



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 Date of Hire. 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.

- **Blue Shield PPO:** 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.
- **Kaiser HMO (Available to CA EEs only):** 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.

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

¹ At a hospital (outpatient).

² Dollar copay is waived if admitted to the hospital.

³ After Deductible.

* 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:

www.blueshieldca.com | www.kp.org

Dental Benefits



Delta Dental PPO Plan		
Services	In-Network	Out-of-Network
Calendar Year Deductible	\$50 Ind. \$150 Fam.	\$50 Ind. \$150 Fam.
Preventative Cleanings, Exams, X-Rays	100% No deductible	100% of R&C No Deductible
Basic Services Simple Extractions, Diagnostics	90% After deductible	80% of R&C After deductible
Major Services Crowns, Bridges, Dentures	60% After deductible	50% of R&C After deductible
Annual Maximum	\$1,500 per person	
Orthodontics (<i>Child Only</i>)	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 (<i>Per Pair</i>)	Covered at 100% after copay (<i>Single, Bifocal, Trifocal, Lenticular</i>)	Every 12 Months
Frames	\$130 Allowance	Every 24 Months
Contact Lenses (<i>in lieu of glasses</i>)	\$130 Allowance (<i>up to \$60 Copay</i>)	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)
Long Term Disability	60% of pre-tax earnings up to \$14,000 maximum per month (90-day elimination period)

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:



www.benefits.AcrisureWest.com/convex



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 Annual IRS Contribution Limits:

Health Care = \$3,200 (2024) | Dependent Care = \$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	W0118413	800.393.6130	www.blueshieldca.com
Kaiser Medical	730138	800.464.4000	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		U.S. 800.450.1327 Other: 800.662.4504	www.magellanascend.com
AXA Travel Assistance via Principal		U.S. 888.647.6211 Other: 630.766.7696 (collect)	www.principal.com/travelassistance
Rippling FSA & Commuter (Alegeus)		888.852.6334	www.rippling.com
Kylie Contreras, Acrisure West Client Service Manager		925-592-5130	KContreras@acrisure.com

If you have... eligibility questions or unresolved claim issues and need assistance, please contact your 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