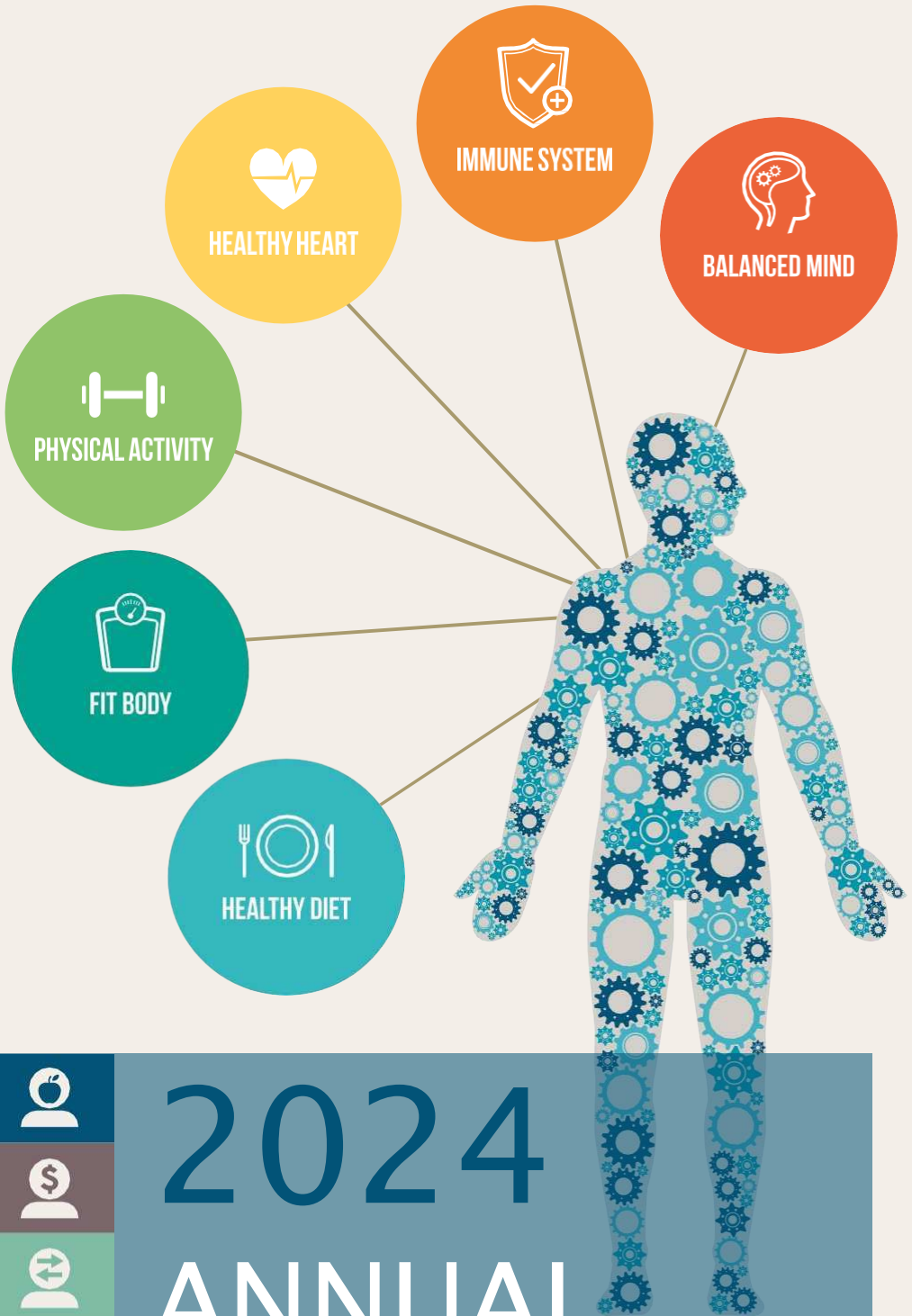


HEALTHY LIFESTYLE

YOURSELF ...AT YOUR BEST!



2024

ANNUAL ENROLLMENT

October 16th – 27th, 2023



POWELL

EMPPOWERED

WHAT'S NEW IN 2024?

Annual Enrollment for the 2024 plan year is here and it's time to review and adjust your benefit elections as needed. If no action is taken during the Annual Enrollment period, your existing elections will carry over into 2024.

This brochure is an overview of the benefits available to you. We encourage you to visit the Former Employees section on Powell's Benefits Web Portal, *Empowered* (www.Powellind.com/Empowered), to learn about your benefit plan options, decide on the levels of coverage that are right for you and your family.

Your Top Four Tasks for Annual Enrollment:

1. Review and make changes to your benefit elections by October 27, 2023.
2. Submit the appropriate dependent verification documents by November 17, 2023 if you are adding a dependent to any of your benefits.

2024 Benefits News

- » There will be an increase to medical premiums for the 2024 plan year.
- » Medical Plan Changes:
 - \$25 copay for outpatient lab and x-ray (PPO).
 - Increase to individual and family annual deductibles (all medical plans).
 - Increase to individual and family out-of-pocket maximums (all medical plans).
- » Pharmacy Plan Changes:
 - Non-preferred brand drugs copay increased from \$70 to \$80.
 - Preferred specialty maximum increased from \$250 to \$300.
 - Non-preferred specialty maximum increased from \$500 to \$600.

Important Reminders

- » If you currently participate in one of the CDHP medical plans with an HRA, you are allowed to roll over unused funds up to the plan limits shown in the HRA section of this brochure. The carryover will not take place until after the 2023 claim filing deadline of March 31, 2024.
- » Healthcare Identification cards:
 - New ID cards will be mailed to all members with the updated plan information for 2024. Members with mobile and/or online access will have access to a digital medical ID card.

 MEDICAL BENEFITS

Medical coverage is provided by BlueCross BlueShield. To see a current list of network providers online, visit www.BCBSTX.com.

		PPO		PREMIER CDHP W/HRA		BASIC CDHP W/HRA	
		IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
ANNUAL DEDUCTIBLE							
	INDIVIDUAL	\$2,000	\$4,000	\$2,500	\$5,000	\$3,500	\$7,000
	FAMILY	\$4,000	\$8,000	\$5,000	\$10,000	\$7,000	\$14,000
ANNUAL OUT-OF-POCKET MAXIMUM (MAXIMUM INCLUDES DEDUCTIBLE)							
	INDIVIDUAL	\$4,000	\$8,000	\$5,000	\$10,000	\$7,000	\$14,000
	FAMILY	\$8,000	\$16,000	\$10,000	\$20,000	\$14,000	\$28,000
COPAYS/COINSURANCE							
	OFFICE VISIT	\$30 PCP \$50 Specialist	50%*	20%*	50%*	40%*	60%*
	MDLIVE TELEMEDICINE	\$25 copay	Not Covered	\$25 copay	Not Covered	\$25 copay	Not Covered
	AIRROSTI MUSCULOSKELETAL REHABILITATION	\$25 copay	Not Covered	\$25 copay	Not Covered	\$25 copay	Not Covered
	PREVENTIVE CARE	Covered at 100% - No Deductible	50%*	Covered at 100% - No Deductible	50%*	Covered at 100% - No Deductible	60%*
	INPATIENT & OUTPATIENT	20%*	50%*	20%*	50%*	40%*	60%*
	URGENT CARE	20%*	50%*	20%*	50%*	40%*	60%*
	EMERGENCY ROOM	20%*		20%*		40%*	
	OUTPATIENT LAB & X-RAY	\$25 copay	50%*	20%*	50%*	40%*	60%*

*All coinsurance amounts listed reflect insured member's portion, after deductible

PRESCRIPTION DRUGS				
	RETAIL (UP TO A 31-DAY SUPPLY)	RETAIL (UP TO A 90-DAY SUPPLY)	MAIL ORDER (UP TO A 90-DAY SUPPLY)	PRIME SPECIALTY PHARMACY* (UP TO A 30-DAY SUPPLY)
PREFERRED GENERIC	\$5	\$15	\$10	N/A
NON-PREFERRED GENERIC	\$20	\$60	\$40	N/A
PREFERRED BRAND NAME	\$40	\$120	\$80	N/A
 NON-PREFERRED BRAND NAME	\$80	\$240	\$160	N/A
 PREFERRED SPECIALTY RX	10% of cost up to \$300 maximum; 2 grace fills only	Not Covered	Not Covered	10% of cost up to \$300 maximum
 NON-PREFERRED SPECIALTY RX	20% of cost up to \$600 maximum; 2 grace fills only	Not Covered	Not Covered	20% of cost up to \$600 maximum

*Check for participating pharmacies online at www.MyPrime.com.

HEALTH REIMBURSEMENT ACCOUNT

A Health Reimbursement Account (HRA) is an employer-funded personal healthcare account you can use to pay for qualified medical expenses. You have access to HRA funds when you participate in one of Powell's Consumer Driven Health Plans, the Premier CDHP or Basic CDHP. Powell funds the HRA, and the funds can be used towards out-of-pocket healthcare expenses. Your HRA funds will be linked to a debit card which will allow you to pay your provider directly. At the end of the plan year, unused HRA funds are rolled over into the following year (after the runout period) and combined with that year's HRA contribution as long as you continue to participate in the CDHP/ HRA. The maximum rollover amount is dependent on the CDHP Plan and coverage tier you're enrolled in.

	PREMIER CDHP			BASIC CDHP		
	POWELL HRA CONTRIBUTION	MAXIMUM ROLLOVER DOLLARS ON 1/1/2024	MAXIMUM ACCOUNT BALANCE*	POWELL HRA CONTRIBUTION	MAXIMUM ROLLOVER DOLLARS ON 1/1/2024	MAXIMUM ACCOUNT BALANCE*
EMPLOYEE (EE) ONLY	\$750	\$750	\$1,500	\$500	\$500	\$1,000
EE + SPOUSE	\$1,000	\$1,000	\$2,000	\$750	\$750	\$1,500
EE + CHILD(REN)	\$1,000	\$1,000	\$2,000	\$750	\$750	\$1,500
EE + FAMILY	\$1,500	\$1,500	\$3,000	\$1,000	\$1,000	\$2,000

*Maximum Account Balance includes unused HRA funds rolled over from prior plan year.

If you also enroll in the Health Flexible Spending Account (HFSA), your HFSA funds will be loaded on the same debit card. HFSA funds are exhausted before HRA funds, which allows you to roll over more of your HRA funds.

CATAPULT HEALTH VIRTUALCHECKUP™

Getting a health checkup has never been easier! Complete 7 easy steps to get your biometric screening and preventive visit all from the comfort of your home at no cost to you.

- ORDER YOUR VirtualCheckup™ KIT** - Visit www.virtualcheckup.com/Powell to order your kit.
- KIT ARRIVES AT YOUR HOME** - Everything you need to collect vital information is included.
- MEASURE YOURSELF** - Check your blood pressure, measure your abdominal circumference, and provide a blood sample.
- MAIL RESULTS TO LAB** - Pack everything up in the postage paid envelope and drop it in the mail.
- SCHEDULE AN APPOINTMENT** - When notified that your lab work is complete, schedule an appointment with a Catapult Nurse Practitioner.
- COMPLETE HEALTH QUESTIONNAIRE** - Answer a few questions about your health history and health behaviors just minutes before connecting with the Catapult Nurse Practitioner.
- REVIEW RESULTS AND DEVELOP AN ACTION PLAN** - Have a private consultation with a Catapult Nurse Practitioner using your device (phone, computer, tablet), in a place that is comfortable for you.

WEX TO TAXSAVER TRANSITION

Beginning in January 1,2024, TaxSaver will take over the administration of Powell's Health Reimbursement Account (HRA).

- » If you enroll in the Basic/Premier CDHP plan during Annual Enrollment, your funds will be available for use on 1/1/2024. You will also be able to set up an online account with TaxSaver on 1/1/2024.

You will need to register for two accounts - Reimbursement Account Participant and COBRA/Direct Bill Participant if you are enrolled in the Basic/Premier CDHP. If you enroll in the PPO plan, you will only need to register under COBRA/Direct Bill. You will receive a registration code from TaxSaver in November for COBRA/Direct Bill registrations.

You can register for your HRA account by going to www.taxsaverplan.com. Click Login/ Register> Reimbursement Account Participant > then complete the fields to sign up. Information on the mobile app is included on the registration page.

- » If you enroll in the Basic/Premier CDHP plan during Annual Enrollment, you will receive a Mastercard debit card by 1/1/2024. Card activation instructions will be included.
- » If you enrolled in the Basic/Premier CDHP plan during 2023, any applicable carryover funds will be added to your account, up to the plan maximum, after 3/31/2024 if you enrolled for 2024.
- » Your Wex debit card will be deactivated on 1/1/2024.
- » Claim substantiation for 2022 and 2023 claims will continue to be administered with Wex.
- » All 2023 claims must be filed with Wex by 3/31/2024.

Additional information regarding the transition to TaxSaver and enrollment instructions for TaxSaver's web portal and mobile app can be found on Empowered at www.Powellind.com/Empowered.

MDLIVE BEHAVIORAL HEALTH

If you participate in one of Powell's medical plans, Powell provides a telemedicine benefit through MDLIVE Telemedicine that includes behavioral healthcare visits for you and your covered dependents.

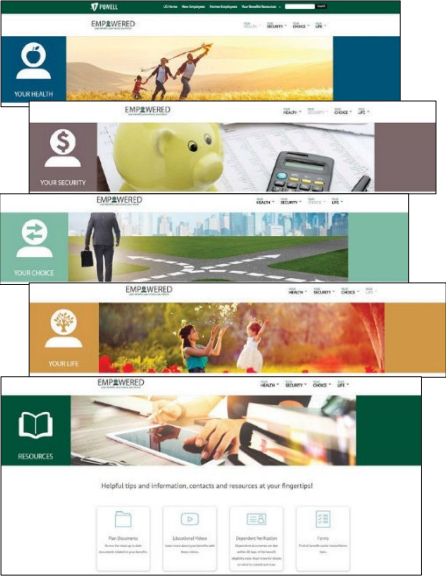
Virtual Visits connect you with an independently contracted, board-certified doctor or therapist by secure online video. There's no travel and no waiting room — just a convenient, affordable and confidential consultation in the comfort of your own home, office or on-the-go. Virtual visits are \$25. Visit MDLIVE.com/bcbstx for more information.

Virtual Visits can help you with:

- » Depression
- » Eating disorders
- » Grief and loss
- » Men's issues
- » Panic disorders
- » Parenting issues
- » Relationship and marriage issues
- » Stress
- » Substance use disorders
- » Trauma and PTSD
- » Women's issues
- » And more

HELPFUL BENEFIT RESOURCES & TOOLS

We encourage you to visit our Benefits Web Portal, *Empowered* at www.Powellind.com/Empowered.



With *Empowered* you can access detailed information on all of your Powell Benefits, FAQs, plan documents, educational videos and more!

BENEFIT CONTACTS

POWELL BENEFIT CENTER

www.Powellind.com/

[Empowered](#)

powellbenefits@powellind.com

855-855-7610

713-947-4427 (Fax)

401(K)

Fidelity Investments

Group #: 09346

www.401k.com

800-835-509

MEDICAL PLANS

Blue Cross and Blue Shield

Group #: 079163

www.bcbstx.com

800-521-2227

PRESCRIPTION DRUG

Retail Program — Prime

Therapeutics through Blue Cross
and Blue Shield

www.bcbstx.com

800-521-2227

MAIL ORDER PROGRAM

Express Scripts Pharmacy

www.esrx.com/BCBSTX

833-715-0942

SPECIALTY PHARMACY PROGRAM

Accredo

www.accredo.com/BCBSTX

833-721-1619

HEALTH REIMBURSEMENT ACCOUNTS (HRA)

TaxSaver Plan

www.taxesaverplan.com

800-328-4337(HRA)

888-602-6272(COBRA/Direct Bill)

MDLIVE TELEMEDICINE

Group #: 079163

www.mdlive.com

888-680-8646

MUSCULOSKELETAL REHABILITATION

Airrosti

Group #: 079163

www.airrosti.com

800-404-6050

The information summarized in this brochure should in no way be construed as a promise or guarantee of employment or benefits. The Company reserves the right to modify, amend, suspend, or terminate any plan at any time for any reason. If there is a conflict between the information in this brochure and the actual plan documents or policies, the documents or policies will always govern. Complete details about the benefits can be obtained by reviewing current summary plan descriptions, certificates, policies and plan documents, which are available at www.Powellind.com/Empowered or the Powell Benefits Department. This Benefits Brochure is intended to fully comply with requirements under the Employee Retirement Income Security Act (ERISA) as a Summary of Material Modifications and should be kept with your most recent Summary Plan Description.