



CHARGED
BY GREATNESS

2022 BENEFITS ANNUAL ENROLLMENT





Enrollment Dates

November 1 – 12, 2021

- + Deadline to enroll | [November 12 at 1pm central](#)
- + Enrollment is completed in MyADP
- + ALL team members must complete Annual Enrollment, even if keeping the same coverage or waiving coverage

AGENDA

- + What's New or Changing in 2022
- + Total Rewards Package for 2022
- + Hello From BOLT!
- + Eligible Dependents
- + Overview of all Benefit Plans
- + Enrollment Process
- + Resources



WHAT'S NEW OR CHANGING IN 2022

Plan	What's New or Changing
Medical/ Pharmacy	<ul style="list-style-type: none">• Premium increases• In-network deductibles increase \$250 single / \$500 family• In-network Out-of-Pocket maximums increase \$250 single / \$500 family• Preventive prescriptions include coverage for eligible insulin at 100%• Traditional Plan Tier 4 minimum copay increases from \$80 to \$100• Sharecare – required average steps per day increases from 5,000 to 7,500
Dental	<ul style="list-style-type: none">• Dental implants are now covered as a Major Service (coverage is 50% up to annual maximum)
HSA	<ul style="list-style-type: none">• Maximum contribution limits increase:<ul style="list-style-type: none">○ Individual coverage = \$3,650○ Family coverage = \$7,300○ Age 55+ catch-up contribution = \$1,000• Ability to receive ConvergeOne's HSA contribution without making an employee contribution
Showcase	<ul style="list-style-type: none">• New benefits communication platform• Visit by November 8 to be entered into prize drawings• Year-round access

2022 TOTAL REWARDS PACKAGE

Medical + Pharmacy 3 plans with BCBS + Kaiser California	Health Savings Account (HSA) Employer Contribution of \$250 - \$1,000	401(k) Plan 35% match per dollar on deferrals up to 10%
In-virto Fertility Treatment Coverage	Dental	Paid Parental Leave 4 weeks paid at 100%
TeleHealth Options Doctor on Demand + Kaiser TeleHealth	Vision	Legal / ID Theft Plans
Omada Health Healthy Living Solution	Flexible Spending Accounts (FSAs)	Volunteer Time Off 1 day per year
ShareCare Fitness Incentive of \$20 - \$40/month	Pre-tax Commuter Plans	Paid Time Off (PTO) 17 days in 1 st year
SmartShopper Cash Reward for Searching/Using Low Cost Providers	Employer-Paid Life Insurance + Voluntary Life Insurance	Bereavement Leave
Employee Assistance Plan (EAP)	Employer-Paid Short + Long Term Disability	Travel Assistance
Business Travel Accident Coverage	Pet Insurance + Pet Services Discount	Accident Insurance
Critical Illness Insurance	Hospital Indemnity Insurance	Tickets-At-Work Discount Program

BENEFITS ASSISTANCE – BOLT + SHOWCASE

BOLT

- + BOLT doesn't eat, sleep or take PTO
- + BOLT is here to assist 24/7 with your benefits & Annual Enrollment questions
- + BOLT can be found on the [HR CONNECT Page](#)
- + BOLT is brought to you by **CIConversations** – please take time to see what it can do!



Showcase

- + New benefit communication platform
- + Year-round access to benefits information
- + Visit each vendor by November 8 to be entered into prize drawings!
- + Website: <https://convergeone.perksshowcase.com>



COVID TESTING, VACCINES + COVERAGE

Coverage under BCBS + Kaiser Medical Plans

Diagnostic Testing

Saliva + nasal tests

- Covered at 100%
- Test must be medically necessary
- Does not include over the counter tests

Antibody Blood Tests

- Covered at 100%
- Does not include over-the-counter tests

Vaccines

- Covered at 100%
- Must be administered by a licensed health care professional
- Must be FDA-approved or authorized by FDA for emergency use (Pfizer, Moderna, Johnson & Johnson)
- Includes booster shots

Treatment

- Covered and subject to deductible/coinsurance

ELIGIBLE DEPENDENTS

Spouses

- + Legally married spouse
- + Your domestic partner
 - + Affidavit will be required if you enroll a domestic partner



Children

- + Up to age 26, regardless of student/marital status
 - + Includes birth children, step-children, legally adopted children, children placed for adoption, foster children, children of domestic partner, children for whom legal guardianship has been awarded to you or spouse/domestic partner
- + Unmarried grandchildren who live with you and are financially dependent on you
- + Dependent children of any age who are medically certified as disabled and dependent on you

Enrolling ineligible dependents in your benefits is considered fraud and could result in termination of employment

Compare all available plan options for you and family members, including plan options through your spouse/domestic partner's employer, to determine the most cost-effective plans for you and your family. It may be more beneficial for your spouse to enroll in coverage with his/her employer.

DEPENDENT VERIFICATION SERVICES (DVS)

Currently
Enrolled
Dependents

- Do not need to complete the process in 2022

New
Dependents in
2022

- Must complete eligibility process after submitting Annual Enrollment elections in ADP
- Examples of required documentation: birth certificate, marriage certificate, household bill, front page of tax return
- Process is administered by ADP

Enrolling ineligible dependents in your benefits is considered fraud and could result in termination of employment

MEDICAL PLAN OPTIONS

- + **Traditional Plan** | highest premium/lowest deductible
- + **Value Plan** | mid premium/mid deductible, eligible for HSA
- + **Savers Plan** | lowest premium/highest deductible, eligible for HSA
- + Compare all available plan options + the benefits of an HSA
 - + It may be more beneficial for your spouse to enroll in coverage with his/her employer

	TRADITIONAL PLAN	VALUE PLAN	SAVERS PLAN
MONTHLY CONTRIBUTIONS			
EMPLOYEE	\$178	\$138	\$104
EMPLOYEE + SPOUSE/DOMESTIC PARTNER	\$610	\$482	\$396
EMPLOYEE + CHILD(REN)	\$450	\$370	\$308
FAMILY	\$786	\$608	\$498

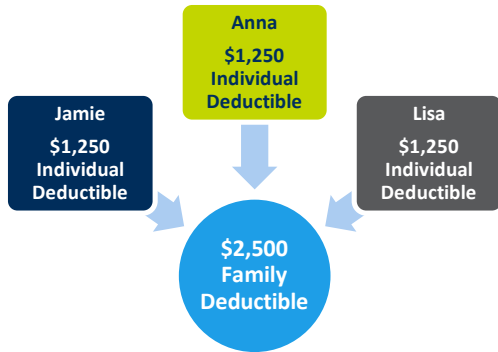
Plan Similarities:

- ✓ All Medical Plans are with BlueCross BlueShield of MN
- ✓ Same National Network
- ✓ Same Pharmacy Network | **Classic Network** (excludes CVS Pharmacy)
- ✓ Same Pharmacy Formulary | **KeyRx Drug List**
- ✓ Same eligible services & prescription drugs
- ✓ Offer the same programs

MEDICAL PLANS DEDUCTIBLE & OUT-OF-POCKET (OOP)

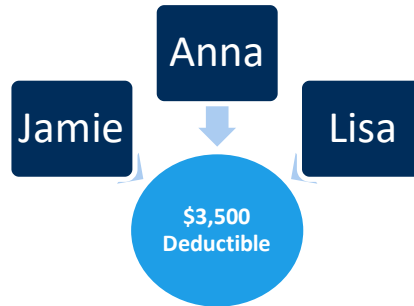
Traditional

- + Per person Deductible/OOP
- + Coinsurance after individual deductible
- + Individual amounts apply to family amounts



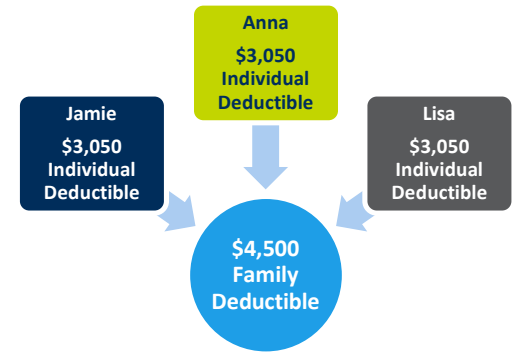
Value

- + Individual Coverage – Individual Deductible/OOP limits apply
- + EE + Spouse, EE + Children, Family Coverage – All members work toward the family deductible/OOP limits. There are no individual limits.



Savers

- + Per person Deductible/OOP
- + Coinsurance after individual deductible
- + Individual amounts apply to family amounts



MEDICAL PLAN DESIGN



Benefit chart shows member responsibility

	TRADITIONAL PLAN		VALUE PLAN		SAVERS PLAN	
DEDUCTIBLE TYPE	Per Person		Coverage Tier-Based		Per Person	
HSA ELIGIBILITY	No		Yes		Yes	
CONVERGEONE HSA CONTRIBUTION**	N/A		\$250 Individual Coverage \$500 Family Coverage		\$500 Individual Coverage \$1,000 Family Coverage	
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
CALENDAR YEAR DEDUCTIBLE						
INDIVIDUAL	\$1,250/Person	\$2,500/Person	\$1,750 Individual Coverage	\$3,000 Individual Coverage	\$3,050/Person	\$5,400/Person
FAMILY	\$2,500/Family	\$5,000/Family	\$3,500 Family Coverage	\$6,000 Family Coverage	\$4,500/Family	\$10,800/Family
COINSURANCE (MEMBER PAYS)	20%*	40%*	20%*	40%*	20%*	40%*
CALENDAR YEAR OUT-OF-POCKET MAXIMUM (MAXIMUM INCLUDES DEDUCTIBLE)						
INDIVIDUAL	\$4,750/Person	\$11,000/Person	\$3,000 Individual Coverage	\$6,000 Individual Coverage	\$5,650/Person	\$10,000/Person
FAMILY	\$9,500/Family	\$22,000/Family	\$6,000 Family Coverage	\$12,000 Family Coverage	\$7,400/Family	\$20,000/Family
COPAYS/COINSURANCE (AMOUNT MEMBER PAYS)						
PREVENTIVE CARE	Plan pays 100%	40%*	Plan pays 100%	40%*	Plan pays 100%	40%*
OFFICE VISIT	\$45 copay	40%*	20%*	40%*	20%*	40%*
EVISIT/RETAIL CLINIC	Plan pays 100%	40%*	20%*	40%*	20%*	40%*
SPECIALIST VISIT	\$60 copay	40%*	20%*	40%*	20%*	40%*
URGENT CARE	\$75 copay	40%*	20%*	40%*	20%*	40%*
INPATIENT/OUTPATIENT SERVICES	20%*	40%*	20%*	40%*	20%*	40%*
EMERGENCY ROOM	20%*		20%*		20%*	

*After Deductible

** Amounts are prorated for mid-year elections based on the benefits effective date

PHARMACY

Pharmacy Network

- + Classic Pharmacy
- + Excludes CVS Pharmacy

Drug List

- + KeyRx

Mail Order

- + Express Scripts or Retail Pharmacy
- + 3-month supply provides cost savings

Benefit chart shows member responsibility

	TRADITIONAL PLAN		VALUE PLAN		SAVERS PLAN	
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
RETAIL RX (31-DAY SUPPLY, MEMBER PAYS)						
ACA PREVENTIVE MEDICATIONS	Covered at 100%	40%	Covered at 100%	40%	Covered at 100%	40%
ACA EXPANDED PREVENTIVE MEDICATIONS	Copay Schedule	40%*	\$10 copay	40%*	\$10 copay	40%*
TIER 1: PREFERRED GENERICS	\$10 copay	40%*	20%*	40%*	20%*	40%*
TIER 2: NONPREFERRED GENERICS	20%; minimum \$80 copay & maximum \$100 copay	40%*	20%*	40%*	20%*	40%*
TIER 3: PREFERRED BRAND	20%; minimum \$40 copay & maximum \$60 copay	40%*	20%*	40%*	20%*	40%*
TIER 4: NONPREFERRED BRAND	20%; minimum \$100 copay & maximum \$120 copay	40%*	20%*	40%*	20%*	40%*
SPECIALTY RX	20%, not to exceed \$200 per script per month	Not Covered	20%*	Not Covered	20%*	Not Covered

*After Deductible

MEDICAL PLANS

MAXIMUM FINANCIAL EXPOSURE

INDIVIDUAL COVERAGE	Traditional Plan	Value Plan	Savers Plan
Annual Premiums	\$2,136	\$1,656	\$1,248
Out-of-Pocket Max	\$4,750	\$3,250	\$5,650
- C1 HSA Contribution	N/A	\$250	\$500
Total Cost	\$6,886	\$4,656	\$6,398

EE + SPOUSE COVERAGE	Traditional Plan	Value Plan	Savers Plan
Annual Premiums	\$7,320	\$5,784	\$4,752
Out-of-Pocket Max	\$9,500	\$6,500	\$7,400
- C1 HSA Contribution	N/A	\$500	\$1,000
Total Cost	\$16,820	\$11,784	\$11,152

EE + CHILDREN COVERAGE	Traditional Plan	Value Plan	Savers Plan
Annual Premiums	\$5,400	\$4,440	\$3,696
Out-of-Pocket Max	\$9,500	\$6,500	\$7,400
- C1 HSA Contribution	N/A	\$500	\$1,000
Total Cost	\$14,900	\$10,440	\$10,096

FAMILY COVERAGE	Traditional Plan	Value Plan	Savers Plan
Annual Premiums	\$9,432	\$7,296	\$5,976
Out-of-Pocket Max	\$9,500	\$6,500	\$7,400
- C1 HSA Contribution	N/A	\$500	\$1,000
Total Cost	\$18,932	\$13,296	\$12,376

MEDICAL PLAN ADP DECISION SUPPORT TOOL

- + Embedded in the ADP Benefits Enrollment Process
- + Access from the Medical Plan enrollment page
- + Click on **Help Me Choose** or **Compare Plans**
- + Helps estimate your costs based on enrollment and anticipated health care costs
- + Plans will be rated 1st, 2nd & 3rd based on annual premium cost & expected claims cost

The screenshot displays the ADP Decision Support Tool interface, which compares three medical plan options based on their estimated yearly cost and plan cost per paycheck. Each plan also includes a 'Plan Fit Performance' section with three metrics: Lower Cost, Lower Risk, and Network Access, represented by green bar charts.

Plan Rank	Plan Name	Estimated yearly cost	Plan cost Per Paycheck	Lower Cost	Lower Risk	Network Access
1st match	Savers Plan	\$11,153	\$249.00	High	High	High
2nd match	Value Plan	\$12,173	\$304.00	Medium	High	High
3rd match	Traditional	\$13,943	\$393.00	Low	Medium	High

Current Election
1st match
Savers Plan
VIEW DETAILS
Estimated yearly cost: \$11,153
Plan cost Per Paycheck: \$249.00
Plan Fit Performance: Lower Cost (High), Lower Risk (High), Network Access (High)

2nd match
Value Plan
VIEW DETAILS
Estimated yearly cost: \$12,173
Plan cost Per Paycheck: \$304.00
Plan Fit Performance: Lower Cost (Medium), Lower Risk (High), Network Access (High)

3rd match
Traditional
VIEW DETAILS
Estimated yearly cost: \$13,943
Plan cost Per Paycheck: \$393.00
Plan Fit Performance: Lower Cost (Low), Lower Risk (Medium), Network Access (High)

HOW TO FIND A PROVIDER



Online Portal

- + www.bluecrossmnonline.com
- + Claim Information
- + Print/order ID cards
- + Search for network providers

Network Provider Search

- + Minnesota = Aware network
- + All other states = BlueCard PPO network

In-Network Providers

- + Contracted with BCBS of MN
- + Agreed to provide services at discounted rates
- + Don't charge more than the R&C allowed amounts

Out-of-Network Providers

- + Have network contract with BCBS but not specific to this Plan
- + Charges exceeding R&C allowed amounts are members responsibility & don't apply toward deductible & out-of-pocket max

Non-Participating Providers

- + Do not have a contract with BCBS
- + Member responsible for paying provider & submitting claims for reimbursement
- + Charges exceeding R&C allowed amounts are members responsibility & don't apply toward deductible & out-of-pocket max

SHARECARE FITNESS

Participating in Sharecare

- + Register online at www.bluecrossmn.sharecare.com
- + Complete the Real Age Test
- + Sync your smartphone or tracking device
 - + Alternative tracking option: manually enter steps online, steps can be entered retroactively up to 7 days
- + Log an average of 7,500 steps per day for at least 21 days in the month
- + Earn \$20

Eligibility

- + Enrolled in a ConvergeOne medical plan with BCBS of MN
- + Spouse/domestic partner/children age 18+ who are enrolled in your plan
- + A maximum of (2) \$20 incentives can be earned by a team member and their family members each month
- + The first 2 people in a family to reach the goal in a month earn the incentive



SMARTSHOPPER

Participating in SmartShopper

- + Register
 - + <https://BCBSMN.SmartShopper.com>
 - + SmartShopper Personal Assistant Team 866-285-7452
- + Search for an eligible provider PRIOR to scheduling/receiving a designated procedure
- + Select the provider and receive a confirmation code
- + Complete the procedure at the designated provider within 6 months
- + Earn a cash reward (amounts vary)



Examples of Eligible Procedures

- + Mammogram
- + Colonoscopy
- + Diagnostic tests
- + CT scan
- + MRI
- + Surgeries

SmartShopper®

OMADA



Program Features

- + Digital lifestyle change program that inspires healthy habits
- + Combines technology with ongoing coaching support
- + Targets weight loss and reducing risks of chronic conditions
- + Interactive program, wireless smart scale, weekly online lesson, professional health coach, small peer groups
- + Tools and Resources for those living with type 2 diabetes

Eligibility

- + Covered under a ConvergeOne medical plan with BCBS of MN
- + Employee, spouse/domestic partner, children age 18+
- + At risk of a chronic condition, such as heart disease; or living with type 2 diabetes
- + Complete an online health screen to see if you are eligible
 - + [Omadahealth.com/convergeone](https://omadahealth.com/convergeone) (must use Mozilla or Chrome web browser)

BLUE 365

Explore Deals Just For You

- + Free access for anyone enrolled in medical coverage with BCBS of MN
- + Register at www.blue365deals.com/bcbsmn (click 'Join' to register)
- + Have your BCBSMN member ID card handy to finalize your registration
- + Access **Healthy Tips** for small steps you can take to make a big impact on your health
- + Search the **discounts + deals** available
 - + Apparel + footwear
 - + Fitness
 - + Hearing + vision
 - + Home + family
 - + Nutrition
 - + Personal Care
 - + Travel



“We are here to make living well more affordable.”

DOCTOR ON DEMAND – VIRTUAL HEALTHCARE

Doctor on Demand | we see the full you – mind + body

- + **Urgent Care** | when you are sick and need to see a doctor
- + **Behavioral/Mental Health** | emotional support from the privacy of your home
- + **Preventive Health** | supporting your day-to-day health choices & habits
- + **Chronic Care** | helping you manage chronic health conditions
- + Costs vary based on the type of care and provider
- + Approximate costs may range between \$59 - \$278
- + Connect to board-certified doctor using live video 24/7
- + www.doctorondemand.com



HEALTH SAVINGS ACCOUNT (HSA) KEY FEATURES



**Individually
owned account**



**No "use it
or lose it" rule**



**Grow account
through investments**



**tax-deductible
contributions**









**tax-deferred
earnings**



**tax-free
distributions**

*May vary based on state laws

HSA ELIGIBILITY

-  Enrolled in Value or Savers Plan
-  Not covered by another health plan that is not HSA-eligible
-  You or your spouse cannot be enrolled in a Health Care FSA or HRA in 2022
-  Not eligible to be claimed as a dependent on someone else's tax return
-  Not enrolled in Medicare, Medicaid or TRICARE
-  Must not have used VA benefits for anything other than preventive services in the past 3 months, unless receiving benefits for a service-related injury or illness

If you are not eligible for an HSA, you can still enroll in the Value or Savers Plan

HSA FUNDING

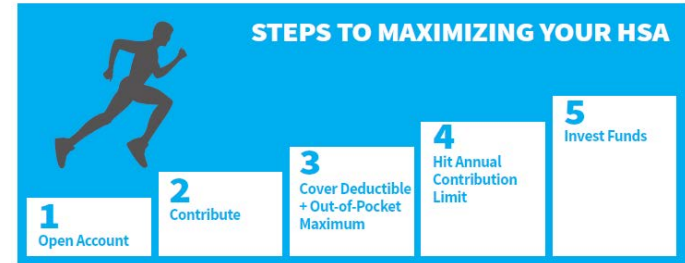
2022 IRS HSA Funding Limits

Individual Coverage	\$3,650
Family Coverage	\$7,300
Catch-up Contribution (Age 55+)	\$1,000

ConvergeOne HSA Contributions

Pro-rated based on your benefits effective date

	Value	Savers
Individual Coverage	\$250	\$500
Family Coverage	\$500	\$1,000



- + Start, stop or change contributions at any time
- + C1 contributions count towards your funding limits

USING YOUR HSA

- + Administered by Further
- + Reimbursement options
 - + Debit card (valid for 3 years)
 - + Pay the provider directly from HSA
 - + Online withdrawals
- + Mobile app
- + Eligible expenses
 - + Use HSA for self, spouse, tax dependent children
 - + Medical, dental, vision expenses
 - + Health insurance premiums while unemployed
 - + Long-term care premiums
 - + Medicare premiums
 - + www.hsastore.com
- + Expenses incurred on or after HSA is established
- + No receipts to submit for reimbursement – keep receipts in the event of an audit
- + Account **balances are portable**, even if you change medical plans or jobs

FURTHERSM
hellofurther.com



KAISER MEDICAL PLAN - CALIFORNIA

Kaiser North

+ Zip codes of 93600 or greater

(including zip codes: 93230, 93232, & 93242)

+ Group# = 605849

Kaiser South

+ Zip codes of 93599 and lower

(except zip codes: 93230, 93232 & 93242)

+ Group# = 233836

Kaiser Permanente

800-464-4000

www.kp.org

- + Must use Kaiser providers for all non-emergency medical & pharmacy care
 - + Visit any Kaiser provider in CA or other states

KAISER MEDICAL PLAN – CALIFORNIA

		KAISER PLAN
MONTHLY CONTRIBUTIONS		
EMPLOYEE		\$97.35
EMPLOYEE + SPOUSE/DOMESTIC PARTNER		\$443.25
EMPLOYEE + CHILD(REN)		\$433.67
FAMILY		\$592.49

For more information visit **CONNECT:**
[connect.convergeone.com/HR/
 Pages/Kaiser.aspx](https://connect.convergeone.com/HR/Pages/Kaiser.aspx)

Medical plan summary

		KAISER PLAN	
DEDUCTIBLE TYPE		N/A	
HSA ELIGIBILITY		No	
CONVERGEONE HSA CONTRIBUTION		N/A	
		In-Network	Out-of-Network
CALENDAR YEAR DEDUCTIBLE			
INDIVIDUAL		None	None
FAMILY		None	None
COINSURANCE (MEMBER PAYS)		N/A	N/A
CALENDAR YEAR OUT-OF-POCKET MAXIMUM (INCLUDES DEDUCTIBLE)			
INDIVIDUAL		\$1,500/Person	N/A
FAMILY		\$3,000/Person	N/A
COPAYS/COINSURANCE (AMOUNT MEMBER PAYS)			
PREVENTIVE CARE		Plan pays 100%	Not covered
OFFICE VISIT		\$20 copay	Not covered
EVISIT/RETAIL CLINIC		\$20 copay	Not covered
SPECIALIST VISIT		\$20 copay	Not covered
URGENT CARE		\$20 copay	Not covered
OUTPATIENT SERVICES		\$20 copay	Not covered
INPATIENT SERVICES		Plan pays 100%	Not covered
EMERGENCY ROOM			\$100/visit
PHARMACY			
GENERIC DRUGS UP TO 30-DAY SUPPLY RETAIL OR 100-DAY SUPPLY MAIL ORDER		Retail: \$10 Mail order: \$20	Not covered
PREFERRED BRAND DRUGS UP TO 30-DAY SUPPLY RETAIL OR 100-DAY SUPPLY MAIL ORDER		Retail: \$20 Mail order: \$40	Not covered
NON-PREFERRED BRAND DRUGS UP TO 30-DAY SUPPLY RETAIL OR 100-DAY SUPPLY MAIL ORDER		Retail: \$20 Mail order: \$40	Not covered
SPECIALTY DRUGS UP TO 30-DAY SUPPLY RETAIL		\$20 copay	Not covered

DENTAL PLAN

		DENTAL PLAN
MONTHLY CONTRIBUTIONS		
EMPLOYEE		\$22
EMPLOYEE + SPOUSE/DOMESTIC PARTNER		\$58
EMPLOYEE + CHILD(REN)		\$68
FAMILY		\$88

Delta Dental of MN
 800-448-3815
www.deltadentalmn.org

Benefit chart shows member responsibility

		DENTAL PLAN	
		PPO/PREMIER	OUT-OF-NETWORK
CALENDAR YEAR DEDUCTIBLE			
	INDIVIDUAL	\$50	\$50
	FAMILY	\$150	\$150
CALENDAR YEAR MAXIMUM			
	PER PERSON INCLUDES PREVENTIVE, BASIC AND MAJOR SERVICES	Plan pays up to \$1,500	Plan pays up to \$1,500
COVERED SERVICES			
	PREVENTIVE SERVICES ORAL EXAMS, ROUTINE CLEANINGS, BITEWING X-RAYS, FLUORIDE APPLICATIONS, SPACE MAINTAINERS, PANORAMIC X-RAYS	Covered at 100%	Covered at 100%
	BASIC SERVICES ENDODONTICS, PERIODONTICS, SEALANTS, ORAL SURGERY, PROSTHETIC REPAIRS & ADJUSTMENTS, ANTERIOR/POSTERIOR AMALGAM FILLINGS, ANTERIOR COMPOSITE FILLINGS	20%*	20%*
	MAJOR SERVICES MAJOR RESTORATIVES SERVICES, PROSTHETICS, POSTERIOR COMPOSITE FILLINGS, IMPLANTS	50%*	50%*
	ORTHODONTICS COVERAGE FOR ORTHODONTIC TREATMENT PLANS COMMENCED ON OR AFTER THE ELIGIBLE DEPENDENT CHILD'S 6TH BIRTHDAY TO AGE 19	50%*	50%*
LIFETIME MAXIMUM			
	ORTHODONTIC LIFETIME MAXIMUM	Plan pays up to \$1,500 per eligible child	
Age and frequency limits may apply to covered services.			

VISION PLAN

		VISION PLAN
MONTHLY CONTRIBUTIONS		
EMPLOYEE		\$8.24
EMPLOYEE + SPOUSE/DOMESTIC PARTNER		\$15.64
EMPLOYEE + CHILD(REN)		\$16.44
FAMILY		\$24.20

EyeMed – Insight Network
 888-203-7437
www.eyemedvisioncare.com

		EYEMED INSIGHT	
		IN-NETWORK	OUT-OF-NETWORK
EXAMS			
EXAMINATION		\$10 copay	Up to \$35
CONTACT LENS FIT AND FOLLOW-UP		Up to \$40 allowance; Standard or 10% off retail for Premium	N/A
COVERED MATERIALS			
LENSES			
SINGLE VISION LENSES		\$10 copay	Up to \$25
BIFOCAL LENSES		\$10 copay	Up to \$40
TRIFOCAL LENSES		\$10 copay	Up to \$60
PROGRESSIVE LENSES		Standard: \$10 copay Premium tier 1-3: \$30-\$55 copay Premium tier 4: \$10 copay; 20% off retail price less \$120 allowance	Up to \$85
LENS OPTIONS			
UV TREATMENT		\$15 copay	N/A
TINT (SOLID AND GRADIENT)		\$15 copay	N/A
STANDARD PLASTIC SCRATCH COATING		\$15 copay	N/A
FRAMES			
RETAIL FRAME EQUIVALENT		\$160 allowance; 20% off balance over \$160	Up to \$66
CONTACT LENSES			
MEDICALLY NECESSARY		\$0 copay; Paid in full	Up to \$210
ELECTIVE (CONVENTIONAL)		\$160 allowance; 15% of retail price over \$160	Up to \$113
ELECTIVE (DISPOSABLE)		\$160 allowance	Up to \$113
BENEFIT FREQUENCY			
EXAMINATION		Once every 12 months	
LENSES		Once every 12 months	
FRAMES		Once every 24 months	
CONTACTS (IN LIEU OF LENSES AND FRAMES)		Once every 12 months	
LASER VISION CORRECTION			
		15% off retail price or 5% off promotion price	N/A

FLEXIBLE SPENDING ACCOUNTS (FSA)

HEALTH CARE FSA

- + Eligible if you are not enrolled in an HSA
- + \$2,750 maximum
- + Use for medical, dental & vision expenses

LIMITED USE FSA

- + Eligible if enrolled in an HSA
- + \$2,750 maximum
- + Use for dental & vision expenses only, until the minimum medical deductible is met

DEPENDENT CARE FSA

- + \$5,000 annual maximum
- + Child or elder care expenses
- + Dependents under age 13, or any age if incapable of self-care
- + Can be used towards childcare and day camp

REMINDERS for FSA

- + 1 debit card for all HSA + FSA accounts
- + 2021 expenses must be incurred by 12/31/21 and submitted to Further by 1/31/22
- + 2022 expenses must be incurred by 12/31/22 and submitted to Further by 1/31/23
- + Balances will not rollover into the following year
- + Don't forget to substantiate debit card purchases when required to avoid taxation!

USE IT OR LOSE IT!



COMMUTER BENEFIT PLANS PARKING + MASS TRANSIT

FURTHERSM



PARKING | Parking at or near office

TRANSIT | Train, bus, subway, ferry, vanpooling

ELECTIONS

- + **Step 1:** Notify the Benefits Team at HRBenefits@convergeone.com if you would like to participate
- + **Step 2:** You will receive an email from Further with an Account ID to register for the online portal
- + **Step 3:** Make your elections directly in the Further portal - hellofurther.com

PRE-TAX + AFTER-TAX ELECTIONS

- + Pre-Tax elections can be made up to the IRS allowed amount, which is \$270 per month in 2022
- + Election amounts exceeding the IRS allowed amount will need to be paid via credit card with after-tax dollars directly through the Further portal, they will not be processed through payroll

401(K) PLAN






- + Employer match of \$.35 per \$1 for deferrals up to 10%
- + Pre-tax and/or Roth contributions
- + Start, stop, change your deferral rate at any time
- + Contribute up to 75% of your paycheck
- + Current deferral rates will continue into 2022 unless you make a change
- + Enroll directly with Empower (not in ADP)
- + 2022 maximum contribution limits:
 - + Under age 50 limit= \$19,500
 - + Age 50+ Catchup = \$6,500
 - + Age 50+ limit = \$26,000
 - + Catch-up contributions are not eligible for the company match

Years of Service	Vested Percentage
1 year	20%
2 years	40%
3 years	60%
4 years	80%
5 years	100%

Empower Retirement
www.empowermyretirement.com
800.338.4015

401(K) PLAN CONTACT INFORMATION

Plan Investments	Account Management	Additional Assistance
		
<ul style="list-style-type: none">+ Investment Information+ Asset Allocation+ Retirement Planning+ Request Fund Prospectus	<ul style="list-style-type: none">+ Deferral Rates+ Investment Allocation Changes+ Beneficiary Designations+ Statements+ Loan Requests+ Distributions	<ul style="list-style-type: none">+ Enrollment Questions+ Payroll Questions+ General Plan Questions
<p>Chad Olson colson@sageviewadvisory.com 952.444.4002</p>	<p>Sandy Hagaman Sandra.hagaman@empower-retirement.com 800.338.4015</p>	<p>Benefits Team HRBenefits@convergeone.com</p>

LIFE INSURANCE



BASIC LIFE + AD&D INSURANCE

- + \$50,000 of coverage at no cost to you
- + Automatically enrolled if a full-time employee

VOLUNTARY LIFE + AD&D INSURANCE

- + Current elections will remain in force unless you make changes
- + Changes can be made at any time during the year & are subject to medical questions and must be approved by The Standard
- + Employee-paid via post-tax premiums
- + Costs increase based on employee and spouse ages
- + In force coverage reduces by 50% at age 70 for employee & spouse

Maximum Coverage Amounts	
Employee	Employees under age 70 = \$500,000 Employees age 70+ = \$250,000
Spouse	Spouses under age 70 = \$250,000 Spouses age 70+ = \$125,000 Spouse coverage cannot exceed 50% of employee coverage
Children	\$10,000, 1 policy covers all eligible children

VOLUNTARY BENEFITS



Coverage is portable!

Accident Insurance

Tier	Monthly Cost
Employee	\$7.35
EE + SP	\$11.42
EE + CH	\$14.06
Family	\$21.93

Pays cash if you have a covered accident

Critical Illness Insurance

EE Options	Spouse Options
\$10,000	\$5,000
\$20,000	\$10,000
\$30,000	\$15,000

- Pays cash if you have a critical illness (examples: heart attack, end-stage renal failure, stroke)
- \$50 health maintenance screening benefit
- Premiums based on EE age + coverage elected

Hospital Indemnity Insurance

Tier	Monthly Cost
Employee	\$15.05
EE + SP	\$32.60
EE + CH	\$29.55
Family	\$49.70

Pays cash for hospital-related events

LEGALSHIELD + IDSHIELD

+ LegalShield - Pre-Paid Legal

- + Dedicated law firm
- + Legal consultation & advice
- + Court representation
- + Legal document preparation & review
- + Will, Trust & Power of Attorney preparation
- + Bankruptcy & tax audit preparation
- + 24/7 emergency legal access
- + Adoption & elder care assistance

+ IDShield - Identity Theft Protection

- + Identity theft monitoring, consultation, advice & restoration
- + Monthly credit score tracker
- + Monitors public records, court records, social media, address changes
- + Password protection manager
- + \$5 million service guarantee to restore identity to pre-theft status
- + Licensed private investigators available 24/7/365



benefits.legalshield.com/convergeone

Monthly Rates		
Plan	Single	Family
LegalShield	\$17.25	\$17.25
IDShield	\$8.95	\$16.95
LegalShield + IDShield Combo	\$24.90	\$31.70

PETCO PET INSURANCE + DISCOUNT PROGRAM

Pet Services Discount	Preventive Plan	Insurance Plan
<ul style="list-style-type: none"> + 10% off food & treats + 10% off pet prescriptions + 10% off Vaccine services + fast-pass shot clinic access + 10% off of supplies & toys + 10% off preventative care plan & insurance coverage + Discounts on grooming & training + Free health concierge consultations + Free ask a vet consultations 	<ul style="list-style-type: none"> + Low cost for routine pet services such as annual exams and vaccinations + Open network of vets + Easy & quick claims processing 	<ul style="list-style-type: none"> + Customized plan options + Up to a 90% reimbursement rate + Monthly premium varies by pet + Open network of vets + Easy and quick claims processing + Accidents and Illness + Dental Disease + Hereditary conditions + Behavioral Issues and more!
<p>Cost: Free</p> <p>Benefit Start Date: Starts the day you enroll</p>	<p>Cost: \$22.50/month per pet</p> <p>Benefit Start Date: Starts the day you enroll</p> <p>Pets Covered: Dogs, cats & companion animals</p>	<p>Cost: Premiums vary</p> <p>Benefit Start Date: 15 days after enrollment</p> <p>Pets Covered: Dogs & cats</p>

Enroll anytime at: PetcoPetWellness.com/convergeone

HEALTH ADVOCATE

HealthAdvocate™

Personal assistance to help you navigate the healthcare system

- + Available to you, your spouse/domestic partner, children, parents, and/or parents-in-law
- + Personal Health Advocates – typically registered nurses – can help:
 - + Resolve claims & billing questions
 - + Coordinate care
 - + Locate health care professionals
 - + Answer questions
 - + Explain information & medical terminology
 - + Obtain approvals from insurance companies
 - + Locate care and services for eldercare or people with special needs
- + Please see your benefits guide for contact information



Free, confidential & available to you and your family members!

DISABILITY + ABSENCE MANAGEMENT



Disability

- + **Short-Term Disability**
 - + Employer paid
 - + Benefit amounts & waiting periods are determined based on your income and employment classification
 - + Payments may last up to 90 days
- + **Long-Term Disability**
 - + Employer paid
 - + Replaces 60% of your income to a maximum of \$15,000 per month
 - + You must be sick or disabled for 90 days before receiving the benefit



Absence Management

- + Leaves of Absence are administered by The Standard

EMPLOYEE ASSISTANCE PLAN (EAP)



- + Free, confidential & available 24/7
- + Includes up to 3 face-to-face assessments and counseling sessions per issue.
- + The program provides help with:
 - + Depression
 - + Grief, loss & emotional wellbeing
 - + Family, marital or other relationship issues
 - + Life improvement & goal setting
 - + Addictions such as alcohol or drug abuse
 - + Stress or anxiety with work or family
 - + Financial & legal concerns
 - + Online will preparations

Health Advocate

888-293-6948

www.healthadvocate.com/Standard3

- Chat online with a rep or submit an email

TRAVEL ASSISTANCE PROGRAM



Travel more, worry less

- + Available to you & your family members at no cost
- + Travel more than 100 miles from home
- + Business and leisure travel
- + Staff and resources provide 24/7 travel support

Services included, but not limited to:

- + COVID-19 travel updates, monitoring, services & restrictions
- + Medical emergency support
- + Medical emergency evacuation & transportation
- + Destination info – weather, currency, etc.
- + Connection to medical care providers, interpreter services, etc.
- + Logistical arrangements in the event of a natural disaster

Assist America
800-872-1414 within U.S.
1-609-986-1234 outside U.S.
www.standard.com/travel

RFN: 01-AA-STD-5201

Email: medservices@assistamerica.com

Mobile app available



Recommend using the Assist America Mobile App for the best experience

BUSINESS TRAVEL ACCIDENT INSURANCE

Travel for Business by Chubb

- + Employer-paid
- + AD&D benefits for team members during foreign business travel
- + Chubb's out-of-country medical insurance also included
- + Worldwide travel assistance including war risk and political evacuation benefits

Contact Information

- + www.chubb.com/travelhelp/eb
- + Policy Number: 9908-23-25
- + 888.987.5920
- + Group ID: N2CHUEB
- + Activation Code: 20130503



GET PREPARED FOR MEDICARE

MEDICARE EDUCATION SESSIONS

- + Free support
- + Live sessions held once per quarter
- + Recorded webinar on CONNECT
- + Learn about:
 - + The different parts of Medicare
 - + Medicare + HSA's
 - + Medicare Enrollment
 - + Medigap Plans



MYLO

- + Dedicated contact with Mylo to assist with your Medicare Questions!
- + Courtenay Brummer | 913-904-5304 | cbrummer@choosemylo.com

TICKETS AT WORK

- + Movies
- + Hotels
- + Shows & Concerts
- + Phone discounts
- + Theme parks
- + Gift Cards
- + Sporting Events
- + Rental Cars
- + Retail
- + Restaurants
- + Save @ Home Options
 - o Sam's Club membership, meal planning, food & wine, apparel & accessories, beauty, appliances, etc.
- + And more...

Enroll for free today & start saving!

- Go to www.ticketsatwork.com
- Click on **Become a Member**
- Use Company Code: **CONVERGEONEFUN** or your work email to create an account

- Exclusive discounts + special offers
- Access to preferred seating & tickets to top attractions!



TEXT MESSAGES

Never Miss An Important Benefits Message Again!

- + Used for important benefits communications, announcements and reminders
- + All info sent via text message will also be sent via email
- + Opt out of receiving texts at any time

Add Your Cell Phone Number in MyADP

- + Login to [MyADP](#)
- + Click on the drop-down arrow next to your name in the upper right corner
- + Click on **Profile**
- + Under **Personal Info**, click on **View**
- + Under **Contact**, click **Add Mobile Number**
- + **Type of Phone** = **Personal Cell Phone**
- + Enter **mobile number**
- + Click **Save**



COMPLETING ANNUAL ENROLLMENT IN MYADP

Enrollment Checklist	
✓	Login to MyADP https://my.adp.com
✓	Go Benefits > Annual Enrollment
✓	Click on Enroll Now
✓	Verify dependent information is accurate
✓	On the Medical Plan screen, use the Decision Support Tool to help choose your medical plan option by clicking on Help Me Choose or Compare Plans
✓	Continue through the election process
✓	On the Summary page, verify all elections are accurate & dependents are enrolled (if applicable)
✓	Click on Confirm Enrollment
✓	Click on I Agree
✓	Save or Print Confirmation Statement



Enrollment Dates:

- ✓ **November 1 – 12, 2021**
- ✓ **Deadline to enroll | November 12 at 1pm central!**
- ✓ **All fulltime team members MUST complete the Annual Enrollment process**

RESOURCES

Questions + More Information

- **Ask BOLT!** – Access from the CONNECT Annual Enrollment page
- **Showcase**– Visit the vendor pages to be entered into a drawing for some fabulous prizes!

CONNECT

- [Annual Enrollment CONNECT Page](#)
- [Human Resources CONNECT Page](#)

Medical Plan Decision Support Tool

- Embedded in the Annual Enrollment process in MyADP

Lockton BenefitLink App

- Access all vendor contact information
- **User ID:** ConvergeOne **Password:** Employee 1

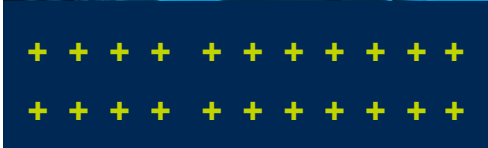
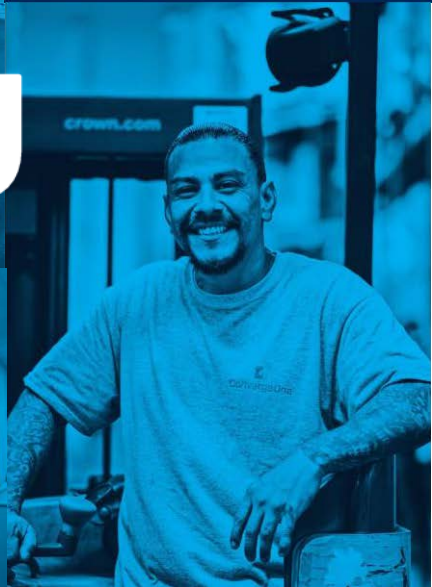
For additional details please refer to the [Benefit Summary Plan Descriptions + Benefits Guide](#)



**NEVER
STOP
REACHING
FOR
BETTER**



THANK YOU





CHARGED
BY GREATNESS

QUESTIONS?