



# 2017 Law Firm Benefits Benchmarking Survey

## EXECUTIVE SUMMARY





# About the Survey

We are pleased to present the results of our 2017 Law Firm Benefits Benchmarking Survey, and appreciate the time that respondents took to provide us with detailed information about their 2017 programs and plans for the future.

This summary highlights our key findings from the 2017 survey. Full survey results, including more detailed data cuts, are available to survey participants on our [reports webpage](#). To access the online reports, enter the 2017 password from the results email.

In order to streamline data collection for participating firms, data on life insurance and disability plans was not requested in 2017, as those benefits do not tend to change at the same frequency as healthcare plans. Instead, we focused on trending topics that our law firm clients indicated are of particular interest as they head into the 2018 decision-making cycle. These areas included prescription drug cost management; telecommuting policies; parental leave policies; and non-traditional perquisites.

This survey is sponsored and authored by Alliant Employee Benefits, a division of Alliant Insurance Services, Inc. Alliant is one of the nation's preeminent employee benefit advisors to the legal profession, advising over 100 global, national, and regional law firms on all aspects of employee benefit plan strategy, design, procurement, communication, compliance and administration. Alliant provides a wide scope of solutions that range from expert counsel to proprietary insurance solutions designed specifically for the law firm industry.



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# KEY FINDINGS

In 2017, a total of 58 firms participated in the survey. With respect to the survey results, we are pleased to offer up the following observations.



## Medical and Prescription Drug Coverage

Traditional PPOs are the most expensive health plan offered, with an average Employee Only premium of \$810 per month. Non Kaiser HMOs were the second most costly plan, at \$786 per Employee Only per month, only 3% lower than Traditional PPOs. The lowest-cost health plan was the Kaiser HMO at \$615 per month. HDHP plans ranged from 6% to 22% lower cost than Traditional PPOs, with the gap being largely driven by plan design variation.

Average premium increases among cohort firms completing the survey in 2016 and 2017 ranged from +3% to +8%, with the highest average increase applying to HDHP plans. However there was a wide range in both premium and contribution changes for HDHP plans, likely impacted by changes in plan design and firm cost sharing approach as HDHP enrollment increases.

With respect to employee cost sharing, 47% of firms reported that contributions varied by employment class; 33% are varied by income level and 21% charge the same schedule for all employees.

Firms using a class-based contribution strategy typically charge Associates less than their counterparts who use an income-based contribution (IBC) strategy. First year Associates (making ~\$180,000 annually) in firms with class-based contributions typically pay 20% to 50% more than Staff for the

same plans, whereas first year Associates in firms with IBCs commonly pay 40% to 70% more than Staff in the lowest income band. Associates earning \$280,000 or more in firms with IBCs will typically pay 75% to 150% more than the lowest paid staff.

Firms continue to embrace high-deductible health plans (HDHPs) paired with a health savings account (HSA), with 86% of respondents offering an HDHP in 2017. A quarter offer either HDHP-only medical plans, or HDHP alongside a staff-model Kaiser HMO, and 14% of firms had a dual HDHP offering, meaning that they offer employees a choice of two HDHPs through the same carrier. However, overall enrollment distribution among participants still favored traditional PPO plans with 34% of employees and partners enrolled in PPOs. HDHP-PPO enrollment was 27%.

Although prescription drugs costs continue to increase nationally, only a third of respondents were using more aggressive plan designs to manage their Rx spend and virtually no respondents indicated an expectation of adding such restrictions in 2018. The most common restrictions, utilized by roughly 1 in 3 firms, were “dispense as written” (DAW) penalties and higher cost-sharing for specialty drugs.

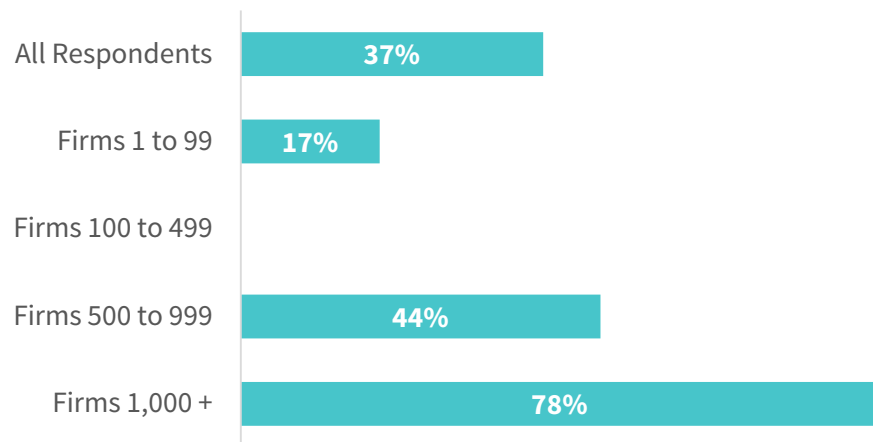
# Key Findings

## Plan Funding

Overall, 50% of firms' most prevalent medical plans were conventionally insured, while 37% were self-insured. Self-insurance becomes much more common as firms increase in size, with 78% of firms with 1,000+ employees/partners self-funding medical coverage.

Three-quarters of self-funded plan sponsors have pharmacy benefit management integrated with their medical carrier, while half carve out stop loss to a third party insurer. As prescription drug costs continue to rise, we expect there will be a greater appetite for evaluating third party pharmacy solutions as part of cost-mitigation strategies, particularly among larger firms.

### % of Firms who Self-Insure their Most Prevalent Medical Plan (based on enrollment distribution)



## Family-Focused Benefits

In a push to be more family friendly, law firms have been busy making LOA benefits more generous over the last several years with 30% reporting recent revisions to their LOA benefits. Changes in state and local paid family leave laws have also prompted multi-state firms to evaluate their LOA policies. Compliance approaches are varied, with an equal number of firms choosing to treat all regions the same by adopting the most generous requirements (42%), or complying only where necessary (42%). 48% of firms report that they are either “Likely” or “Very Likely” to modify their LOA benefit in the next two years, so we expect to see continued movement in this area.

With respect to New Baby/Child leave, a majority of firms differentiate leave benefits on the basis of gender or parental role. 76% of firms use Primary/Secondary Caregiver or Maternity/Paternity terminology; whereas 24% use Parental leave terminology, where there is no gender or role differentiation. Most firms (68%) disregard employee tenure with respect to the leave benefits provided. In general, the benefits provided by firms using a Parental leave terminology were more generous to fathers or secondary caregivers than firms who differentiate by gender or role, and in line with the maternity or primary caregiver benefit durations at 11 weeks for Staff. However those firms with a Parental leave terminology on average did not provide more generous leave to Associates compared to Staff, in contrast to firms who differentiate leave by gender or role.

Other family-focused benefits addressed in this year's survey were infertility coverage, adoption assistance, and child care as well as pet care benefits. 87% of firm-sponsored medical plans provided some level of infertility benefit, with 39% of plans covering advanced reproductive technologies (IVF, GIFT, ZIFT) up to an average lifetime benefit limit of \$20,000.

# Key Findings

## Wellness Plans

Compared to other industries, law firms have historically been slower to adopt employer-sponsored wellness programs. However, rising costs associated with chronic illness and mental health conditions have driven more firms to launch or expand wellness efforts in recent years. In addition to traditional biometric data, programs that support resiliency are likely to become more common as firms seek to address the negative health impacts of stress with offerings such as enhanced EAP benefits, onsite therapy, and mindfulness or meditation programs.

In 2017, two-thirds of firms reported offering a wellness program but, given the wide variation in defining what constitutes a wellness plan, that number may be either under or over-stated depending on your perspective. Only 3% of firms with wellness programs describe their efforts as outcome based where incentives or penalties are assessed if plan participants do not achieve targeted health outcomes like biometric measurements. The balance of firms were evenly split in citing either awareness based programs (health fairs, etc.) or participation based programs (with or without incentives).

Despite industry wide challenges associated with documenting wellness, 65% of firms with a wellness program report that reducing healthcare costs is the primary driver behind their efforts. The second highest response rate was for increasing retention and recruitment at 27% of firms. Firms without a wellness program reported a range of reasons that dissuaded them, with inadequate management support, insufficient ROI data, and the belief that it's not the firm's role being the top three.



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## Perquisites and Other Benefits

The additional benefits that firms choose to offer can help differentiate their benefits package from competitors if designed thoughtfully and in a way that is consistent with core values. The benefits addressed in this year's survey ranged from work-life balance policies and wellbeing programs, to perquisites and voluntary benefit offerings.

Of note among perk offerings, 40% of firms reported using a third party vendor for claim or member services support, indicating that firms are working to alleviate the role that HR plays as a liaison between plan participants and key vendors. Critical Illness and Medical Accident Insurance offerings have risen in conjunction with the growth of consumer-directed health plans (CDHP), as firms look to mitigate the financial exposure for participants now subject to a higher deductible.

As firms seek to address the needs of and cost-challenges associated with an aging workforce, retirement planning consultations and Medicare education were common offerings. Two-thirds of firms provide Medicare educational materials and one-third of firms report holding Medicare webinars and classes with another 4% expecting to add that benefit in the next 12 months.

Respondents did not indicate any meaningful indication of expanding the perks they offer, with the exception of Student Loan Refinancing, where 43% of firms reported offering such benefit now and an additional 6% indicated they are likely to add it within 12 months.



# PARTICIPATING FIRMS

Allen, Matkins, Leck, Gamble & Mallory LLP  
Alston & Bird LLP  
Baker, Donelson, Bearman, Caldwell & Berkowitz, PC  
Berliner Cohen, LLP.  
Berry Appleman & Leiden LLP  
Brinks Gilson & Lione  
Brownstein Hyatt Farber Schreck, LLP  
Burke, Warren, MacKay & Serritella, P.C.  
Caldwell Leslie & Proctor, PC  
Carlton Fields  
Carr & Ferrell LLP  
Cassiday Schade LLP  
Clyde & Co US LLP  
Coblentz, Patch, Duffy & Bass, LLP  
Codilis & Associates, P.C.  
Cooley LLP  
Cooper, White & Cooper LLP  
Dechert LLP

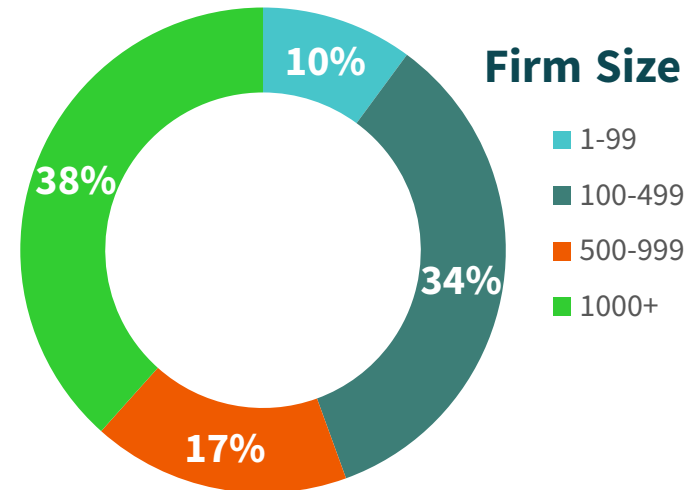
Dentons US LLP  
Farella Braun + Martel LLP  
Fenwick & West LLP  
Gallagher & Kennedy, PA  
Goldberg Kohn  
Gordon & Rees LLP  
Hanson Bridgett LLP  
Haynes & Boone, LLP  
Hinshaw & Culbertson LLP  
Hoge Fenton Jones & Appel Inc  
Jeffer Mangels Butler & Mitchell LLP  
Jones Day  
Keker & Van Nest LLP  
LeClairRyan PC  
Leydig, Voit & Mayer, Ltd.  
Littler Mendelson  
Manatt Phelps Phillips

Marshall, Gerstein & Borun LLP  
Meyers, Nave, Riback, Silver & Wilson  
Morrison & Foerster LLP  
Murphy Pearson Bradley & Feeney  
Neal, Gerber & Eisenberg LLP  
Nixon Peabody LLP  
O'Melveny & Myers LLP  
Orrick, Herrington & Sutcliffe LLP  
Perkins Coie LLP  
Pillsbury Winthrop Shaw Pittman LLP  
Reed Smith  
Ropes & Gray LLP  
Sedgwick LLP  
Shook, Hardy & Bacon LLP  
Thompson Hine LLP  
White & Case LLP  
Willkie Farr & Gallagher LLP  
Wilson Sonsini Goodrich and Rosati

# Demographic Overview

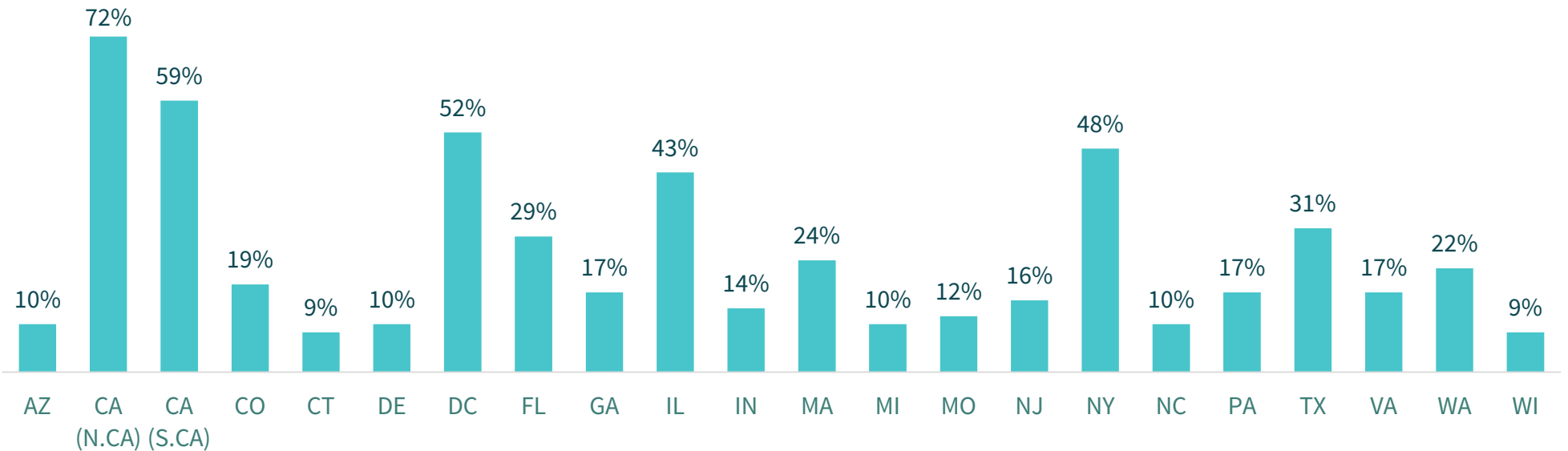
58

Firms participated in Alliant's 2017 Law Firm Benefits Benchmarking Survey



## % of firms with employees in the following states

\* States with fewer than 5 respondents have been omitted from the below chart







# MEDICAL PLANS

## **In this section**

- Medical Plan Offerings and Enrollment
- Funding Strategies
- Prescription Drug Trends
- Contribution Strategies
- Premiums and Contributions
- Data Highlights: HDHP-PPO
- Data Highlights: HSAs/HRAs
- Data Highlights: Traditional PPO
- Data Highlights: Non-Kaiser HMO
- Data Highlights: Kaiser HMO

# Medical Plan Offerings and Enrollment

## The role of HDHPs

High deductible health plans (HDHPs), generally paired with a Health Savings Account or Health Reimbursement Account, continue to play a significant role in firms' medical strategy, with 86% of firms offering at least one HDHP-PPO option.



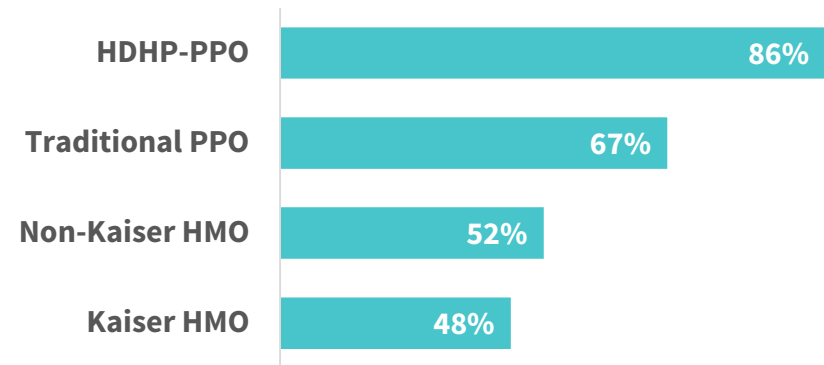
**Offer participants a choice between two or more HDHPs**



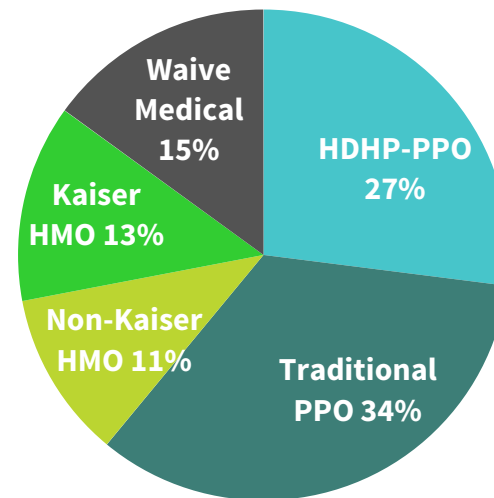
**Have an HDHP-only or HDHP alongside Kaiser medical strategy**

Single and dual-offering Traditional PPO plans are combined for reporting purposes; insufficient data was reported on dual-offering Traditional PPOs to provide meaningful insights. Non-Kaiser HMO responses include data collected on in-network only EPO plans.

## Prevalence of medical plan offerings

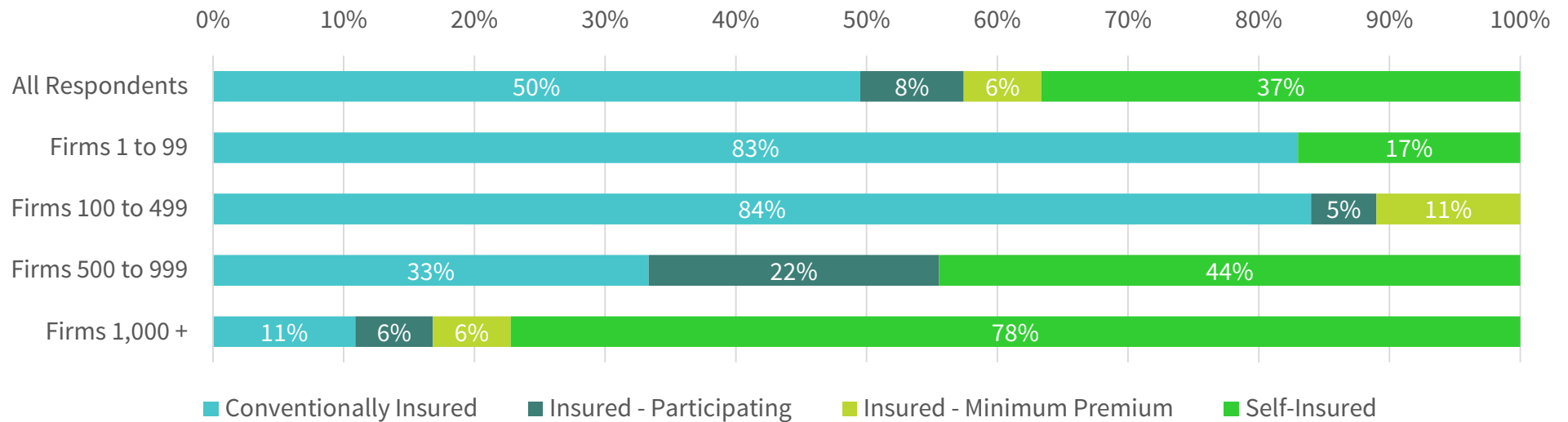


## Average enrollment distribution



# Medical Plan Funding Strategies

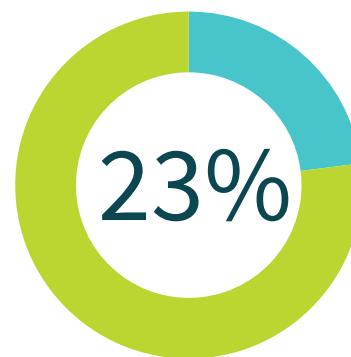
## Funding Structure of Most Prevalent Medical Plan, by Firm Size



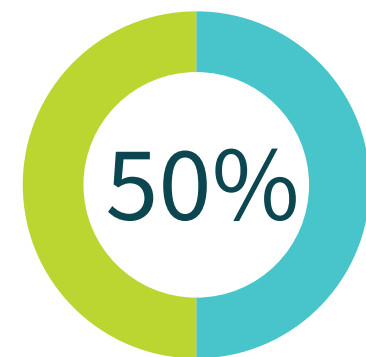
## Self-Insured Plan Administration

While a majority of self-funded plan sponsors have pharmacy benefit management integrated with their medical carrier, half carve out stop loss to a third party insurer.

As prescription drug costs continue to rise, we expect there will be a greater appetite for evaluating third party pharmacy solutions as part of cost-mitigation strategies, particularly among larger firms.



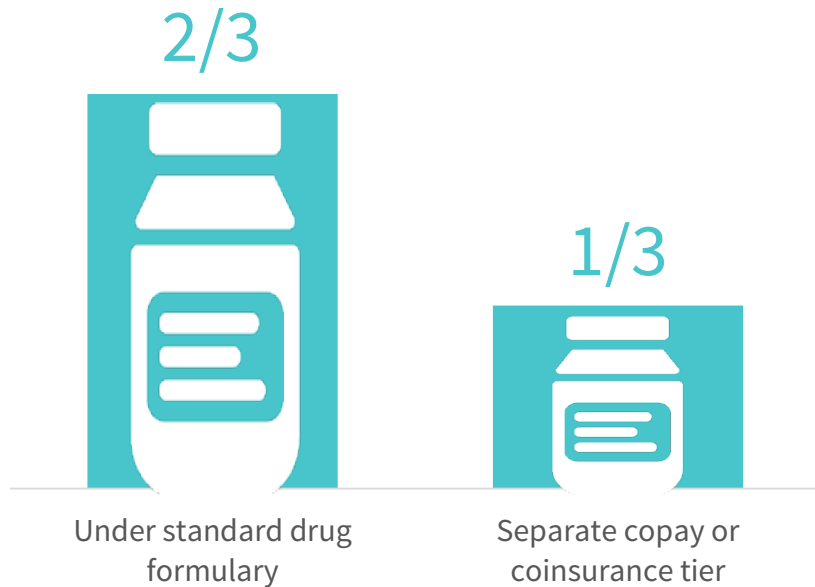
Carve out Pharmacy



Carve out Stop Loss

# Prescription Drug Trends

## How are specialty drugs covered?



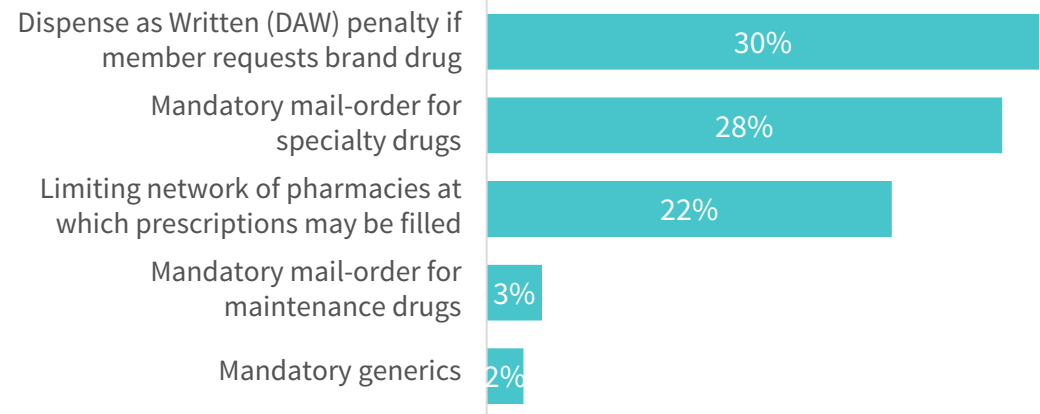
## Higher cost-share for specialty drugs

**79% / 25%**

Of plans with a higher cost-share for specialty Rx charge coinsurance rather than a copay

Average specialty Rx member coinsurance

## What else are firms doing to manage prescription drug costs?



**10%**  
of firms

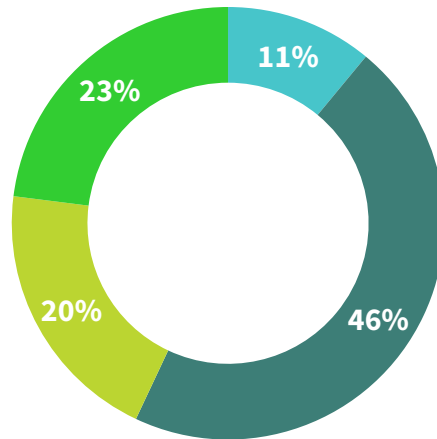
**Have eliminated member cost-sharing for preventive drugs and drugs for chronic conditions to increase medication adherence**



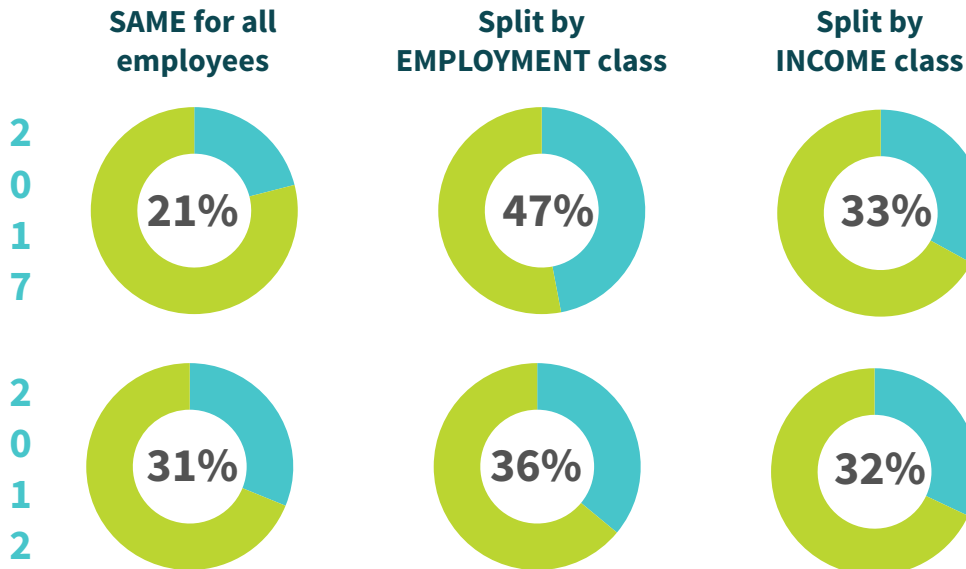
# Contribution Strategies

## How do firms set medical plan contributions?

- Employees pay the SAME PERCENTAGE of premium for all plans
- Employees pay a HIGHER PERCENTAGE of premium for more expensive plans
- Employees "BUY UP" for more expensive plans by paying all or a portion of the premium differential
- No specific method or strategy



## Do contributions differ by class or salary?



## Free medical coverage



Provide a free medical plan option to some or all employees; 5% extend this free coverage to dependent tiers

## Opt-out credits

19% / \$87

Of firms provide an opt-out credit

Average monthly credit

## Income-based strategies

The range of income brackets varies widely among firms using an income-based contribution strategy.

### Starting point of highest income bracket

Min.	Max.	Avg.
\$ 85K	\$ 280K	\$ 180K

# Medical Plan Premium and Contribution Data

## 2017 Single Coverage Costs

	Monthly Premium Rate	Monthly Employee Contribution – Single Coverage					
		All Pay the Same	Class Based		Income Based (Sampling)		
			Staff	Associates	@ \$ 60K	@ \$ 140K	@ \$ 220K
<b>HDHP PPO: Single Offering</b>	\$ 633	\$65	\$ 99	\$ 149	\$ 87	\$ 144	\$ 175
<b>HDHP PPO: Dual Offering “High” Plan</b>	\$ 762	N/A – insufficient data	N/A – insufficient data	N/A – insufficient data	\$ 99	\$ 175	\$ 249
<b>HDHP PPO: Dual Offering “Low” Plan</b>	\$ 648	N/A – insufficient data	N/A – insufficient data	N/A – insufficient data	\$ 70	\$ 130	\$ 164
<b>Traditional PPO</b>	\$ 810	\$ 243	\$ 193	\$ 271	\$ 144	\$ 285	\$ 324
<b>HMO: Non-Kaiser</b>	\$ 786	\$ 132	\$ 125	\$ 162	\$ 95	\$ 200	\$ 271
<b>HMO: Kaiser</b>	\$ 615	N/A – insufficient data	\$ 91	\$ 132	\$ 77	\$ 160	\$ 202

Numbers reflect average values for firms reporting an employee contribution for the specified coverage tier (excludes \$0 contributions). For firms with a dual HDHP PPO offering, the “High” Plan is the plan with richer benefits; the “Low” Plan has less rich benefits. Single and dual-offering Traditional PPO plans are combined for reporting purposes; insufficient data was reported on dual-offering Traditional PPOs to provide meaningful insights. Non-Kaiser HMO responses include data collected on in-network only EPO plans. “N/A” is reported for data points with fewer than 5 respondents.

# Medical Plan Premium and Contribution Data

## 2017 Family Coverage Costs

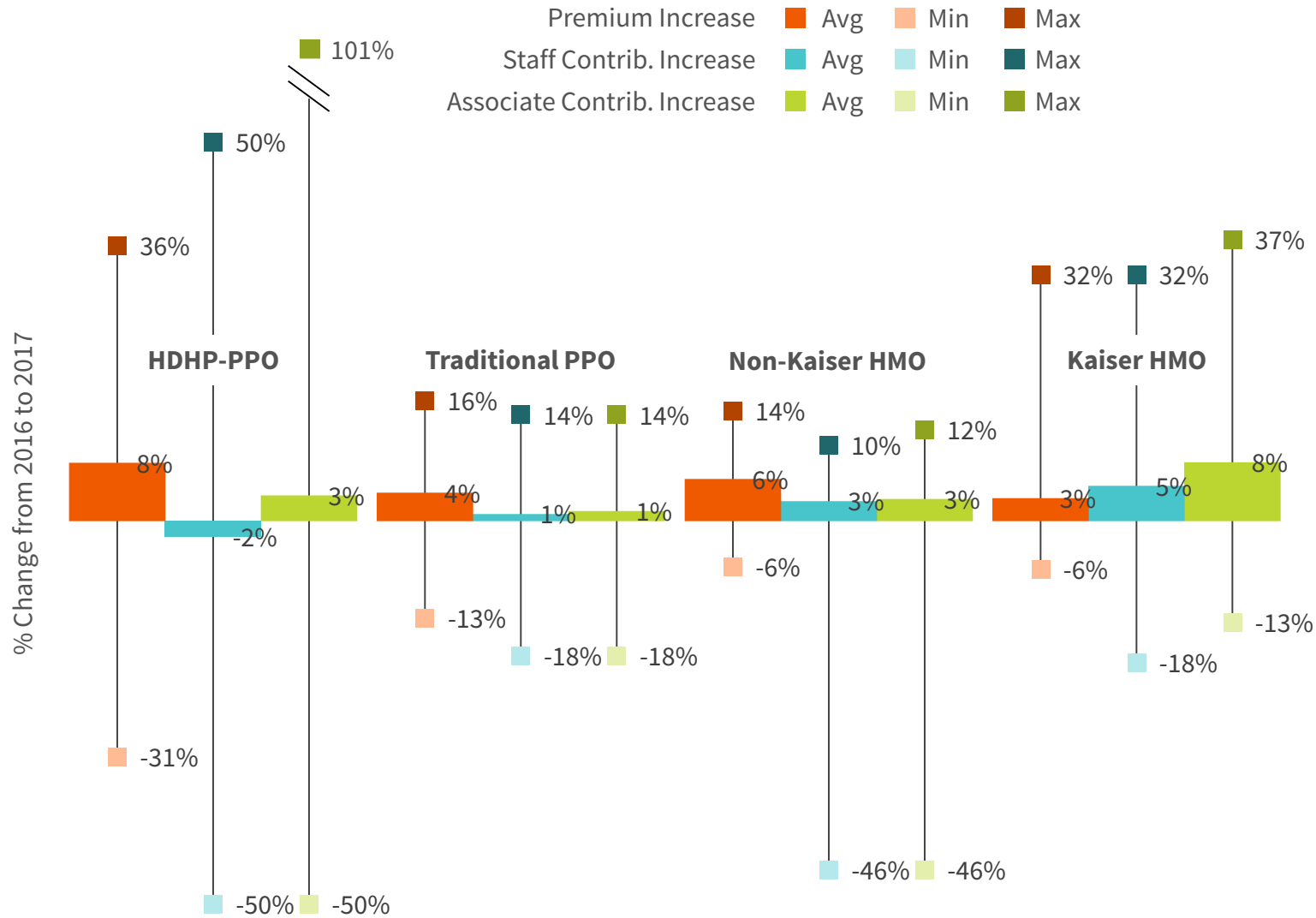
	Monthly Premium Rate	Monthly Employee Contribution – Family Coverage					
		All Pay the Same	Class Based		Income Based (Sampling)		
			Staff	Associates	@ \$ 60K	@ \$ 140K	@ \$ 220K
<b>HDHP PPO: Single Offering</b>	\$ 1,883	\$ 826	\$ 563	\$ 684	\$ 535	\$ 713	\$ 823
<b>HDHP PPO: Dual Offering “High” Plan</b>	\$ 2,254	N/A – insufficient data	N/A – insufficient data	N/A – insufficient data	\$ 634	\$ 821	\$ 986
<b>HDHP PPO: Dual Offering “Low” Plan</b>	\$ 1,915	N/A – insufficient data	N/A – insufficient data	N/A – insufficient data	\$ 476	\$ 648	\$ 793
<b>Traditional PPO</b>	\$ 2,415	\$ 1,347	\$ 950	\$ 1,152	\$ 733	\$ 1,168	\$ 1,279
<b>HMO: Non-Kaiser</b>	\$ 2,328	\$ 971	\$ 832	\$ 901	\$ 646	\$ 1,006	\$ 1,207
<b>HMO: Kaiser</b>	\$ 1,771	N/A – insufficient data	\$ 736	\$ 831	\$ 517	\$ 756	\$ 896

Numbers reflect average values for firms reporting an employee contribution for the specified coverage tier (excludes \$0 contributions). For firms with a dual HDHP PPO offering, the “High” Plan is the plan with richer benefits; the “Low” Plan has less rich benefits. Single and dual-offering Traditional PPO plans are combined for reporting purposes; insufficient data was reported on dual-offering Traditional PPOs to provide meaningful insights. Non-Kaiser HMO responses include data collected on in-network only EPO plans. “N/A” is reported for data points with fewer than 5 respondents.

# Medical Plan Premium and Contribution Data

## Cost Changes from 2016 to 2017

### 2017 Cohort Changes in Premiums and Contributions, vs. 2016



Year-over-year increases reflect data for cohort group participating in the survey in both 2016 and 2017, with data outliers excluded, calculated on a per-plan basis. Increases or decreases reflect an average of all rate tiers for which data was provided. For purposes of this exhibit, single and dual-offering HDHP PPO plan data has been combined, as has single and dual-offering Traditional PPO data.

Staff and Associate average contribution increases reflect data for firms with either a class-based strategy or the same contribution for all employees. Income-based contribution increases were excluded as the income data points collected within the survey changed from 2016 to 2017.



# Data Highlights: HDHP PPO Plans

## *Firms with a Single HDHP Offering*

### Plan Design

Deductible	Network	Non-Network
Individual	\$ 2,620	\$ 4,045
Individual within Family	\$ 2,840	\$ 4,160
Family	\$ 5,280	\$ 8,270

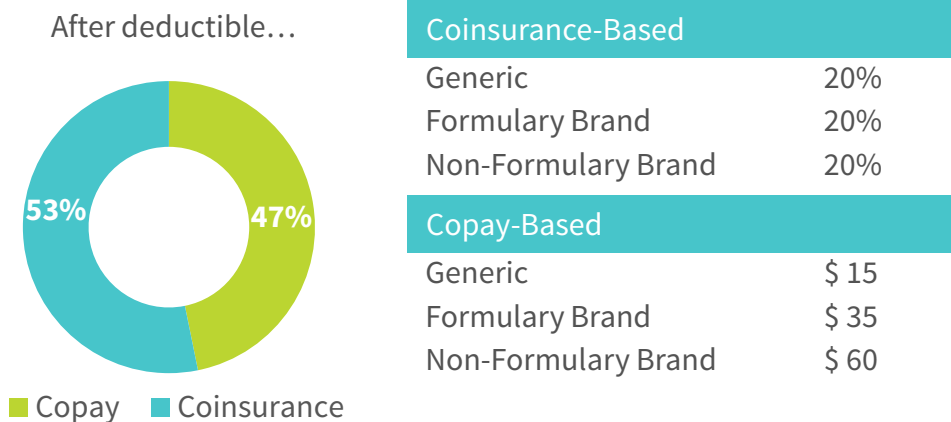
  

Out-of-Pocket Limit	Network	Non-Network
Individual	\$ 4,385	\$ 7,660
Individual within Family	\$ 4,645	\$ 8,175
Family	\$ 8,305	\$ 15,745

Coinsurance	Network	Non-Network
% Member Pays	15%	35%

### In-Network Prescription Drug Coverage



**Reported having an embedded deductible and/or out-of-pocket that applied to individual members within a family**



**Cover Acupuncture**

Numbers reflect average values. Copayments have been rounded to the nearest \$5 increment; coinsurance amounts have been rounded to the nearest 5%.

## Data Highlights: HDHP PPO Plans Firms with a Dual HDHP Offering

### Plan Design – “High” Plan

Deductible	Network	Non-Network
Individual	\$ 1,540	\$ 2,100
Individual within Family	\$ 2,325	\$ 2,425
Family	\$ 3,075	\$ 4,200
Out-of-Pocket Limit	Network	Non-Network
Individual	\$ 3,095	\$ 5,290
Individual within Family	\$ 3,000	\$ 6,000
Family	\$ 6,165	\$ 10,585
Coinsurance	Network	Non-Network
% Member Pays	15%	35%

### Plan Design – “Low” Plan

Deductible	Network	Non-Network
Individual	\$ 3,215	\$ 3,815
Individual within Family	\$ 3,385	\$ 4,165
Family	\$ 6,425	\$ 7,625
Out-of-Pocket Limit	Network	Non-Network
Individual	\$ 5,265	\$ 7,265
Individual within Family	\$ 5,000	\$ 7,500
Family	\$ 10,455	\$ 14,600
Coinsurance	Network	Non-Network
% Member Pays	15%	40%

# 19%

Of firms reported having a dual HDHP offering, meaning that they offer employees a choice of two HDHPs through the same carrier

“High” Plan  
equals RICHER  
benefits

“Low” Plan  
equals LESS  
RICH benefits

Numbers reflect average values. Copayments have been rounded to the nearest \$5 increment; coinsurance amounts have been rounded to the nearest 5%.

# Data Highlights: Health Savings Accounts & Health Reimbursement Accounts (HSAs / HRAs)

**98%**

Of firms pair their High Deductible Health Plan with a Health Savings Account (HSA). Four percent also offer an HRA account option.



Contribute to their employees' HSA



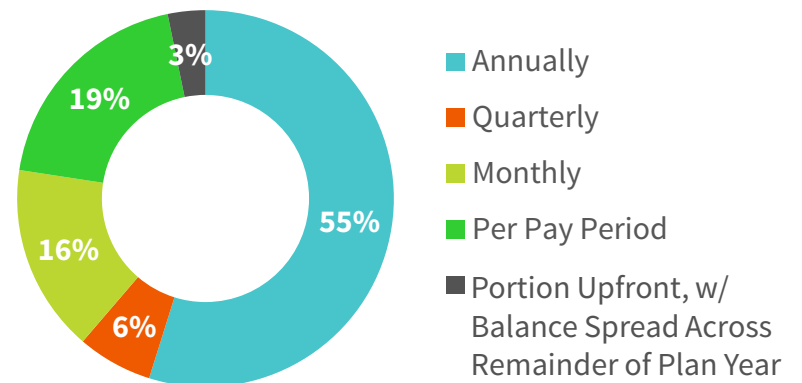
Permit employee HSA contributions via Section 125

## How much do firms contribute?

Survey results indicated that the vast majority of firms do not vary their HSA funding by income level or employment classification.

HSA Funding	Annual Amount	As % of In-Network Deductible
Individual	\$ 970	44%
Family	\$ 1,730	40%

## Firm HSA contribution schedules



# Data Highlights: Traditional PPO Plans

## Plan Design

Deductible	Network	Non-Network
Individual	\$ 895	\$ 1,405
Family	\$ 2,230	\$ 3,615

Out-of-Pocket Limit	Network	Non-Network
Individual	\$ 3,210	\$ 5,735
Family	\$ 7,280	\$ 13,050

Coinsurance	Network	Non-Network
% Member Pays	15%	35%

## In-Network Copays

Medical Copays	
PCP Office Visit	\$ 25
Specialist Office Visit	\$ 35
Urgent Care	\$ 45
Outpatient Surgery	\$ 180
Lab/X-Ray	\$ 40
Advanced Radiology	\$ 135
Emergency Room	\$ 130

Prescription Drug Copays	
Generic	\$ 10
Formulary Brand	\$ 35
Non-Formulary Brand	\$ 60



**Inpatient hospitalizations subject to medical ded/coins only**



**The annual deductible or a separate Rx deductible applies to drugs**



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Numbers reflect average values. Copayments have been rounded to the nearest \$5 increment; coinsurance amounts have been rounded to the nearest 5%. Single and dual-offering Traditional PPO plans are combined for reporting purposes; insufficient data was reported on dual-offering Traditional PPOs to provide meaningful insights.

# Data Highlights: Non-Kaiser HMO

## Plan Design

Deductible, if > \$0	
Individual	\$ 1,000
Family	\$ 2,040

Out-of-Pocket Limit	
Individual	\$ 2,130
Family	\$ 4,280

## In-Network Copays

Medical Copays	
PCP Office Visit	\$ 25
Specialist Office Visit	\$ 40
Urgent Care	\$ 45
Outpatient Surgery	\$ 175
Lab/X-Ray	\$ 25
Advanced Radiology	\$ 90
Emergency Room	\$ 125
Inpatient Hospitalization	\$ 375

Prescription Drug Copays	
Generic	\$ 10
Formulary Brand	\$ 30
Non-Formulary Brand	\$ 50



Numbers reflect average values. Copayments have been rounded to the nearest \$5 increment; coinsurance amounts have been rounded to the nearest 5%. Results include in-network only EPO plans where data was provided.

# Data Highlights: Kaiser HMO Plans

## Plan Design

Deductible, if > \$0	
Individual	N/A
Family	N/A

Out-of-Pocket Limit	
Individual	\$ 1,625
Family	\$ 3,250

## In-Network Copays

Medical Copays	
PCP Office Visit	\$ 20
Specialist Office Visit	\$ 20
Urgent Care	\$ 20
Outpatient Surgery	\$ 20
Lab/X-Ray	\$ 10
Advanced Radiology	\$ 75
Emergency Room	\$ 85
Inpatient Hospitalization	\$ 295

Prescription Drug Copays	
Generic	\$ 10
Formulary Brand	\$ 25
Non-Formulary Brand	\$ 30



**Had no annual deductible**



**Had a "per admission" inpatient hospital copay**



**Cover Acupuncture**

Numbers reflect average values. Copayments have been rounded to the nearest \$5 increment; coinsurance amounts have been rounded to the nearest 5%.



# DENTAL & VISION PLANS

## **In this section**

- Plan Offerings
- Premiums and Contributions
- Data Highlights: Dental PPO Plans
- Data Highlights: Vision Plans

# Dental and Vision Plan Offerings

## % Firms Offering Benefit





## Dental and Vision Plan Premium and Contribution Data

### 2017 Single and Family Coverage Costs

	Monthly Premium Rate	Monthly Employee Contribution – Single Coverage					
		All Pay the Same	Class Based		Income Based (Sampling)		
			Staff	Associates	@ \$ 60K	@ \$ 140K	@ \$ 220K
<b>Dental PPO</b>	\$ 48	\$ 24	\$ 17	\$ 19	\$ 13	\$ 17	\$ 21
<b>Dental HMO</b>	\$ 18	\$ 15	N/A – insufficient data	N/A – insufficient data	N/A – insufficient data	N/A – insufficient data	N/A – insufficient data
<b>Vision</b>	\$ 9	\$ 8	\$ 3	\$ 3	\$ 4	\$ 5	\$ 5

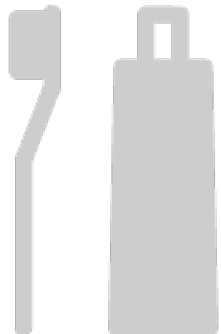
	Monthly Premium Rate	Monthly Employee Contribution – Family Coverage					
		All Pay the Same	Class Based		Income Based (Sampling)		
			Staff	Associates	@ \$ 60K	@ \$ 140K	@ \$ 220K
<b>Dental PPO</b>	\$ 154	\$ 96	\$ 99	\$ 100	\$ 70	\$ 79	\$ 88
<b>Dental HMO</b>	\$ 51	\$ 40	\$ 31	\$ 31	\$ 35	\$ 42	\$ 47
<b>Vision</b>	\$ 22	\$ 21	\$ 12	\$ 12	\$ 11	\$ 13	\$ 14

Numbers reflect average values for firms reporting an employee contribution for the specified coverage tier (excludes \$0 contributions). For firms with more than one plan (e.g. two vision plans), data was collected for the most prevalent plan based on enrollment distribution. “N/A” is reported for data points with fewer than 5 respondents.

# Data Highlights: Dental PPO Plans

## Plan Design

	Network	Non-Network
Annual Deductible		
Individual	\$ 50	\$ 55
Family	\$ 145	\$ 160
Preventive	100%	95%
Basic	85%	75%
Major	55%	45%



**\$1,760**

**Individual  
Maximum Annual  
Benefit**

**\$1,580**

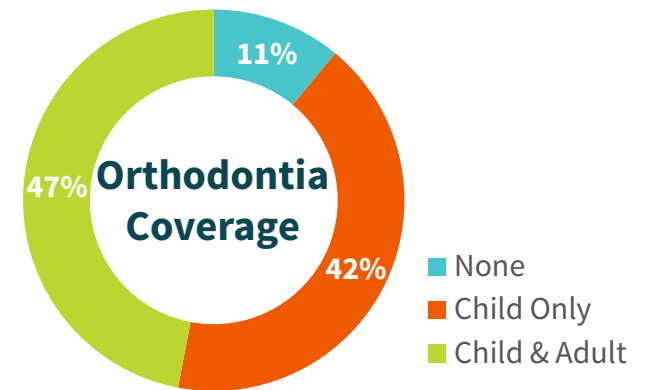
**Ortho Maximum  
Lifetime Benefit**



**Cover implants**



**Cover resin  
composite fillings**



Numbers reflect average values. Copayments have been rounded to the nearest \$5 increment; coinsurance amounts have been rounded to the nearest 5%.

# Data Highlights: Vision Plans

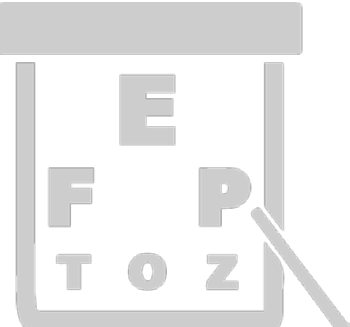
## Plan Design

Copay	Network
Exam	\$ 15
Materials	\$ 25
Exam & Materials (If Bundled)	\$ 20

Materials Allowances	Network	Non-Network
Frame	\$ 140	\$ 70
Contact Lens	\$ 130	\$ 115

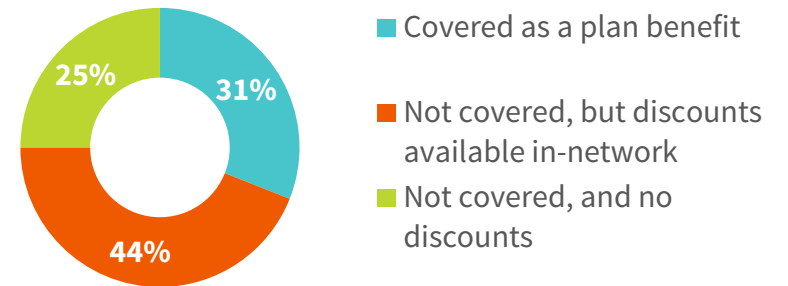
## Benefit Schedule (% of Respondents)

	Every 12 Months	Every 24 months
<b>Exam</b>	98%	2%
<b>Lenses</b>	94%	6%
<b>Frames</b>	33%	67%




**Offer employees a choice of 2 or more vision plans**

## Lens coatings that reduce blue light emitted from e-devices are a common added benefit



Numbers reflect average values. Copayments have been rounded to the nearest \$5 increment; coinsurance amounts have been rounded to the nearest 5%.



# FAMILY-FOCUSED BENEFITS & POLICIES

## **In this section**

- Parental Leave Policies
- Infertility and Adoption Benefits
- Dependent Care Benefits

# Parental Leave Policies

## How firms refer to leave

34%

### Maternity/Paternity

Policy generally provides more generous leave for the birth mother; less generous leave for the father or non-birth parent.

41%

### Primary/Secondary Caregiver

Policy generally provides more generous leave for the parent (of either gender) who is the primary caregiver.

24%

### Parental

Policy does not differentiate by gender or caregiver role in determining the length of available leave.

## Does tenure matter?

32%

of firms factor tenure into their leave policy.

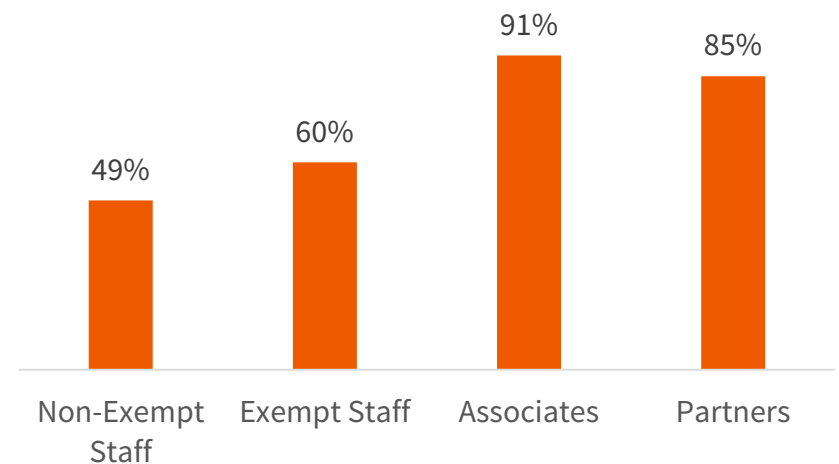
2-4 yrs.

average length of tenure required to receive the maximum leave benefit, depending on employment class.

Most leave policies are still designed to provide more generous leave for the birth mother or primary caregiver.

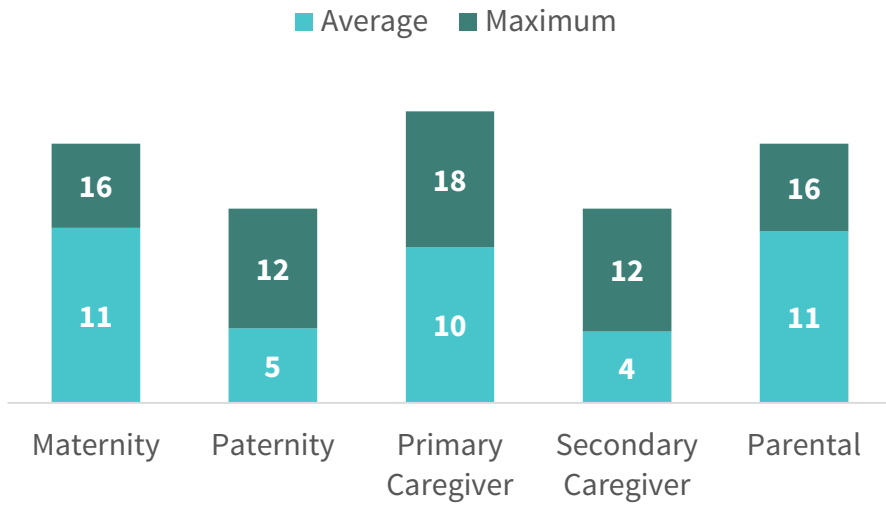
## % of firms offering paid parental leave

(above and beyond STD for the birth mother)

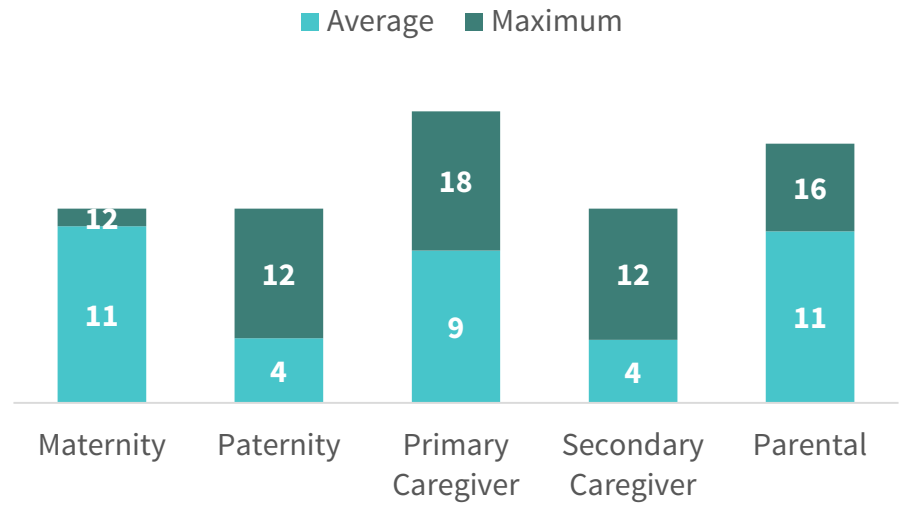


# Parental Leave Policies

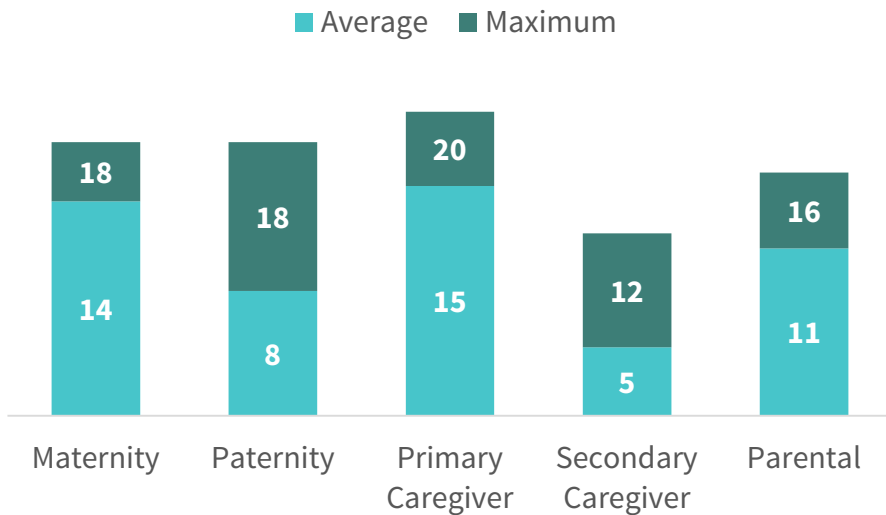
## # of Weeks Paid Leave – Non-Exempt Staff



## # of Weeks Paid Leave – Exempt Staff



## # of Weeks Paid Leave – Associates



## # of Weeks Paid Leave – Partners

**51%**

of firms have a formal parental leave policy for partners

Avg. # of weeks new baby/child leave

**15**

Max. # of weeks new baby/child leave

**24**

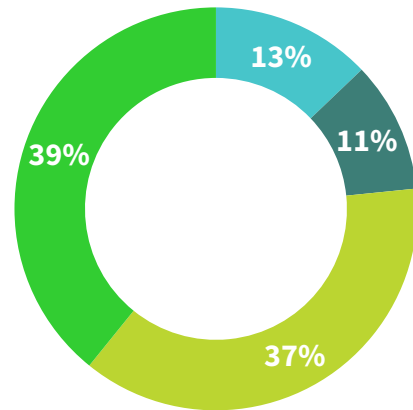
Note: For purposes of these survey results, tenure-based policies (using maximum tenure) & non-tenure-based policies have been combined.

# Infertility and Adoption Benefits

## Infertility benefits coverage under the major medical plan

% of plans with infertility coverage

- No coverage
- Diagnosis only
- Diagnosis and basic treatment
- Advanced reproductive technologies (IVF, GIFT, ZIFT)



# \$20K / \$50K

**Average** lifetime limit on infertility benefits

**Maximum** lifetime limit on infertility benefits

## Adoption Assistance

Financial assistance for adoption is relatively uncommon.



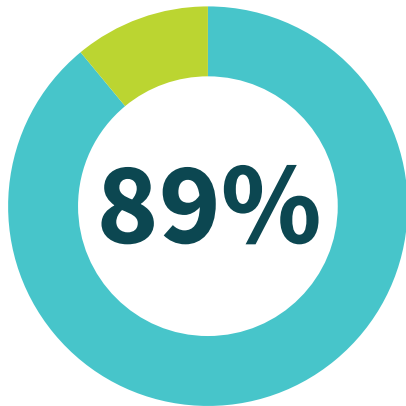
**Offer an adoption assistance benefit**



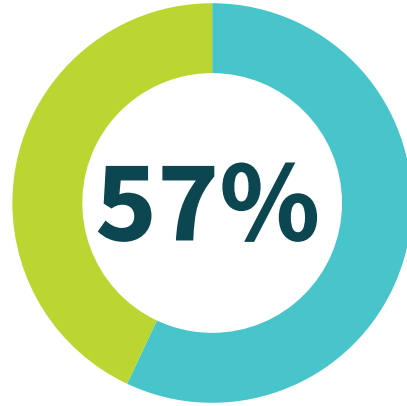
**Average adoption benefit amount**

## Dependent Care Benefits

**Firms who offer a  
Dependent Care FSA**



**Firms with additional  
child care benefits**



# 1 in 2

Among firms providing additional child care benefits or services, referral programs and backup child care services were the most common, being offered by roughly half of respondents.

**Benefits for Fluffy and Fido**

1 in 4 firms offer pet insurance or pet care resources.



**Offer pet insurance**



**Provide pet care  
referral resources**





# WELLNESS

## **In this section**

- Wellbeing programs

# Wellbeing Programs

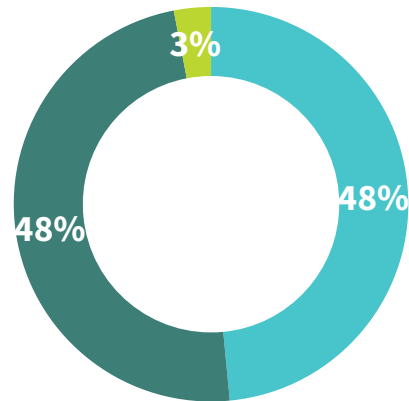
66%

Of participating firms offer a wellbeing program, although nearly half are only offering awareness-based programming

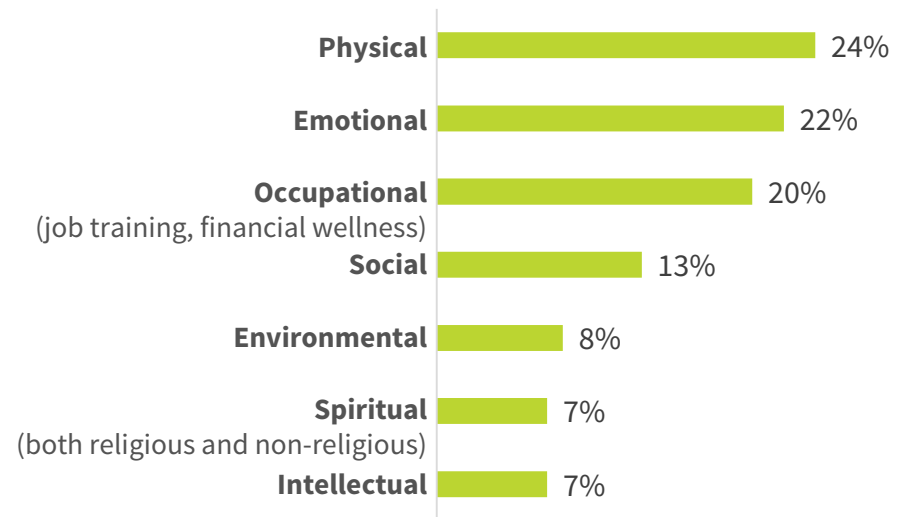
## WELLBEING PROGRAM DESIGN

### Type of Program

- Awareness based (e.g. EAP, Health Fairs, wellness related fliers and posters)
- Participation based ( e.g. biometric screenings, health assessment, online technologies such as Fitbit)
- Outcomes based (target biometric numbers are required; otherwise penalties apply or no rewards are earned)



### Core Program Components



### Two-Thirds of Firms Report Offering Incentives

Incentive Type	Avg. Annual Amount	Prevalence
Cash Award	\$387	60%
Charitable Donation	\$1,000	4%
HSA/FSA Contribution	\$600	4%
Healthcare Premium Discount	\$79	32%

### Onsite Health Services

Flu shots (97%) and an ergonomic specialist (45%) are the most common onsite health-related services provided by firms. Other onsite health services, such as primary care access or pharmacy delivery, remain uncommon.

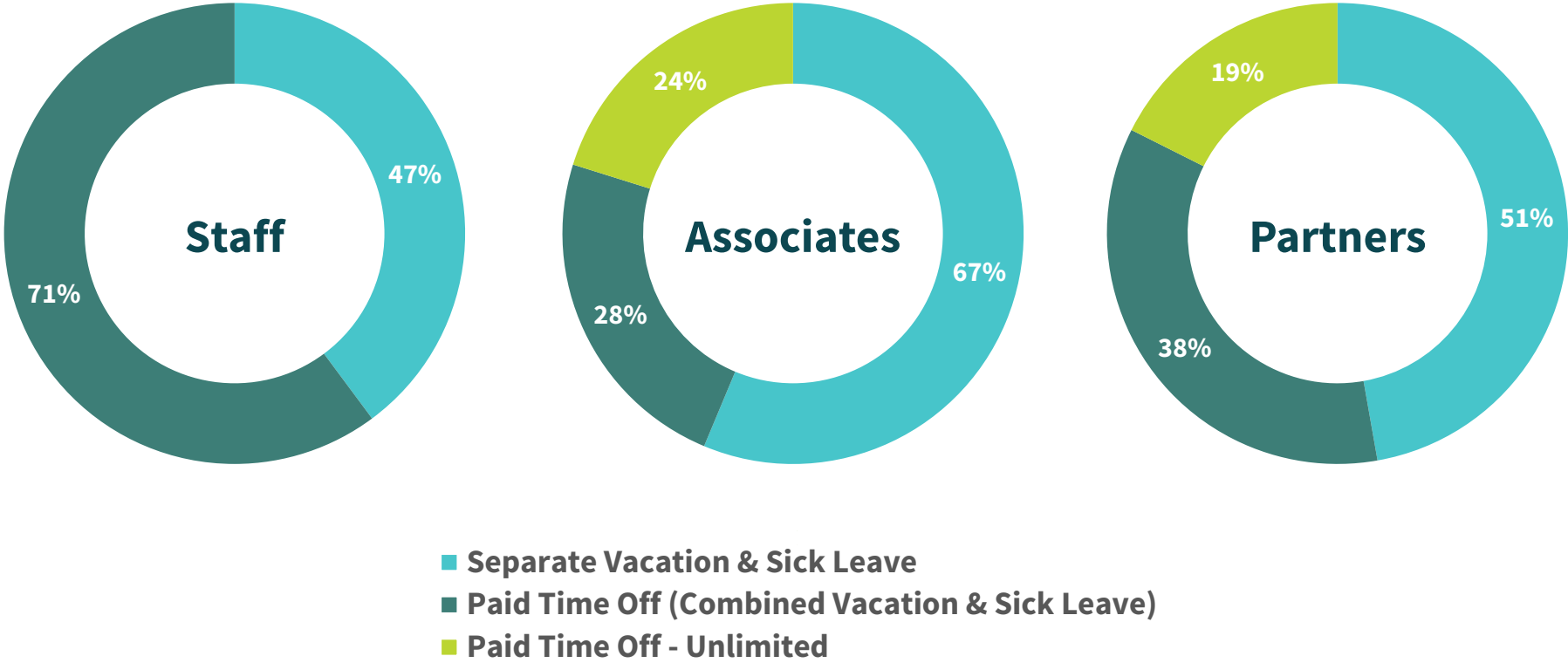


# PERKS & OTHER BENEFITS

## **In this section**

- Paid Time Off
- Commuting/Telecommuting
- Additional Benefit Offerings

# Paid Time Off



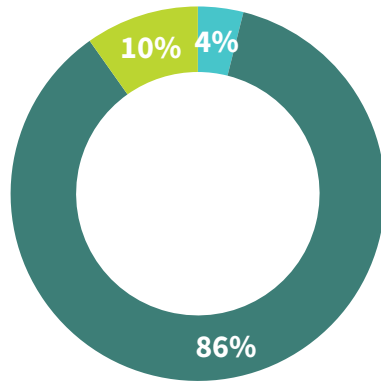
Note: Percentages may exceed 100% based on survey responses indicating that more than one type of PTO policy was offered.

# Commuting Benefits and Policies

## Telecommuting Policies

How often can employees work from home?

■ Never ■ Occasionally ■ As often as desired



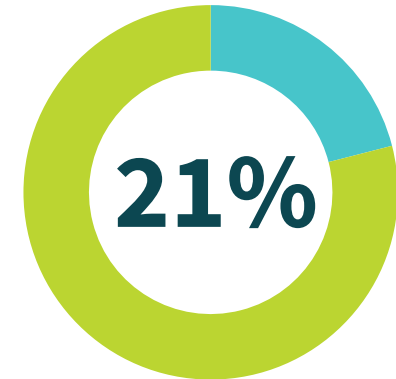
**88%**  
Have a work from home policy that differs by position or employment class

Do firms monitor employees who telecommute?

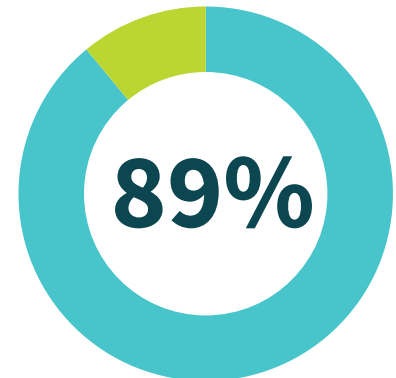
**12%** Track employees' activity through VPN monitoring / tracking software

## Traditional Commuting Benefits

Provide an employer-funded transit subsidy

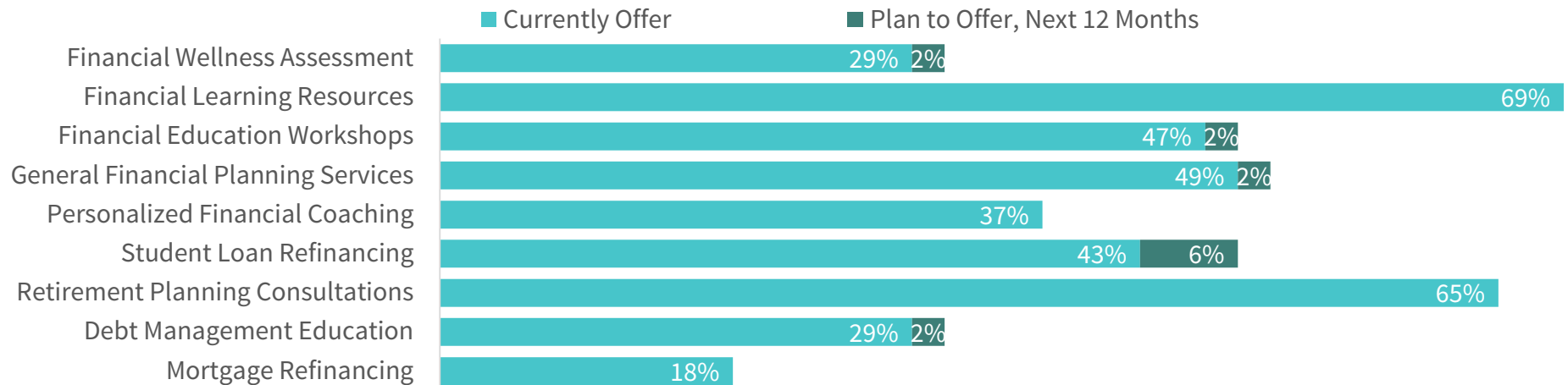


Offer a pre-tax commuter benefit plan

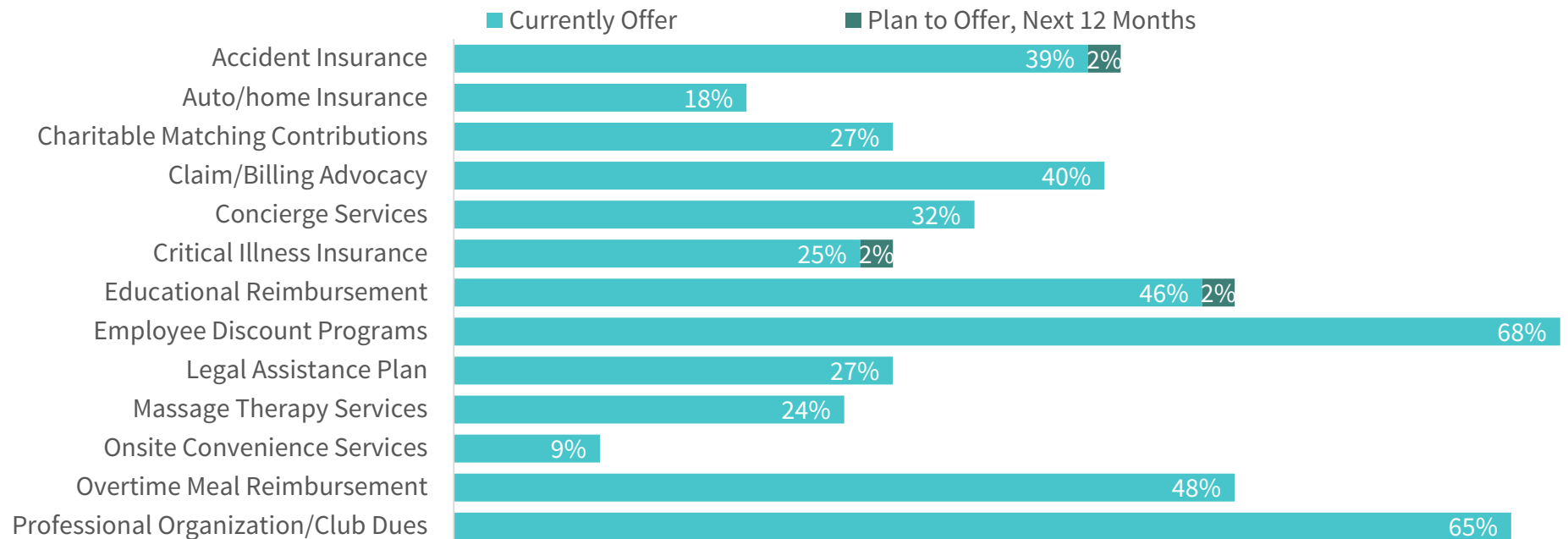


# Additional Benefit Offerings

## Financial Planning Benefits and Resources



## Other Benefits And Perks





# ABOUT ALLIANT

## **The Law Firm Experts**

Alliant is the legal industry's employee benefit consulting and brokerage firm of choice because we've built an entire practice group focused on the needs of law firms. Our counsel and solutions draw upon a deep knowledge of the organizational, tax, and insurance needs that differentiate law firms from their corporate counterparts. On a daily basis, we assist leading law firms with a wide range of employee benefit and insurance challenges ranging from re-engineering employee contribution strategies to solving complex insurance coverage needs for partners – and all points in between. Our law firm clients include both regional firms and some of the largest and most prestigious national and international firms.

## **Law Firm Benefit Benchmarking**

Alliant conducts the legal industry's most detailed benefit surveys. Our annual survey is developed with input from law firm benefit and HR managers, ensuring that the data is relevant to the latest issues for law firm planning and decision making. Beyond the published survey results, Alliant clients benefit from our analysis tools that measure plan design variances between a firm and its peers. This ensures that our clients make informed decisions based on up-to-date data from within their own industry.

# Alliant Overview

## COMPANY



### **NATIONAL**

Leverage & buying power



### **\$1 BILLION+**

Annual revenue



### **2,700+**

Employees in over

**90 OFFICES**

## PEOPLE



### **PROFESSIONAL**

- ✓ Expertise
- ✓ Skills aligned with client needs



### **CONSULTANCY**

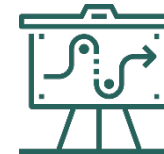
Full spectrum of employee benefits delivery and administration

## APPROACH



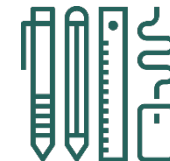
### **INNOVATIVE**

Creative solutions to complex challenges



### **STRATEGIC**

Analysis and insight



### **TAILORED**

Programs built around best outcomes for employees



