay
Physician Services		
• Primary Care Office Visit	\$45 to \$150 copay	\$220 copay
• Specialist Office Visit	\$45 to \$150 copay	\$220 copay
• Urgent Care	\$100 copay	\$210 copay
Hospital Services		
• Emergency Room	\$1,000 copay	\$1,000 copay
• Inpatient Stay	\$3,500 copay	\$8,000 copay
• Inpatient/Outpatient Procedures	\$300-\$4,000 copay	up to \$8,000 copay
Diagnostics and Imaging		
• Labs and x-rays	\$40 - \$1,800 copay	up to \$3,150 copay
• CT/PT scans and MRIs	\$150 to \$2,550 copay	up to \$5,850 copay
Virtual Visits		
Primary Care and Urgent Care	\$0	\$0
Mental Health & Substance Abuse Disorder	\$0 - \$1,800 copay	up to \$3,150 copay
Specialty	\$150 to \$2,550 copay	up to \$5,850 copay
Prescription Drugs		
Retail Tier 1 – Generics	\$7 copay	\$7 copay
Retail Tier 2 – Preferred Brand	\$60 copay	\$60 copay
Retail Tier 3 – Non-preferred Brand	\$120 copay	\$120 copay
Retail Tier 4 – Specialty	20% coinsurance up to \$200	Not Applicable
Mail Order Tier 1	\$17.50 copay	Not Applicable
Mail Order Tier 2	\$150 copay	
Mail Order Tier 3	\$300 copay	

What to learn more about the plan and how it works?



Visit [Surest](#)

Ready to shop and compare care options and costs?

Download the free Surest app or go to [Benefits.Surest.com](#) to create an account. With a Surest account, you can shop and compare copays, providers, and treatment options to find care—and you may even find ways to save.

 Scan now to register your account.

Access Code: WBD2026



[surest.care/welcome](#)

The drug formulary for Womble can be found within your account on MedImpact.

a). Once out-of-pocket amount is reached, the Plans will pay up to 100% of the remainder of Covered Charges for the rest of the Benefit Year. b). Precertification is required for selected services (including Mental Health and Substance Abuse) and diagnostic procedures as outlined in the Plan document. c). Out-of-Network Emergency covered at In Network Coinsurance d). Retail prescriptions = 31-day supply. Mail Order prescriptions = 90-day supply. e). Out-of-network eligible expenses are determined by the Claims Administrator as reasonable and customary. You may be billed amounts in excess of applicable deductible, coinsurance or copay amounts.

Medical Plan Option – Kaiser

CALIFORNIA RESIDENTS ONLY

HMO Plan In-Network	
Calendar-Year Deductible	
Individual	\$500
Family	\$1,000
Calendar-Year Out-of-Pocket Maximum	
Individual	\$2,500
Family	\$5,000
Preventive Services	
Preventive care/screening/ immunizations	No charge, subject to plan guidelines
Physician Services	
• Primary Care Office Visit	\$20
• Specialist Office Visit	\$30
• Urgent Care	\$20
Hospital Services	
• Emergency Room	\$200 per visit after deductible
• Inpatient/Outpatient	20% after deductible
Diagnostics and Imaging	
• Labs & x-rays	\$10 per encounter
• CT/PT scans and MRIs	20% up to \$100 after deductible
Virtual Visits	No charge
Prescription Drugs	
Retail Tier 1 – Generics	\$10 copay
Retail Tier 2 – Preferred Brand	\$30 copay
Retail Tier 4 – Specialty	20% coinsurance up to \$250
Mail Order Tier 1	\$20 copay
Mail Order Tier 2	\$60 copay

a.) The Kaiser HMO plan has an “embedded” deductible and out-of-pocket, which means that each individual has a deductible and out-of-pocket limit not to exceed the family maximum. b.) Emergency care is permitted out-of-network. c.) Assisted reproductive technology (“ART”) services are excluded.



2026 Monthly Medical Premiums

	PPO Medical Plan	Enhanced HDHP	Basic HDHP	Surest Plan	Kaiser
Participant	\$292	\$150	\$85	\$226	\$147
Participant+ Spouse/ Domestic Partner	\$1,129	\$625	\$450	\$968	\$1,010
Participant + Child(ren)	\$892	\$538	\$349	\$708	\$909
Participant + Family	\$1,604	\$795	\$662	\$1,466	\$1,456



ALEX



ALEX is an online tool designed to help you select the best medical plan for yourself and your family. ALEX will ask a few questions about your family's combined healthcare needs, and then perform a calculation to estimate your out-of-pocket cost under the various medical plan options. ALEX will then recommend the medical plan option with the lowest out-of-pocket cost. All information that you share with ALEX remains confidential and secure.

How should I prepare?

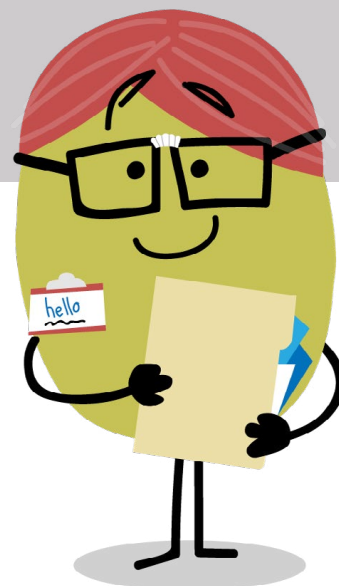
Providing detailed information to ALEX will result in the most accurate estimate of your costs under the various plan options. Take the time to consider what type of medical care you may need (doctor visits, surgeries, ER visits, prescriptions, etc.), and consider the needs of your family. ALEX can also assist in estimating your health care needs.

How does ALEX know what plan is best for me?

ALEX combines your per-paycheck premium for coverage under each plan with the estimated cost for services you suggest. ALEX will then recommend the least expensive plan for your needs.

Where do I find ALEX?

<https://start.myalex.com/womble-bond-dickinson>



Virtual Medical Visits

(Available to UHC and Surest enrolled members only)

Visit with a doctor 24/7

Virtual Visits provide a secure connection, via video or telephone, to a doctor who can diagnose common medical conditions and prescribe medications if needed.



Virtual Visits offer convenient access to a doctor.

Whether using the website or the app, Virtual Visits offer access to video chat with a doctor 24/7. Virtual Visits are also available as telephone consultations if you prefer.

Virtual Visit can address these common conditions:

- Addiction
- Allergies
- Anxiety
- Bronchitis
- Depression
- Dermatological concerns
- Earache
- Eye Infections
- Fever
- Flu
- Gastroenterology concerns
- Headaches/migraines
- Mental health disorders
- Pinkeye
- Rashes
- Sinus infection
- Sleep issues
- Sore throats
- Stomach aches
- and more

UHC and Surest offer a variety of virtual care providers through a national network. After logging into the Virtual Care section of UHC or searching for Virtual Care in the Surest app or website, you will then choose a provider group. The first time you use a 24/7 Virtual Visit provider, you will set up an account with that provider group. From there you will be connected with an available physician for a virtual visit.

UHC enrolled members

Log into your Virtual Care section of UHC.



Sign in at myuhc.com/virtualvisits



Call 855-615-8335



Download the UnitedHealthcare app

Cost for UHC Enrolled Members

- HDHP Plans: \$25 copay
- PPO Medical Plan: \$25 copay

The cost for a UHC virtual visit is only a \$25 copay for any UHC medical plan. If you were to seek such care for face-to-face visits with providers, the cost would be greater as compared to office visit benefits outlined in the medical plan overviews on page 8.

Surest enrolled members

Log into your Surest app to find virtual care providers.



surest.care/welcome



Scan now to register your account.



Cost for Surest Enrolled Members

- Primary / Urgent Care: \$0

Virta

(Available to UHC and Surest enrolled members only)

Virta offers eligible UHC members the opportunity to reverse type 2 diabetes, prediabetes, and weight gain. Virta is a provider-led, research-backed treatment that works individually with qualified patients through health coaching, provider supervision and nutrition planning that can lower blood sugar levels and A1C, reduce diabetic medications and help with weight loss.

Participation in Virta comes at no additional cost to you, and participants receive the following:

- Dedicated coaching
- Provider supervision
- Unlimited testing strips, lancets, and swabs
- Blood glucose meter
- Connected scale
- 1:1 expert health coaching and medical supervision
- Mobile app with easy-to-use tracking tools and tips

Frequently Asked Questions

WHAT IS VIRTA HEALTH?

Virta is a guided nutrition program to lose weight and reverse type 2 diabetes. Personalized and flexible to your lifestyle, learn to eat foods that are right for you. On demand support from providers and health coaches along with personalized feedback empower you to lose weight, lower your blood sugar, and transform your health.

AM I COVERED FOR CARE?

Virta Health's nutrition therapy care plans may be suitable for adults 18 years or older, with metabolic health conditions including type 2 diabetes, prediabetes, and/or a body mass index (BMI) of 25 or greater. Complete a short application to confirm your eligibility. There are some medical conditions that would exclude patients from the Virta program.

HOW MUCH DOES VIRTA COST?

Virta is fully covered through the UnitedHealthcare and Surest plans.

WHAT DOES IT MEAN TO REVERSE AN ISSUE LIKE TYPE 2 DIABETES?

Reversal of type 2 diabetes on Virta is defined by reaching an A1C below 6.5% without the use of diabetes medications beyond Metformin. Diabetes and related issues can return if lifestyle changes are not maintained.

WHAT RESULTS CAN MEMBERS SEE?

Based on a clinical study, in just 10 weeks, Virta members **lost 18 lbs on average**, reduced their A1c by 1.0 on average, and **87% were able to stop or reduce medications**. Members have also seen improvements in sleep and blood pressure.

WHAT'S INCLUDED IN A CARE PLAN?

Your custom Virta plan is designed to meet your preferences, budget, and lifestyle. Every member has exclusive access to:

- An app for continuous health insights
- Digital weight scale and blood meter that syncs with their phone
- One-on-one health coach support
- Personalized plan backed by clinical research
- Medical provider to safely reduce unwanted medications

IS VIRTA RIGHT FOR ME?

Virta takes a personal approach to care. This has helped members of diverse backgrounds, needs, and lifestyles find success.

Virta is not a good fit if you:

- Are younger than 18 years old
- Are pregnant or nursing
- Have stage 4 or 5 chronic kidney disease
- Have end-stage renal disease on dialysis
- Had diabetic ketoacidosis in the past 12 months

HOW DO I ENROLL?

Individuals will start their journey by creating a Virta account, where their eligibility will be confirmed. They'll then complete a health screening, where they'll share lab work results and meet with a Virta clinician for medical clearance. **Apply here:** UHC members: virtahealth.com/join/uhc or Surest members virtahealth.com/join/surest.

Family-Building Benefit

(Available to UHC and Surest enrolled employees and spouses only)

There are many different fertility and family-building journeys, whether you are looking to start your family today or preserve your options for the future. Kindbody provides end-to-end fertility services with a dedicated Care Navigation Team to guide you through your journey and coordinate the full-spectrum of benefits available to you and your covered family members.

The Kindbody fertility benefit is integrated with your medical plan. All fertility treatment services, including diagnostic testing and fertility medications are subject to your medical plans' medical deductible, coinsurance and out-of-pocket maximums. Once you've reached your out-of-pocket maximum, covered treatments and medications will be covered in full with no additional cost to you.

YOUR KINDBODY BENEFIT INCLUDES

- Up to \$15,000 per family per lifetime for the following benefits*:
 - Fertility treatment services including in vitro fertilization (IVF), intrauterine insemination (IUI), egg/embryo sperm freezing, and fertility medications through KindbodyRx (fertility services and Rx are subject to medical cost share)
 - Reimbursement for eligible adoption, donor and surrogacy services
- Up to five (5) virtual holistic health offerings per lifetime covering topics such as mental well-being, nutrition, lactation support, back-to-work care and more
- Dedicated Care Navigation Team
- Access to Kindbody's full suite of services and network of partner clinics
- Access to Kindbody's library of resources, videos, live & virtual events, and support groups
- A personalized patient portal

*The \$15,000 is a per family benefit; only \$15,000 per family is allowable per lifetime and the maximum is combined across all benefits: fertility, adoption, and donor/surrogacy.

HOW TO GET STARTED WITH KINDBODY

- Head to kindbody.com/activate.
- Create your Kindbody account using any email address.
- Confirm eligibility by entering your access code and your unique ID. Your access code is **KINDWOMBLE**. Your unique ID is your Equity Partner ID.

For more information, or if you have any questions, email employeebenefits@kindbody.com.

1:1 Concierge Support 855-974-0896 x Option 3 kindbody.com/activate.

MedImpact

(Available to UHC and Surest enrolled members only)

The MedImpact website and the MedImpact mobile app provide members access to information regarding the prescription drug plan. After establishing your online account, you can:

- Price a drug
- Locate a pharmacy
- Review the Premium Formulary
- Find information on your prescriptions
- Submit and track a Prior Authorization request
- Place and track a mail order prescription
- View claim and benefit information

2nd.MD

(Available to UHC and Surest enrolled members only)

As part of the medical plan through Womble, you and your covered dependents have access to 2nd.MD, a service that offers expert medical consultations via video or phone.

Health Advocates are available to provide support on major medical decisions. This team can provide support in finding the right specialist, collecting medical records and navigating the healthcare system.

2nd.MD provides access to specialists for questions about:

- A new or existing diagnosis
- A surgery or procedure
- Medications and treatment plans

Scan here to go to [MedImpact.com](https://www.MedImpact.com)
Call MedImpact at 800-681-7651



Start your Consult Today
Call 2nd.MD at 866-841-2575



Visit our website: [2nd.MD/activate](https://www.2nd.MD/activate)



Health Savings Account (HSA)

A Health Savings Account (HSA) allows you to set aside money from each paycheck into savings. The HSA is only available when you participate in a High Deductible Health Plan (HDHP).

Setting aside pre-tax money into the HSA ensures that you will have funds available to pay for eligible healthcare expenses incurred when you participate in a qualified HDHP. Your contributions to the HSA roll over from year to year and you may take your HSA with you if you leave the firm. Best of all, HSAs offer triple-tax savings - contributions are pre-tax, withdrawals of both contributions and interest earnings are tax-free when taken for qualified expenses. You are eligible to make contributions to your HSA beginning with your first full month of coverage.

AM I ELIGIBLE TO PARTICIPATE IN AN HSA?

You are eligible for an HSA if you are:

- Enrolled in a qualified HDHP such as the Basic or Enhanced HDHP
- Not enrolled in Medicare (you can be Medicare eligible)
- Not covered by any medical insurance that does not meet the definition of a HDHP, such as:
 - TRICARE
 - VA benefits (including your spouse's)
 - Flexible Spending Accounts (including your spouse's)
- Not eligible to be claimed on another person's tax return

USING YOUR HSA

- Use your HSA debit card to pay for eligible expenses.
- If reimbursement is required for eligible expenses, you can file a claim with Optum Bank online or through the app.

HOW YOUR HSA WORKS

- You contribute to your HSA with pre-tax dollars, if you choose.
- For 2026, the IRS will allow you to contribute up to \$4,400 to an HSA if you have individual coverage or up to \$8,750 if you cover dependents. If you are age 55 or older, you can also make a \$1,000 "catch-up" contribution.
- You may choose to invest your HSA and earn a return on your investment.
- When you use the funds from your HSA for eligible healthcare expenses, you pay no tax on the withdrawals.
- The money in your HSA is yours to keep for your lifetime and your account will continue to grow through your retirement. Once you reach age 65, you can also make withdrawals for non-medical reasons without any penalty (you will pay tax on funds that are used for non-medical reasons).
- Any unspent HSA contributions roll into the next year. The funds are not "use it or lose it."

A note about changing medical plans:

Remember, in order to be eligible to make contributions to an HSA, you must be covered by a qualifying HDHP plan. If you change your medical coverage to the PPO Medical Plan, you will no longer be eligible to make contributions to your HSA. However, you will be able to continue to spend your HSA funds on eligible medical, dental and vision expenses until the funds are exhausted.

Dental Plan

Dental Benefits

Womble Bond Dickinson offers comprehensive dental coverage through Delta Dental of NC. Your dental benefit coverage begins on your date of hire. You have the flexibility to see any dentist you choose, however, seeing a Delta Dental of NC network dentist will save you money. The chart below summarizes the key features of the plan.

Coverage Tier	Monthly Premiums
Participant	\$14
Participant + Spouse/Domestic Partner	\$57
Participant + Child(ren)	\$60
Participant + Family	\$113
Dental Percentage Payable for Covered Services	
Preventive and Diagnostic Dental Procedures Prophylaxis cleanings, Oral examinations, Topical fluoride applications, X-rays, Space maintainers	100%
Basic Dental Procedure Fillings, Simple extractions, Endodontics, Oral surgery, Periodontics, Crown repair	80%
Major Dental Procedures Implants, Bridges and Dentures, Bridge and Denture repair, Crowns	50%
Orthodontia Orthodontics Treatment and Appliances	50%
Deductible (applies to all Basic and Major services)	
Per Person Per Plan Year	\$50
Per Family Per Plan Year	\$150
Maximum Benefit Amount	
Preventive, Basic and Major (Per Person Per Plan Year)	\$2,000
Orthodontia (Lifetime Maximum Per Person)	\$2,000

Each family member has an individual deductible with a total family deductible amount not to exceed the family maximum.

SPECIAL HEALTH CARE NEEDS BENEFIT

Covered members with a qualifying special health care need will be eligible for additional visits to the dentist, four total dental cleanings in a benefit year and treatment delivery modifications. Special health care needs include any physical, developmental, mental, sensory, behavioral, cognitive, or emotional impairment or limiting condition that requires medical management, health care intervention, and/or use of specialized services or programs. The condition may be congenital, developmental, or acquired through disease, trauma or environmental cause, and may impose limitations in performing daily self-maintenance activities or substantial limitations in a major life activity. Learn more through your online account at Delta Dental of NC.

EXTRA BENEFITS

Members with certain at-risk conditions may be eligible for additional routine cleanings or periodontal maintenance cleanings per benefit period. Eligible at-risk conditions include: diabetes, pregnancy, infective endocarditis, renal failure, suppressed immune systems due to chemotherapy, organ transplant, stem cell, or HIV positive status. Contact Delta Dental for additional details that may pertain to you.



Vision Plan

Vision Benefits

Womble Bond Dickinson offers vision benefits to you and your eligible dependents. Your vision benefit coverage begins on the first of the month following your date of hire. You can see any vision care provider, but you'll get the most out of your benefits if you select a network provider. EyeMed administers the firm's vision plan benefits. The chart below summarizes the key features of the plan.

Coverage Tier		Monthly Premium
Participant		\$10.72
Participant + Spouse/Domestic Partner		\$20.36
Participant + Child(ren)		\$21.46
Participant + Family		\$31.88
Vision Care Services	Member Cost In-Network	Member Out-of-Network Reimbursement
Exam <i>(with dilation as necessary)*</i>	\$10 copay	Up to \$45
Contact Lenses Fit & Follow-up <i>(Contact Lens fit and two follow-up visits are available once a comprehensive eye exam has been completed.)</i>		
Standard Contact Lens Fit & Follow-up	\$10 copay; contact lens fit and two follow-up visits	Up to \$40
Premium Contact Lens Fit & Follow-up	\$10 copay; 10% off retail price, then apply \$55 allowance	Up to \$40
Contact Lenses <i>(Contact Lens allowance includes materials only)</i>		
• Conventional	\$0 copay; 15% off balance over \$200 allowance	Up to \$160
• Disposable	\$0 copay; 100% of balance over \$200 allowance	Up to \$160
• Medically Necessary	\$0 copay; paid in full	Up to \$200
Frames Any available frame at provider location	\$0 copay; 20% off balance over \$200 allowance	Up to \$100
Standard Plastic Lenses		
• Single Vision	\$10 copay	Up to \$30
• Bifocal	\$10 copay	Up to \$45
• Trifocal	\$10 copay	Up to \$55
• Lenticular	\$10 copay	Up to \$90
• Standard Progressive	\$10 copay	Up to \$77
• Premium Progressive Tiers 1-3	\$30 - \$55 copay	Up to \$77
• Premium Progressive Tier 4	\$10 copay; 20% off retail price less \$120 allowance	Up to \$77
Additional Vision Plan Options	See Full Plan Summary located on the Benefits Page of WombleCentral	

Plan allows member to receive either contacts and frame, or frames and lens services

*Also covered under Medical Plan provisions

Life Insurance

Life Insurance provides an important source of income to your family members in the event of your death.

BASIC LIFE AND AD&D INSURANCE

Womble provides basic life insurance coverage to all Equity Partners. The policy also includes Accidental Death and Dismemberment (AD&D) coverage. AD&D coverage provides benefits if you experience an accident resulting in loss of limbs or accidental death. Eligible Equity Partners will be automatically enrolled in \$500,000 of Basic Life/AD&D coverage. Age reductions apply beginning at age 70.

SUPPLEMENTAL LIFE AND AD&D INSURANCE

Equity Partners may choose to supplement their Basic Life insurance benefit by purchasing supplemental coverage. You pay the full cost of supplemental coverage with after-tax dollars. The amount you pay depends on your age and the amount of coverage you purchase. If you elect coverage when you are first eligible (e.g. newly hired), you may enroll yourself, your spouse and child(ren) up to the guarantee issue amounts without Evidence of Insurability (EOI). All subsequent enrollments or increases may require EOI.

During Open Enrollment, Equity Partners may elect or increase coverage by \$10,000 for themselves without EOI. Equity Partners may also elect or increase coverage by \$5,000 for spouses without EOI.

Benefit	Supplemental Term Life
Supplemental Life and AD&D Amount	\$10,000 increments up to \$1,000,000 or 5x annual earnings, whichever is less
Age Reduction Schedule	35% at age 70, 50% at age 75
Spouse Supplemental Life Amount	\$5,000 increments up to the lesser of 50% of Equity Partner approved coverage or \$250,000
Child Supplemental Life Amount	\$5,000 or \$10,000
Guarantee Issue Amounts	Equity Partner: \$400,000; Spouse: \$50,000; Child(ren): \$10,000
Options on Termination of Employment	Convertible and portable



Personal Leaves

Disability benefits provide a source of income if you are unable to work due to a non-work-related injury, illness, or medical condition (including pregnancy or childbirth).

SHORT-TERM DISABILITY

Equity Partners receive their distributive income allocation for up to 180 calendar days. Thereafter, normal distributions cease and equity partners receive benefits in accordance with the terms of the Firm's long-term disability policy.

MATERNITY LEAVE

Equity partners, who give birth to a child, are eligible upon joining Womble Bond Dickinson for eight weeks of maternity leave at 100% of base compensation. Maternity Leave will work in conjunction and coordinate with the short term disability policy for terms of eligibility and rules if equity partner who gives birth is medically written away from work prior to birth of child or after the eight weeks of maternity leave has been completed. Please refer to the short term disability policy on Womble Central for specific eligibility rules and additional policy details.

PARENTAL LEAVE

Equity partners of Womble Bond Dickinson are eligible for parental leave (please see policy on Womble Central for eligibility details) upon joining the firm. Equity partners with less than six months of continuous, full-time service with the firm are eligible for 4 weeks of parental leave. Equity partners with six months or more of service with Womble Bond Dickinson are eligible for 12 weeks of parental leave. All parental leave is at 100% of base compensation. For those equity partners who give birth to a child, the parental leave becomes available after maternity leave has been exhausted. All paid time available for parental leave is after the birth of the child. Please refer to short term disability (parental leave section) policy on Womble Central for specific rules and additional policy details.

LONG-TERM DISABILITY

The firm provides long-term disability coverage to all eligible Equity Partners. The plan pays up to 60% of your pre-disability K-1 earnings from the prior year up to a maximum limit of \$25,000 per month, contingent on a 180-day elimination period and the insurance carrier's approval.

Supplemental disability insurance is available through Unum. You will have the opportunity to opt into this coverage annually. Please contact the Benefits Department at BenefitsAdministratonTeam@wbd-us.com for additional information.

To learn more about the coverage available to you, including exclusions, limitations and reductions, refer to the policy available on via Womble Central.

Retirement Plans

401(k)

The Firm's 401(k) Plan encourages you to accumulate savings for retirement through convenient pre-tax and Roth (after-tax) payroll deductions. The 401(k) Plan offers an array of investments from which to choose.

EQUITY PARTNER CONTRIBUTIONS

- **Eligible partners** may contribute a flat dollar amount up to the statutory maximum each year on a pre-tax and/or Roth (after-tax) basis
- **Partners age 50 or older** can take advantage of catch-up contributions
- **Salary deferral and catch-up contributions** are subject to annual IRS limits and vest immediately
- **Profit Sharing** contributions will begin on the first day of the month following one year of service. The contribution you make will be determined based on assigned equity partner points. Vesting provisions apply.

Cash Balance Pension Plan (CBPP)

The plan allows for retirement income in addition to the firm's 401(k) Plan. Annual contribution amounts will be determined by a formula based on assigned points with a minimum contribution of \$1,000. Vesting provision applies.



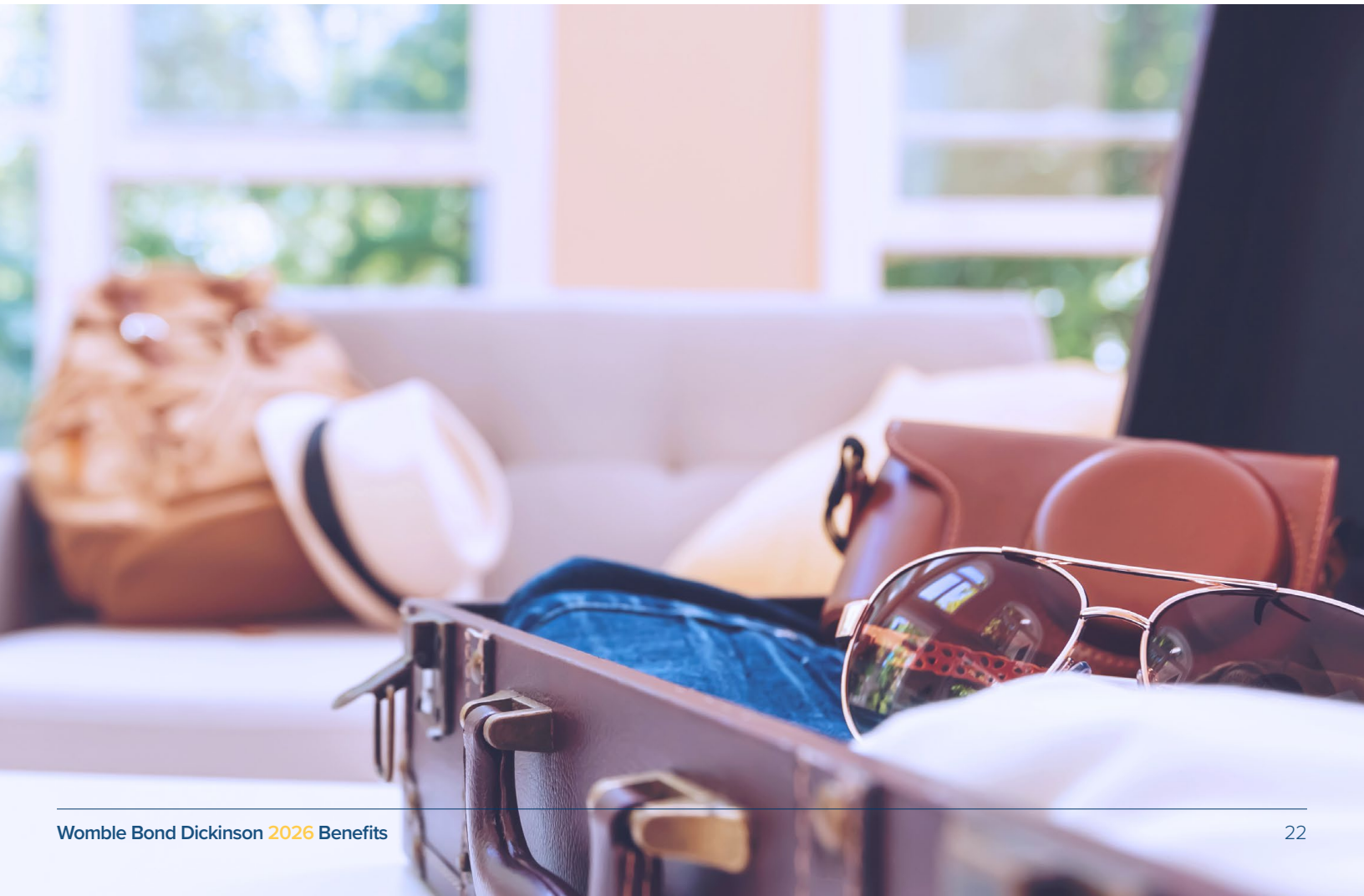
Firm Holidays

The Firm offers the following paid holidays. At the beginning of each year, the Firm will publish the list of observed holidays for the upcoming calendar year. The Firm will be closed on those dates.

- New Year's Day
- Martin Luther King Day
- Memorial Day
- Juneteenth
- Independence Day
- Labor Day
- Thanksgiving Day
- Friday after Thanksgiving
- Christmas Eve
- Christmas Day

*Special Consideration: Veterans Day.**

**Firm personnel who provide proof of veteran status will receive an additional paid holiday on Veteran's Day, which is observed on November 11.*



Well-Being Resources

It has never been more important to take care of your well-being. Womble Bond Dickinson provides a variety of well-being resources for you to consider.

EMPLOYEE ASSISTANCE PROGRAM (EAP)

(available to all employees even if you are not enrolled on any Womble Bond Dickinson medical plan)

SupportLinc EAP provides you and your immediate family members access to trained professionals who can assist you with a variety of personal and workplace issues. You and your family members have access to counseling 24 hours a day, 7 days a week via phone and text as well as additional self-guided resources and group support sessions on a chat-based platform. The program is voluntary and confidential. This EAP can support you and your family members with a broad range of concerns, such as:

- Family problems
- Stress and anxiety
- Depression
- Substance abuse
- Elder and adult care referrals
- Marriage and relationship issues
- Grief and loss
- Legal services
- Child care referrals
- Financial planning
- Identity theft
- Burnout
- Work-Life Balance
- Caregiver Support

Dependent care services

Resources and referrals for child care, elder care, adoption and more.

In-the-moment support

Reach a licensed clinician by phone 24/7/365 for immediate assistance.

Short-term counseling

Access up to **six (6) no-cost counseling sessions**, in-person or via video, to address stress, depression, anxiety, work-related pressures, relationship issues or substance abuse.

Financial expertise

Consultation and planning with a financial counselor.

Convenience resources

Referrals for home repair, housing needs, education, pet care and much more.

Confidentiality

Strict confidentiality standards ensure no one will know you have accessed the program without your written permission except as required by law.

Mindstream

A fitness studio for your mind with live and on-demand video and audio sessions.

WEB PORTAL AND MOBILE APP

- Connect to programs resources and more
- Discover on-demand training to boost wellbeing and life balance
- Find search engines, financial calculators and career resources
- Explore thousands of articles, tip sheets, self-assessments and videos

CONVENIENT, ON-THE-GO SUPPORT

- **Textcoach®**
Personalized coaching with a licensed counselor on mobile or desktop
- **Animo**
Self-guided resources to improve focus, wellbeing and emotional fitness
- **Virtual Support Connect**
Moderated group support sessions on an anonymous, chat-based platform

DOWNLOAD THE MOBILE APP TODAY!

1-888-881-5462

[SUPPORTLINC.COM](https://supportlinc.com)

group code: womble



Well-Being Resources

HEALTH AND WELL BEING BENEFITS

(Available to UHC enrolled members only)

Behavioral health support services are available to you and your family to access anytime, anywhere – whether you are in a time of greater need or want to work on personal growth.

- Find network behavioral health providers
- Schedule appointments with providers
- Read, watch and learn about a variety of behavioral health-related topics

To access Live and Work Well and see your mental health benefits, sign into myuhc.com. Then, go to **Coverage and Benefits > Mental Health**.

VIRTUAL THERAPY

(Available to UHC enrolled members only)

Virtual therapy offers confidential counseling and includes:

- **Private video sessions**
Get one-on-one support — in your home and at a time that is convenient for you.
- **Help with coping – for children, teens and adults**
Your licensed virtual therapist may provide a diagnosis, treatment and medication if needed .
- **Similar standard of care as in-person visits**
You can see the same therapist with each appointment and establish an ongoing relationship.
- **Virtual therapy is designed to help treat conditions like:**
 - ADD/ADHD
 - Anxiety
 - Mental health disorders
 - Addiction
 - Depression

A quicker way for the whole family to get care. Virtual therapy may be a great way for children and teens to get an appointment.

Follow these steps to find a provider and schedule a visit:

1. Sign in or register on myuhc.com®.
2. Then, go to **Find a Doctor > Behavioral Health Directory > People > Provider Type > Telemental Health Provider**.
3. Call the provider to set up an appointment.



Well-Being Resources

CALM

(Available to UHC, Surest, and Kaiser enrolled members only)

The Calm Health app provides programs and tools to help support your mental health and well-being — all at your own pace. As a UnitedHealthcare member, Calm Health is included in your health plan and available at no additional cost.

Tap into tools and support

The Calm Health app brings you a library of support — including mindfulness content and programs created by psychologists — for a variety of health experiences and life stages. This information is designed to help you:

- **Learn techniques to improve well-being** — Find tools, music and sounds to help you meditate, improve focus, move mindfully and feel calm.
- **Work toward goals** — Join self-guided self-care programs, and track your progress along the way.
- **Support your mind and body** — Access mental health information and support to help you strengthen the mind-body connection.



Surest members: Scan this QR code to get started with Calm Health.

UHC members: You'll first need to sign in to your account on myuhc.com® or the UnitedHealthcare® app. If you don't have an account, select Register to create one.

Kaiser members: Visit kp.org/selfcareapps to get started.

HEADSPACE CARE

(Available to Kaiser enrolled members only)

- Headspace Care offers 1-on-1 emotional support coaching and self-care activities to help with many common challenges.
- Coaches are available by text 24/7. You can use the text-based coaching services at no cost and without a referral.

Visit kp.org/selfcareapps to get started.



Financial Well-Being

Truist Momentum provides access to expert content and a comprehensive set of tools to assist you in every financial aspect of your life – all in a secure, confidential, advertisement-free and easy-to-use format. We believe that Truist Momentum has something for everyone, regardless of your financial knowledge or situation. This resource is free of charge for all Womble personnel.

Truist Momentum includes several components designed to inspire, educate, and equip you to gain financial confidence through financial education tools, resources, calculators, and podcasts including:

- **My 8 Pillars** - This financial education curriculum incorporates eight pillars and includes videos with interactive tools as well as resources that enable you to put the things you learn into action.
- **My Coach** - Coaching sessions are offered on debt, budget, student loan and home ownership solutions.
- **My Family** - These tools and resources help you support your family members at every stage of their financial journey.
- **My Money Desktop** - These resources allow you to securely see all of your accounts, transactions, budgets, investments, debt and more in a single view to help you take better control of your financial future.
- **My Podcast** - Financial and happiness experts discuss ways to grow your financial confidence and live happier by exploring the connection between your finances and well-being.
- **Savvy Money** - Real-time access to your credit score, credit report and credit monitoring resources is provided.

HOW TO SIGN UP

1. Go to www.TruistMomentum.com
2. Select Create Account
3. Enter your name and personal email address.
4. Enter the registration code: **womble**
5. Enter a unique password and click “Register.”
6. You’re all set! Start working through the videos, modules, and activities on the My Education page!

We encourage you to sign up and take advantage of the great resources offered through Truist Momentum’s financial well-being platform. We hope Truist Momentum will help you develop a better understanding of all the facets of financial well-being and establish positive financial well-being habits.



Voluntary Benefits

We are excited to offer an array of additional coverages at a reduced rate. InsurChoice offers you the ability to personalize your protection program – bringing you quick, convenient, holistic coverage with incredible cost-saving discounts across a variety of top-rated insurance products and carriers. The platform is simple to use and can be accessed at your convenience.

PICK AND CHOOSE THE PRODUCTS THAT FIT YOUR NEEDS FOR A CUSTOM EXPERIENCE.



Home Insurance



Renters Insurance



Home Warranty



Medicare Advantage



Auto Insurance



Personal Cyber & Identity Theft



Discount Program



Pet Insurance



Accident/
Critical Illness/
Cancer



Virtual Pet Care



Your Personalized Solutions
are a scan away!
Scan the QR code here to start saving today.



Inclusive Benefits

Womble is committed to providing comprehensive benefits coverage for all. Below are highlights of benefits and services for our LGBTQIA+ employees and their dependents.

Our benefit plans are available to your spouse or domestic partner, including same-sex, and your dependent children or the dependent children of your eligible partner up to age 26.

HEALTHCARE

- Medical/Pharmacy Benefits
 - Includes gender affirming surgery, infertility benefits, mental health benefits, and prescription coverage.
 - Advocacy for UHC and Surest enrolled members by 2nd.MD by providing services and support to LGBTQIA+ members. 2nd.MD can assist in finding local specialists who understand the unique needs and challenges of the LGBTQIA+ community.
 - Fertility and Family-Building benefit through Kindbody (available to UHC and Surest enrolled members) including donor/surrogacy and adoption benefits.
- Dental Benefits
- Vision Benefits

ADDITIONAL BENEFITS

An Employee Assistance Program (EAP) is available through SupportLinc. SupportLinc can provide support when seeking LGBTQIA+ competent care as well as a variety of resources online to support your wellbeing.

For more information on Womble's Diversity, Equity & Inclusion initiatives, please visit: [Womble Wins Together](#).

Information for prior authorization of treatment and services can be found on your ID card. Details on these benefits, the appeals process, and more can be found in the plan's Summary Plan Description (SPD). Contact information for each of these carriers can be found on your ID card or in the Benefits Guide posted on WombleCentral.

Additional Benefits

BENEFIT ADVOCATES

The Benefit Advocates advisory service can help you navigate decisions related to Medicare and Social Security, whether you are planning to retire in the near future or planning to work longer.

This service is available to firm personnel - and spouses/domestic partners - age 60 or older. Contact Benefit Advocates at: WBD@benefitadvocates.net.

ELDERCARE CHOICES

When you are working and taking care of older loved ones, time is a precious commodity. Elder Care Choices counselors can help you find more time in your day by locating the resources and information you need for older loved ones living anywhere in the country.

MINDFUL RETURN

Mindful Return supports parents, both mothers and fathers, after parental leave or maternity leave in navigating return to work and welcoming a new child. Mindful Return provides online courses to help you develop strategies and tools to be present with your new child and your career.

MILK STORK

Milk Stork is a service that reduces many logistical hurdles and stress that breastfeeding mothers experience when they must travel away from their babies for their job. With easy-to-use coolers, storage bags and FedEx Priority Overnight shipping service, working and traveling moms are able to keep their breast milk refrigerated and delivered back to their home quickly.

SAVINGS CENTER

(PROVIDED THROUGH SUPPORTLINC EAP)

The Savings Center through the SupportLinc EAP provides discount shopping on many items such as childcare, travel, tuition, groceries, school supplies, appliances, and many more day-to-day essentials. You will find discounts redeemable online, through catalogs or at select in-store retailers. Also, you will find savings on a large selection of discount tickets. Register for access through the Savings Center tile on the SupportLinc website.

SERVICE AWARDS

Service awards are given for every five (5) years of continuous firm service.

SOFI

Student loan refinancing options are available through SoFi. SoFi at Work provides an exclusive 0.25% rate discount for refinancing your student loans. Plus, you could save by locking in a lower rate. Refinancing can benefit you by a lower interest rate, shorter term loan and lessening the stress brought on by debt.

Connect with SoFi today to see how this program can benefit you.



Additional Benefits

GLOBAL EMERGENCY ASSISTANCE SERVICES

(provided by Assist America®)

The global emergency assistance program connects you to qualified healthcare providers, hospitals, pharmacies and other services if you experience an emergency while traveling 100 miles away from home or outside the country for up to 90 days.

Medical Emergency Services

- Medical consultation, evaluation, and referrals
- Medical monitoring
- Emergency medical evacuation
- Foreign hospital admission assistance
- Medical repatriation
- Prescription assistance

Travel Emergency Assistance

- Care of minor children
- Compassionate visit
- Return of vehicle
- Return of mortal remains
- Pre-trip information
- Lost luggage & document assistance
- Legal & interpreter referrals
- Emergency message transmission
- Emergency cash

Download the Mobile App

Access a wide range of global emergency assistance services from your phone by downloading the Assist America Mobile App. Enter your Assist America Reference Number to set up the App: 01-AA-SUL-100101

- Tap for Help
 - Tap-to-call Assist America's 24/7 Operations Center
- Voice Over Internet Protocol (VoIP)
- Avoid international phone charges by calling Assist America for free using a Wi-Fi connection
- Pre-Trip Information
 - Access detailed country-specific information to prepare for your trip
- Travel Alerts
 - Receive alerts on urgent global situations that may impact travel
- Travel Status Indicator
 - A GPS feature letting you know when you are eligible for services
- Embassy Locator
 - Locate the nearest embassy/consulate of 23 countries
- Mobile ID Card
 - Your Assist America ID card is conveniently stored within the app
- Available in seven (7) languages
 - The app is available in English, Spanish, Arabic, Mandarin, Thai, Bahasa, and French

[Scan here to download the mobile app](#)



ID THEFT PROTECTION SERVICES

(provided by Assist America®)

Assist America offers prevention and resolution tools to safeguard your data and restore its integrity if it is used fraudulently. These services include:

- 24/7 access to identity protection experts
- Credit card and document registration
- Lost & stolen card assistance
- 24/7 identity fraud support

Legal Notices

New Health Insurance Marketplace Coverage Options and Your Health Coverage

PART A: General Information

Purpose of this Notice

Key parts of the health care law, known as the Affordable Care Act, took effect in 2014, which is a new 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 new Marketplace and the employment-based health coverage offered by Womble Bond Dickinson (US) LLP (the “Firm”).

Part A of this Notice provides general information about the Marketplace and the premium assistance benefits that may be available to you. Part B of this Notice provides more specific information about the Health Care Plan of Womble Bond Dickinson (US) LLP (the “Firm’s Health Care Plan”). You will need this information should you decide to purchase health insurance through the Marketplace and if eligible, seek premium assistance benefits.

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 new kind of tax credit that lowers your monthly premium right away.

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 you coverage, or offers coverage that doesn’t meet certain minimum standards. The premium assistance that you may be 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 minimum standards. If the cost of a plan from your employer that would cover you (and not any other members of your family; i.e., employee-only coverage) is more than 9.5% of your household income for the year (this requirement is known as the “affordability standard”), 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.¹

¹ An employer-sponsored health plan meets the “minimum value standard” if the plan’s share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs (Section 36B(c)(2)(C)(ii) of the Internal Revenue Code of 1986).

Legal Notices

How Can I Get More Information?

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

More detailed information regarding the Firm's Health Care Plan may be found in the Summary Plan Description available on the Benefits page of Womblenet. You may also contact a member of the Benefits & Workplace Initiatives Team [by emailing Benefits Administrator (BenefitsAdministrationTeam@wbd-us.com) or by calling internal ext. 6602].

PART B: Information about the Health Care Plan of Womble Bond Dickinson (US) LLP

This section of the Notice provides specific information about the Firm's Health Care Plan. 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.

3. Employer Name Womble Bond Dickinson (US) LLP		4. Employer Identification Number (EIN) 56-0308470
5. Employer Address One West Fourth Street		6. Employer Phone Number 336-721-3600
7. City Winston-Salem	8. State NC	9. Zip Code 27101
10. Who can we contact about employee health coverage at this job? Benefits & Workplace Initiatives Team		
11. Phone Number (if different from above) 336-747-6602		12. Email address BenefitsAdministrationTeam@wbd-us.com

Legal Notices

Below is some basic information about the Firm's Health Care Plan:

I. Eligibility Under the Firm's Health Care Plan

As you consider your health care options, it is important for you to determine if you are eligible to enroll in the Firm's Health Care Plan. Below is a summary of the plan's eligibility provisions.

The following employees are eligible ("eligible employees") to enroll in the Firm's Health Care Plan:

- Each individual (other than those holding the positions described in the bullet point below) on the payroll of the Firm who is regularly employed by the Firm as a common law employee on a full-time basis of not less than thirty (30) hours per week, who is designated on the Firm's records as a full-time employee, and who resides in the United States; and
- Each Associate, Counsel (including Division Counsel), Chief Operating Officer, Partner, Equity Partner, Senior Partner, Of Counsel, Project Attorney, Salaried Partner, Senior Counsel and Staff Attorney who resides in the United States.

Coverage begins on the date of hire, provided the eligible employee has submitted a completed enrollment form.

Special Status Attorneys, leased employees, temporary or seasonal employees, and part-time employees are not eligible to enroll in the Firm's Health Care Plan. For example, college or graduate student interns, summer associates and law student interns or clerks who are hired on a temporary or seasonal basis are not eligible to enroll in the Firm's Health Care Plan.

Eligible dependents (as described below) may also be enrolled in the Firm's Health Care Plan if the eligible employee is enrolled in the Health Care Plan and elects dependent coverage.

Dependents eligible for coverage include an eligible employee's legally married spouse and each child of the eligible employee. Eligibility for children is no longer dependent on marital, student, employment, residency or tax status. For example, both married and unmarried children qualify as dependents. The term "child" includes any:

- natural child
- stepchild
- legally adopted child
- foster child

A child will generally cease to qualify as a dependent upon attainment of his or her 26th birthday. If, however, a child is unmarried and is primarily supported by the eligible employee and incapable of self-sustaining employment due to intellectual disability, physical handicap or other disability, he or she may continue to qualify as a dependent beyond age 26.

An eligible employee may also enroll his or her same-sex or opposite-sex domestic partner and/or the children of his or her domestic partner if certain requirements are met.

Legal Notices

II. The Firm's Health Care Plan and the Affordable Care Act Standards

As described in Part A of this Notice, if you are not eligible for employer-offered coverage or the employer-offered coverage does not meet certain minimum standards (i.e., the minimum value standard and the affordability standard), you may be eligible to receive premium assistance benefits.

The Firm's Health Care Plan meets the minimum value standard and the cost of employee-only coverage is intended to be affordable, based on the wages paid by the Firm. Therefore, if you are eligible to enroll in the Firm's Health Care Plan but you decline coverage and instead purchase health insurance through the Marketplace, you most likely will not be eligible for premium assistance benefits. In addition, if you are an employee of the Firm and you decide to purchase health insurance through the Marketplace instead of enrolling in the Firm's Health Care Plan (if eligible to do so), you will lose the contribution the Firm makes towards the cost of coverage under the Firm's Health Care Plan. You will also lose the ability to pay your share of the cost of coverage under the Firm's Health Care Plan on a pre-tax basis through the Firm's flexible benefits plan. Your payments for coverage through the Marketplace are made on an after-tax basis.

Note: Even though the cost of employee-only coverage under the Firm's Health Care Plan is intended to be affordable, you may still be eligible for premium assistance benefits if you purchase health insurance through the Marketplace. The Marketplace will use your actual household income, along with other factors, to determine whether you may be eligible for premium assistance benefits. If, for example, your wages vary from week to week (perhaps you are an hourly employee), if you are newly employed mid-year, or if you have other income losses, you may still qualify for premium assistance benefits.

If you decide to shop for health insurance through the Marketplace, HealthCare.gov will guide you through the process.

Legal Notices

Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN OBTAIN ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

To persons enrolled in the Health Care Plan of Womble Bond Dickinson (US) LLP (the “Plan”):

The Plan is required by law to maintain the privacy of your protected health information and to provide you with notice of the Plan’s legal duties and privacy practices with respect to protected health information.

The Plan is required to abide by the terms of this notice until it is amended. The Plan reserves the right to change the terms of this notice and to make the new notice provisions effective for all protected health information that it maintains. All individuals covered under the Plan will receive a revised notice within 60 days of a material revision to the notice.

In order for the Plan to pay for your covered medical expenses, the Plan and those administering the Plan may be required to use or disclose certain health information about you. This information may involve:

- Payment activities, such as billing and collection activities, eligibility determinations, adjudication of claims, precertification and utilization review, and coordination of benefits, or
- Health care operation activities, such as quality assessment, case management, business management and general administrative activities, or
- Treatment activities by your health care provider, such as providing information relating to other treatments you have received.

The Plan and its administrators may use or disclose your health information to perform these duties without your authorization or opportunity to object or agree. The performance of these duties might include contacting you to provide information about treatment alternatives or other health-related benefits and services that may be of interest to you and for disclosing health information to the Plan Sponsor, Womble Bond Dickinson (US) LLP (“WBD”). The Plan may also disclose health information about you without your authorization or opportunity to agree or object to business associates of the Plan, such as actuaries who price the cost of coverage, the claims administrator who pays the claims or other professionals who perform services on behalf of the Plan. All disclosures made by the Plan of health information for payment, health care operation and treatment activities will be the minimum necessary to accomplish the intended purpose of the disclosure, and any business associate who receives the information must agree to keep it confidential.

Legal Notices

The Plan may be required to make available to the Department of Health and Human Services all books and records regarding the health information of covered persons if this information is requested for audit purposes. You will not have to authorize this disclosure.

The Plan may disclose information about your medical records to a medical professional treating you. No authorization is necessary for this disclosure.

The law requires the Plan to make certain disclosures. These include disclosures:

- Subject to certain restrictions, as necessary in the course of judicial or administrative proceedings.
- Subject to certain restrictions, as necessary for law enforcement purposes.
- Subject to certain restrictions, to a government authority for purposes of reporting abuse, neglect or domestic violence.
- As necessary if disclosure is required by another law.

Notwithstanding anything to the contrary in this notice, the use or disclosure of protected health information may be prohibited or materially limited by other applicable law, such as a state law that is not preempted by the federal privacy rules.

The Plan may also be permitted or required to disclose medical information without your authorization under the following circumstances:

- To the proper authorities for purposes of reporting child abuse or neglect.
- To a public health authority (or an official of a foreign government agency that is acting in collaboration with a public health authority) authorized by law to collect or receive such information for the purpose of preventing or controlling disease, injury or disability.
- To people working for or with the Food and Drug Administration. These disclosures may be necessary to report adverse events with respect to food or dietary supplements, product defects (including use or labeling defects), or biological product deviations; for product tracking; to enable product recalls, repairs or replacements; or to conduct post marketing surveillance.
- To a coroner or medical examiner for the purpose of identifying a deceased person, determining a cause of death, or other duties are authorized by law, and to a funeral director as necessary to carry out their duties with respect to a decedent.
- To organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of cadaveric organs, eyes, or tissue for the purpose of facilitating organ, eye or tissue donation and transplantation.

Legal Notices

- Under certain circumstances, for research purposes.
- To prevent or lessen a serious and imminent threat to the health or safety of a person or the public if the disclosure is to a person reasonably able to prevent or lessen the threat.
- Under certain circumstances, if such disclosure is necessary for law enforcement authorities to identify or apprehend an individual.
- For specialized governmental function that are authorized by law, such as in connection with military matters or matters of national security and intelligence.
- To a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading a disease or condition.
- To a health oversight agency for oversight activities authorized by law.
- As necessary to comply with workers compensation or other similar programs.

In addition, the Plan may disclose health information to WBD under the following conditions:

- WBD may not use any such information for employment-related decisions or in connection with any other benefit or employee benefit plan of WBD.
- WBD may receive such information to carry out Plan administration functions as the Plan documents allow.

Finally, the Plan may use or disclose your health information, subject to certain restrictions, if necessary for the involvement of your care or for certain notification purposes, as long as you are given the opportunity to agree or object to the use or disclosure.

Your written authorization generally must be obtained before the Plan will use or disclose psychotherapy notes about you from your psychotherapist. Psychotherapy notes are separately filed notes about your conversations with your mental health professional during a counseling session. They do not include summary information about your mental health treatment. The Plan may use and disclose such notes when needed by the Plan to defend against litigation filed by you.

Other uses or disclosures of your protected health information not described above, such as a release of your protected health information for sale or marketing activities, will only be made with your written authorization. You may revoke your written authorization at any time, so long as the revocation is in writing. Once the Plan receives your written revocation, it will only be effective for future uses and disclosures. It will not be effective for any information that may have been used or disclosed in reliance upon the written authorization and prior to receiving your written revocation.

Legal Notices

You have the right:

- To request restrictions on certain uses and disclosures of your health information. You also have the right to request a limit on your protected health information that the Plan discloses to someone who is involved in your care or the payment for your care, such as a family member or friend. For example, you could ask that the Plan not use or disclose information about a surgery that you had. Except as provided below, the Plan is not required to agree to your request. However, if the Plan does agree to the request, it will honor the restriction until you revoke it or the Plan notifies you. The Plan will comply with any restriction request if: (1) except as otherwise required by law, the disclosure is to the Plan for purposes of carrying out payment or health care operations (and is not for purposes of carrying out treatment); and (2) the protected health information pertains solely to a health care item or service for which the health care provider involved has been paid out-of-pocket in full.
- To receive your own confidential health information by alternative means or at alternative locations, if receipt of the information in the usual manner could endanger you. You should contact WBD's Privacy Official to request the alternative delivery. You must include a statement that disclosure of the information in the usual manner could endanger you.
- To inspect and copy your own health information, but exceptions apply to certain types of information. If you request to see or copy your own health information from the WBD Privacy Official and one of these exceptions apply, you will be given more information at that time, including the circumstances under which you may challenge the exception.
- To amend your own health information when that information is incorrect.
- To obtain an accounting of any disclosure of your confidential health information made during the six-year period preceding your request, other than disclosures for purposes of payment, health care operations or treatment, or disclosures under certain other circumstances, such as disclosures made in accordance with your written authorization.
- To obtain a paper copy of this notice upon request, if this version is provided electronically.

In each case, you must make your request to the Privacy Official, in writing. Depending upon the nature of the request, you will be given more information at that time, including any exceptions to the rules that may apply to your case.

You may complain to WBD (acting on behalf of the Plan) and to the Secretary of Health and Human Services if you believe your privacy rights have been violated. If you wish to file such a complaint, please contact WBD's Privacy Official at 336-747-2529, and you will be given information on how to proceed. You will not be retaliated against by the Plan or WBD for filing a complaint. You can file a complaint with the Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.

For further information contact Josh Meeks, WBD's Privacy Official, at One West Fourth Street, Winston-Salem, NC 27101, or 704-331-4942.

Original Effective Date: April 14, 2003

Revision Date: October 01, 2024

Legal Notices

Women's Health and Cancer Rights Act

In compliance with the Women's Health and Cancer Rights Act of 1998, this notice is to inform you of the Act's requirements.

If a covered participant receives benefits in connection with a mastectomy, the Health Care Plan of Womble Bond

Dickinson (US) LLP will cover the following services:

- Reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications for all stages of mastectomy, including lymphedemas.

Decisions about these medical procedures will be determined with the attending physician and the patient. Coverage is subject to all terms of the Plan, including applicable deductibles and benefit percentages.

Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, **and you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call **1-866-444-EBSA (3272)**.

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2024. Contact your State for more information on eligibility –

CHIP tables are on the following two pages.

Legal Notices

State	Program	Website	phone
Alabama	Medicaid	http://myalhipp.com/	1-855-692-5447
Alaska	Medicaid	http://myakhipp.com/	1-866-251-4861
Arkansas	Medicaid	https://www.myarhipp.com/	1-855-692-7447
California	Medicaid	Health Insurance Premium Payment (HIPP) Program: http://dhcs.ca.gov/hipp	1-916-445-8322
Colorado	Medicaid & CHIP	https://www.healthfirstcolorado.com/ https://hcpf.colorado.gov/child-health-plan-plus	1-800-221-3943 State Relay 711 1-800-359-1991 State Relay 711
Florida	Medicaid	https://www.flmedicaidtprecovery.com/flmedicaidtprecovery.com/hipp/index.html	1-877-357-3268
Georgia	Medicaid	https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra	678-564-1162, Press 1 678-564-1162, Press 2
Indiana	Medicaid	http://www.in.gov/fssa/hip/ https://www.in.gov/medicaid/	1-877-438-4479 1-800-457-4584
Iowa	Medicaid and CHIP	https://dhs.iowa.gov/ime/members http://dhs.iowa.gov/Hawki https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp	1-800-338-8366 1-800-257-8563 1-888-346-9562
Kansas	Medicaid	http://www.kancare.ks.gov/	1-800-792-4884 HIPP: 1-800-967-4660
Kentucky	Medicaid	https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx https://kidshealth.ky.gov/Pages/index.aspx https://chfs.ky.gov/agencies/dms	1-855-459-6328 1-877-524-4718
Louisiana	Medicaid	www.medicaid.la.gov or https://ldh.la.gov/lahipp	Medicaid: 1-855-618-5488 LaHIPP: 1-855-618-5488
Maine	Medicaid	https://www.mymaineconnection.gov/benefits/s/?language=en_US	1-800-442-6003 TTY: Maine relay 711
Massachusetts	Medicaid and CHIP	https://www.mass.gov/masshealth/pa	1-800-862-4840 TTY: 711
Minnesota	Medicaid	https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp	1-800-657-3739
Missouri	Medicaid	http://www.dss.mo.gov/mhd/participants/pages/hipp.htm	573-751-2005
Montana	Medicaid	http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP	1-800-694-3084
Nebraska	Medicaid	http://www.ACCESSNebraska.ne.gov	1-855-632-7633 Lincoln: 1-402-473-7000 Omaha: 1-402-595-1178
Nevada	Medicaid	https://dhcfp.nv.gov	1-800-992-0900
New Hampshire	Medicaid	https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program	1-603-271-5218
New Jersey	Medicaid and CHIP	http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ http://www.njfamilycare.org/index.html	609-631-2392 1-800-701-0710
New York	Medicaid	https://www.health.ny.gov/health_care/medicaid/	1-800-541-2831

Legal Notices

State	Program	Website	phone
North Carolina	Medicaid	https://medicaid.ncdhhs.gov/	1-919-855-4100
North Dakota	Medicaid	https://www.hhs.nd.gov/healthcare	1-844-854-4825
Oklahoma	Medicaid and CHIP	http://www.insureoklahoma.org	1-888-365-3742
Oregon	Medicaid	http://healthcare.oregon.gov/Pages/index.aspx	1-800-699-9075
Pennsylvania	Medicaid and CHIP	https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx https://www.dhs.pa.gov/CHIP/Pages/CHIP.aspx	1-800-692-7462 1-800-986-5437
Rhode Island	Medicaid and CHIP	http://www.eohhs.ri.gov/	1-855-697-4347 or 1-401-462-0311 (Direct Rlte Share Line)
South Carolina	Medicaid	https://www.scdhhs.gov	1-888-549-0820
South Dakota	Medicaid	https://dss.sd.gov/medicaid/	1-888-828-0059
Texas	Medicaid	https://www.hhs.texas.gov/services/financial/health-insurance-premium-payment-hipp-program	1-800-440-0493
Utah	Medicaid and CHIP	https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip	1-877-543-7669
Vermont	Medicaid	https://dvha.vermont.gov/members/medicaid/hipp-program	1-800-250-8427
Virginia	Medicaid and CHIP	https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs	1-800-432-5924
Washington	Medicaid	https://www.hca.wa.gov/	1-800-562-3022
West Virginia	Medicaid and CHIP	https://dhhr.wv.gov/bms/ http://mywvhipp.com/	1-304-558-1700 1-855-699-8447
Wisconsin	Medicaid and CHIP	https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm	1-800-362-3002
Wyoming	Medicaid	https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/	1-800-251-1269

To see if any more States have added a premium assistance program since July 31, 2024, or for more information on special enrollment rights, you can contact either: U.S. Department of Labor, Employee Benefits Security Administration at www.dol.gov/ebsa or 1-866-444-EBSA (3272) or U.S. Department of Health and Human Services Centers for Medicare & Medicaid Services at www.cms.hhs.gov or 1-877-267-2323, Menu Option 4, Ext. 61565. OMB Control Number 1210-0137 (expires 1/31/2026).



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