

LegalEASE Legal Insurance

Frequently Asked Questions

How do I access my benefits?

Begin the search for a provider by simply calling in and letting our concierge service do the work for you. The process to match you to an attorney based on your area of need and preferences typically takes less than 3 business days. Some legal needs may take longer depending upon geography and complexity of the matter at hand.

Call 1(888) 416-4313 and reference "National Jewish Health"

- Specialists are available from 8AM to 8:30PM, EST to help you determine what type of attorney you need, where you need an attorney, what dates or deadlines are important and any preferences you may have. Specialists can also answer questions about your plan benefits.
- Our teams contact providers in your preferred locations to confirm availability and ensure they can assist with the specifics of your legal issue before you even go to their office.
- On average, we speak to seven attorneys before we find the right match.

Sit back and relax knowing we're working on your behalf. The main objectives of the Live Concierge Matching Service are to reduce the stress that can be caused by looking for a provider on your own and save you the time it can take locating the correct type of attorney that has availability to assist you with your legal need.

What if I already have an attorney?

If you already have an attorney, and prefer to use her/him as a Non-Participating (Out-of-Network) Attorney, first contact the Member Service Center. Notify the representative of your intention to use a Non-Participating Attorney for a Covered Service. The Member Service Center will send you a claim form to request reimbursement. Your reimbursement will be based on the reimbursement schedule as shown in the Schedule of Benefits of the Plan. If you already have an attorney at the time you become a Member, the Legal Plan Administrator can offer to negotiate with your attorney on your behalf, but does not guarantee the Plan Discounted Rate will be accepted by the attorney or offered by LegalEASE.

What if I want to use benefits that are subject to Managed Case Rules?

Call the Member Service Center to confirm eligibility and coverage prior to consulting with any attorney. The Member Service Center will assign a Participating Attorney to provide services relative to the matter.

To obtain benefits that are subject to Managed Case Rules:

- You and/or a Covered Family Member must secure a confirmation letter from the Member Service Center prior to proceeding with an attorney.
- The attorney must provide a written estimate of fees reflecting his or her best judgment as to the likely conduct of the case.
- We will set a maximum attorney fee that takes into account the reasonable level of reimbursement for the proceeding and the proposed litigation strategy. Fees as a result of services in excess of the maximum attorney fee are your responsibility.

If you are actively receiving services, you must remain enrolled and continue to pay premium hereunder. All benefits will be subject to subrogation and coordination of benefit rules.

Upon completion of a Covered Service, you and/or Covered Family Member will be required by the Participating Attorney to sign a confirmation of completion. Failure to sign the confirmation may result in denial of the claim and you/ Covered Family Member will be responsible for all legal fees.

If you and/or Covered Family Member pays for pre-authorized services provided by a Non-Participating Attorney, you must submit a reimbursement form (provided by Member Service Center) accompanied by an original itemized bill, proof of payment and supporting documentation sufficient to demonstrate the work completed in the matter within sixty (60) days after incurring the legal fees. Benefits provided to you and/or Covered Family Member for Covered Services are subject to the maximum as shown in the Schedule of Benefits.

What if other coverage is available to me?

You are entitled to receive legal representation provided by any other organization such as an insurance company or a government agency, or if you are entitled to legal services under any other legal plan, coverage will not be provided under this Plan. However, if you are eligible for legal aid or Public Defender services, you will still be eligible for benefits under the Plan, so long as you meet the eligibility requirements.

What if I am involved in a legal dispute with Covered Family Members?

- In the event that you and one of the Covered Family Members are involved as adversaries in a dispute that is a Covered Service, only you will be covered.
- If two or more Covered Family Members are involved in a dispute that is otherwise covered, no coverage will be provided.
- If you are involved with another Member dispute that is a Covered Service, separate coverage for each Member will be provided.

What if I am involved in a dispute with another employee?

The Plan excludes any employment related matters as well as any action against you as the Policyholder and Member's Employer. If two Members are involved as adversaries in a dispute that is a Covered Service, separate coverage for each Member will be provided.

What if the court awards attorney's fees as part of a settlement?

If you are awarded attorney's fees as a part of a court settlement, the Plan must be repaid from this award to the extent that it paid the fee for your attorney.

Who is eligible for coverage under my plan?

The Member's spouse or Domestic Partner and Member's unmarried dependent children, including stepchildren, legally adopted children, children placed in the home for adoption and foster children, up to age 26.

How do I enroll?

To enroll, please visit your online enrollment platform.

When does coverage begin?

If you elected coverage during open enrollment, coverage begins January 1 of the following plan year. For new hires it will begin on your date of hire.

When does coverage end?

Termination and Cancellation of Coverage provided to you shall terminate upon the first of the following to occur:

- Cancellation or termination of the group policy;
- If applicable, the Member fails to re-enroll;
- The date of termination; or
- The Member fails to remit premium when due, subject to the statutory grace period.

Coverage provided to a Covered Family Member of a Member shall terminate upon the first of the following to occur:

- The Member's coverage is cancelled or terminated; or
- The family member ceases to qualify as a Covered Family Member as defined.

When coverage for a Member and/or Covered Family Member terminates and a matter is unresolved when coverage is terminated, then any further legal work between the Member and/or Covered Family Member and the Participating Attorney shall be outside the scope and coverage of the Plan. The Participating Attorney shall not be obligated to provide any benefits and any further legal services shall be based upon an independent and separate fee agreement entered into, if at all, between the former Member and/or Covered Family Member and the attorney. If such an agreement is not entered into, then the Participating Attorney may withdraw from any further representation in accordance with applicable law and State Bar standards.

Are benefits portable?

The Member may continue coverage by electing the option of portability when the Member no longer qualifies as an eligible employee of the Policyholder or as a Member of the group to which the Plan is issued. The Member must apply for portability within sixty (60) days of this disqualifying event and make arrangements for premium payment. Portability coverage will take effect, subject to payment of the initial premium, as of the date the Member's coverage under the group policy terminates.

What about plan confidentiality and attorney client relationships?

All attorneys are subject to the authority of the State Supreme Court and the State Bar of the state where they are licensed to practice. Your relationship with an attorney is privileged and strictly confidential. We will not interfere in the attorney-client relationship, nor in the attorney's independent exercise of his or her professional judgment. Attorneys are not certified specialists.

You shall authorize the Participating Attorney to provide the Legal Plan Administrator with information and supporting documentation on the number and type of services provided to the Member. Your use of the Plan and the legal services is confidential. Plan administrators will have access only to limited information needed for orderly administration of the Plan.

By using legal services benefits that are provided under the Plan, you agree that neither We, nor the Policyholder, nor any other person involved in the marketing or administration of the group policy, shall have any liability for the acts, errors or omissions of an attorney providing services, in whole or in part.

Plan Attorneys will refuse to provide services if the matter is clearly without merit, frivolous or for the purpose of harassing another person.

If you have a complaint about the legal services you have received or the conduct of an attorney, call LegalEASE at 1(888) 416-4313. Your complaint will be reviewed and you will receive a response within two business days of your call.

Where can I use my benefits?

The coverage territory includes the United States of America and United States territories.

Can I still retain my own attorney?

You have the right to retain at your own expense any attorney authorized to practice law in the state.

While your employer expects to continue to offer participation in the LegalEASE Plan, it reserves the right to amend, or terminate the Plan at any time.

Who is the administrator of the LegalEASE Plan?

The Legal Plan is provided for and administered through a contract with LegalEASE. LegalEASE has exclusive discretion to make all determinations regarding attorney's fees and what constitutes covered services, adoption of administration rules; to make factual determinations and interpret the plan, correct defects, supply omissions and reconcile inconsistencies to the extent necessary to effectuate the plan and such action will be conclusive upon the Company, the Plan, participants, employees, their dependents and beneficiaries; decide upon questions of eligibility and participation, prescribe procedure and election forms, to accept, modify or reject elections, and to settle any lawsuits against the Plan or Plan Administrator. All contributions collected from employees electing this coverage are paid to LegalEASE.

How much does the plan cost?

The LegalEASE Insurance Plan is **\$8.47** per pay-period, via payroll deduction, based on a 24 pay-period deduction schedule.

What if I am denied eligibility?

LegalEASE verifies eligibility using information provided by your employer. When you call for services, you will be advised if you are ineligible and LegalEASE will contact your employer for assistance. If you are not satisfied with the final determination of eligibility, you have the right to formal review and appeal. See the procedures outlined in the next section.

What if I am denied coverage?

If you are denied coverage by LegalEASE or by any Plan Attorney, you may appeal by sending a letter to:

LegalEASE
Director of Administration
5151 San Felipe Street, Suite 2300
Houston, Texas 77056

The Director will issue LegalEASE Legal Plan's final determination within 60 days of receiving your letter. This determination will include the reasons for the denial with reference to the specific Plan provisions on which the denial is based, and if applicable, a description of any additional information that might cause LegalEASE Legal Plans to reconsider the decision, and an explanation of the review procedure.

How do I appeal?

If you, your beneficiary or your authorized representative feel that an error has been made concerning your eligibility to participate in the Plan you, your beneficiary or your authorized representative may request reconsideration under the Plan. All requests for reconsideration must be submitted in writing to the Plan Administrator at the following address:

Attn: Plan Administrator
c/o LegalEASE
5151 San Felipe Street, Suite 2300
Houston, Texas 77056

The Plan Administrator will review your claim and respond to you with a determination. The decision of the Plan Administrator is final and binding.

What is LegalGUARD and who is LegalEASE?

LegalGUARD is the filed name of your new legal insurance plan. LegalGUARD is underwritten by Virginia Surety Company and is administered by LegalEASE.

Limitations and exclusions apply. This benefit summary is intended only to highlight benefits and should not be relied upon to fully determine coverage. More complete descriptions of benefits and the terms under which they are provided are received upon enrolling in the plan. Group legal plans are administered by Legal Access Plans, L.L.C. or LegalEASE Home Office: 5151 San Felipe, Suite 2300, Houston, TX. This legal plan may not be regulated as insurance in some states, but is available in all states. Plans are underwritten by insurance carrier partners in states where required. Please contact LegalEASE for complete details.

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