

2024-25

Plan Year

Summary of Employee Benefits

About This Guide

Convex provides comprehensive employee benefits as part of our total compensation program. The decisions you make regarding your enrollment in benefits deserves your careful consideration. Outside the initial new hire eligibility period and open enrollment, you will only be able to make changes during the plan year only in the event of an IRS qualified Qualifying Life Event.

Be sure to review the plan's covered and non-covered services and any restrictions on your choice of providers.

Benefits Eligibility

Regular full-time and part-time employees working 20 hours or more per week are eligible for the Convex **Medical, Dental & Vision** coverage effective 1st of the month following date of hire. **Life/AD&D and Disability** coverage for eligible employees is effective on <u>Date of Hire</u>. Eligible employees who do not enroll at the time of their new hire initial eligibility period will have the opportunity to enroll in our benefit plans during our annual open enrollment. You may make changes to your benefits, or add or drop your dependents during this time. Mid-year changes are not permitted unless you experience an IRS qualified Qualifying Life Event. Employees must notify Human Resources within 30 days of a Qualifying Life Event.

Employee Costs for the 2024-2025 Plan Year

Convex will contribute **100%** toward the Medical, Dental and Vision premiums for **employee only** coverage. You are responsible for paying a flat dollar amount for **employee + dependent** coverage for Medical, Dental and Vision. Please refer to Rippling for employee contribution calculations or contact Human Resources. The Life/AD&D and Disability premiums are paid 100% by Convex -- **no cost to you!!**

~Any employee deductions for benefits will be taken out of your paycheck on a pre-tax basis.~

Important Enrollment Information!

Convex is pleased to offer online enrollment capabilities using Rippling! Go online to view benefits, make elections and complete your enrollment with an electronic signature. Human Resources enters your information in the Rippling system and then an email will be sent to you that includes your login information. You may also login into the system at anytime:

https://app.rippling.com/login

Medical Plan Options

Convex offers the Blue Shield Medical PPO plan and Kaiser HMO outlined below. Be sure to review the plan benefits and carrier documents carefully.

- <u>Blue Shield PPO:</u> Individuals enrolled in the PPO plan may receive care from any provider and/or facility; however, members save money when utilizing In-Network providers as Blue Shield has negotiated discounted prices with contracted In-Network providers. Members are *not* required to designate a Primary Care Physician (PCP) on this plan.
- <u>Kaiser HMO (Available to CA EEs only)</u>: Individuals enrolled in the Kaiser HMO must receive all care through a contracted Kaiser provider/facility Members, except in the case of an emergency. Members are required to designate a Primary Care Physician (PCP) on this plan that oversees and coordinates all care within Kaiser guidelines.

	Blue Shield	Kaiser	
	Platinum Full	Platinum 90 HMO 10	
Medical Plan Features	In-Network	Out-of-Network	In-Network Only (CA EEs)
Calendar Year Deductible: Per Individual Per Family	None None	\$1,000 \$2,000	None None
Annual Out-of-Pocket Maximum: Per Individual Per Family	\$4,700 \$9,400	\$9,400 \$18,800	\$3,000 \$6,000
Preventive Care: Physical Exams Labs/X-rays/Screenings	\$0 \$0	Not Covered	\$0 \$0
Office Visits: (PCP/Specialist)	\$10/\$30	40%3*	\$10/\$20
Most Lab & X-ray Outpatient: Advanced MRI/PET/CT Scans:	\$15 Lab/\$25 X-rays (Center) \$100¹ + 10% (Hosp.)	40%³* 40%³*	\$40 \$150
Inpatient Hospital: Outpatient Facility:	10% \$100 ¹ + 10%	40%³* 40%³*	\$500/Admission \$300/Procedure
Mental Health/Substance Abuse : Inpatient Outpatient	10% \$10	40% ³ * 40% ³ *	\$500/Admission \$10
Emergency Services / Visits:	$$150^2 + 10\%$ per visit		\$200 ²
Retail Prescriptions (Rx): Generic (Tier 1) Brand-Name Formulary (Tier 2) Non-Formulary (Tier 3) Specialty Drugs (Tier 4)	(30 day supply) \$10 \$35 \$55 30% up to \$250 Max.	Not Covered	(30 day supply) \$5 \$15 N/A 10% up to \$250 Max.
Mail Order Prescription (Rx): Generic (Tier 1) Brand-Name Formulary (Tier 2) Non-Formulary (Tier 3)	(90 day supply) \$20 \$70 \$110	Not Covered	(100 day supply) \$10 \$30 N/A

¹ At a hospital (outpatient).

^{*} Maximum benefit amounts may apply, refer to the plan summary and SBC for more details.





Finding a network provider is easy! Lookup providers online at:

² Dollar copay is waived if admitted to the hospital.

³ After Deductible.

Dental Benefits

△ DELTA DENTAL

Delta Dental PPO Plan Services In-Network Out-of-Network Calendar Year Deductible \$50 Ind. | \$150 Fam. \$50 Ind. | \$150 Fam. 100% 100% of R&C Preventative Cleanings, Exams, X-Rays No deductible No Deductible 80% of R&C 90% **Basic Services** Simple Extractions, Diagnostics After deductible After deductible 60% 50% of R&C **Major Services** Crowns, Bridges, Dentures After deductible After deductible **Annual Maximum** \$1,500 per person Orthodontics (Child Only) 50% to \$1,500 Maximum per Lifetime

Non-participating dentists can bill you for charges above the R&C amount covered by the dental plan (balance billing). To maximize your benefits, we encourage you to visit a participating provider.

Finding a network provider is easy! Visit: www.deltadentalins.com

Vision Benefits



VSP Signature Vision Plan					
Services	In-Network ¹	Frequency			
Copays	\$10 for Exam \$25 for Glasses	N/A			
Exams	Covered at 100% after copay	Every 12 Months			
Lenses (Per Pair)	Covered at 100% after copay (Single, Bifocal, Trifocal, Lenticular)	Every 12 Months			
Frames	\$130 Allowance	Every 24 Months			
Contact Lenses (in lieu of glasses)	\$130 Allowance (up to \$60 Copay)	Every 12 Months			

¹ Refer to the plan documents for detailed Out-of-Network benefit information.

Finding a network provider is easy! Visit: www.vsp.com

Life/AD&D & Disability Benefits

Convex is pleased to offer the new Life/AD&D, Short and Long Term Disability coverage through Principal.



PLAN OFFERED	Benefits	
Life/AD&D	1 x's annual earnings up to \$400,000 Guarantee Issue: \$265,000	
Short Term Disability	60% of pre-tax earnings up to \$3,100 maximum per week (8-day elimination period) 60% of pre-tax earnings up to \$14,000 maximum per month (90-day elimination period)	
Long Term Disability		
Defer to the plan documents for details		

Refer to the plan documents for details.

EAP & Travel Assistance

Convex employees enrolled under the Principal coverage will now have access to the Magellan Employee Assistance Program (EAP) and to AXA Travel Assistance. These benefits are available to employees and family members 24/7 at no cost. Review the plan documents for details and learn more at:



Flexible Spending Account (FSA)

Convex is pleased to offer eligible employees access to an FSA administered through Rippling (administered by Alegeus). An FSA allows employees to set aside pre-tax money to be used for IRS qualified Health Care and Dependent Care expenses. Contributions toward the FSA are deducted on a pre-tax basis from your paycheck and up to the annual amount that you choose to contribute.

Note that employee contributions cannot exceed the <u>Annual IRS Contribution Limits</u>:

Health Care = $\frac{$3,200}{}$ (2024) Dependent Care = $\frac{$5,000}{}$ (\$2,500 per individual if married but file separate returns.)

Commuter Benefit

A Commuter Benefit is also made available to eligible employees and this allows employees use pre-tax money toward eligible transit and parking expenses. Qualified expenses include: Lyft, Uber, BART, Clipper Card, Tri-Met and more!

Convex will contribute \$170 per month toward the Commuter Benefit.

Note that employee and employer **monthly** contributions combined cannot exceed IRS Contribution Limits:

Parking & Transit: \$315/month (2024)

Convex Benefit Website

Information about the Convex Employee Benefits Program can be accessed 24 hours a day, 7 days a week, through the benefits website. You and your family members can obtain detailed carrier plan summaries, carrier forms, carrier policy and contact information. Links to health and wellness resources are also available on this site:

https://mybenefits.cc/convex/

This website houses direct links to all the carrier web sites, group numbers, detailed plan descriptions, and contact information. You can search for in-network doctors by following the links to directories for each carrier. You can also review plan details and benefit coverage information, or download forms to enroll/make changes to your benefits coverage.

All documents relating to the Convex Employee Insurance Benefits Program, including the Summary Plan Descriptions, HIPAA Privacy Notice, General COBRA Notice and any other relevant Plan Documents or Notices, are available to employees and their dependents electronically through Convex' benefit website. You may receive a paper copy of any of the above documents free of charge by contacting the Human Resources department.

Important Benefit Contact Information					
Carrier / Vendor	Group Number	Phone	Website		
Blue Shield Medical Kaiser Medical	W0118413 730138	800.393.6130 800.464.4000	www.blueshieldca.com www.kp.org		
Delta Dental PPO Dental	00858	800.765.6003	www.deltadentalins.com		
VSP Vision	30105708	800.877.7195	www.vsp.com		
Principal Life/AD&D and Disability	1159463-10001	800.247.4695	www.principal.com		
Magellan EAP via Principal AXA Travel Assistance via Principal		U.S. 800.450.1327 Other: 800.662.4504 U.S. 888.647.6211 Other: 630.766.7696 <i>(collect)</i>	www.magellanascend.com www.principal.com/travelassistance		
Rippling FSA & Commuter (Alegeus)		888.852.6334	www.rippling.com		
Michelle Rumberg, Acrisure West Client Service Manager		925.299.7200	mrumberg@acrisure.com		

Human Resources department or your Acrisure West Client Services Manager noted above.

This summary is intended for reference only. Please refer to your official plan documents for more information

