HEALTHY LIFESTYLE

YOURSELF ...AT YOUR BEST!

IMMUNE SYSTEM

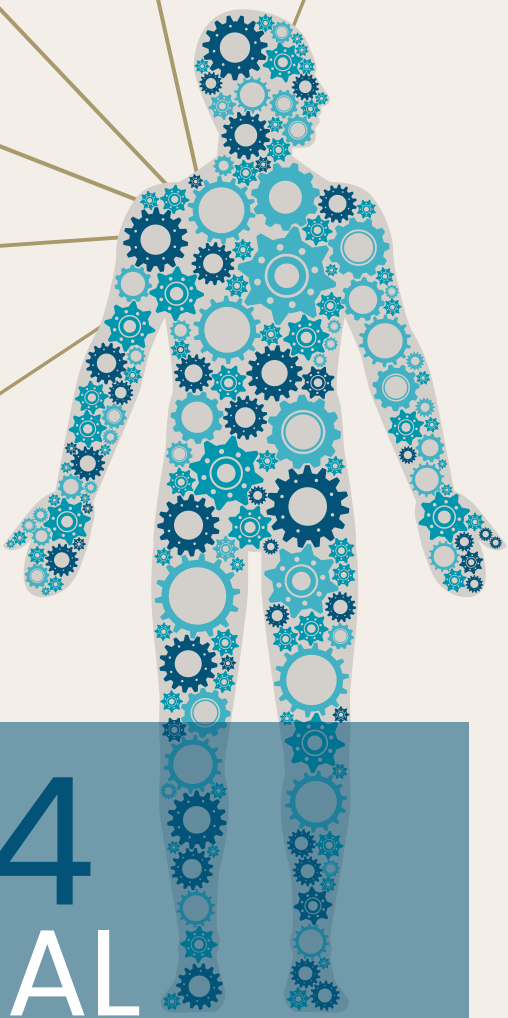
HEALTHY HEART

BALANCED MIND

PHYSICAL ACTIVITY

FIT BODY

HEALTHY DIET



2024 ANNUAL ENROLLMENT

October 16th - 27th, 2023

POWELL

EMPOWERED

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. The only exception is the Flexible Spending Accounts (FSAs), which require you to re-enroll each year.

This brochure is an overview of the benefits available to you. We encourage you to visit 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, and compare costs before you enroll.

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.
3. Review and update your beneficiaries.
4. Text BENEFITS to 833-234-9576 to receive Annual Enrollment and Benefits reminders and notifications.

2024 Benefits News

- Effective 1/1/2024, Powell will increase the 401(k) Plan Employer Match to 50% of the first 7% of compensation contributed by employees.
- There will be no increase to medical, dental, and vision premiums for the 2024 plan year. There will be a slight decrease to Pre-Paid legal premiums.
- Medical Plan Changes:
  - $25 copay for 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.
- Administration of the Healthcare Flexible Spending Account, Dependent Care Flexible Spending Account, and Health Reimbursement Account is moving to TaxSaver Plan for 2024.
- The Healthcare Flexible Spending Account (HFSA) contribution limit will increase to $3,000 for 2024; the carryover amount for 2024 unused HFSA funds will increase to $610.

Important Reminders

- If you are currently enrolled in the Healthcare FSA, unused dollars of $570 or less will be carried over into 2024 and added to your 2024 Healthcare FSA election. You must re-enroll in the Healthcare FSA for 2024 to have access to those funds. The carryover will not take place until after the 2023 claim filing deadline of March 31, 2024.
- 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.
- 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.
  - Cigna Dental and VSP (vision) do not provide ID cards.

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	
PRE-TAX PAYROLL DEDUCTIONS						
	WEEKLY	**SEMI-MONTHLY**	**WEEKLY**	**SEMI-MONTHLY**	**WEEKLY**	**SEMI-MONTHLY**
EMPLOYEE (EE) ONLY	$69.23	$150.00	$43.15	$93.50	$26.54	$57.50
EE + SPOUSE	$125.77	$272.50	$81.00	$175.50	$59.54	$129.00
EE + CHILD(REN)	$107.77	$233.50	$72.23	$156.50	$50.54	$109.50
FAMILY	$158.77	$344.00	$106.15	$230.00	$77.54	$168.00
	IN-NETWORK	**OUT-OF-NETWORK**	**IN-NETWORK**	**OUT-OF-NETWORK**	**IN-NETWORK**	**OUT-OF-NETWORK**
ANNUAL DEDUCTIBLE						
NEW! 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)						
NEW! 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%*	
NEW! 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
NEW! NON-PREFERRED BRAND NAME	$80	$240	$160	N/A
NEW! 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
NEW! 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.

DENTAL BENEFITS

Powell offers an affordable dental plan for routine care and beyond. Coverage is available through Cigna Dental.

	WEEKLY	SEMI-MONTHLY
PRE-TAX PAYROLL DEDUCTIONS		
EMPLOYEE (EE) ONLY	$1.50	$3.25
EE + SPOUSE	$4.50	$9.75
EE + CHILD(REN)	$4.50	$9.75
FAMILY	$6.00	$13.00
ANNUAL DEDUCTIBLE		
INDIVIDUAL	$50	
FAMILY	Up to $150	
ANNUAL MAXIMUM		
PER PERSON	Up to $2,000	
COVERED SERVICES		
PREVENTIVE SERVICES (cleanings, exams, x-rays)	100%; deductible waived	
BASIC SERVICES (fillings, basic root canal therapy)	20% after deductible	
MAJOR SERVICES (extractions, crowns, inlays, onlays, bridges)	50% after deductible	
ORTHODONTICS (Adult & Children; pre-authorization required)	50% after separate $50 Orthodontia deductible	
ORTHODONTIC LIFETIME MAXIMUM	The Plan pays up to $1,500 per person	

VISION BENEFITS

Powell offers a comprehensive vision benefit through Vision Service Plan (VSP).

	WEEKLY	SEMI-MONTHLY
PRE-TAX PAYROLL DEDUCTIONS		
EMPLOYEE (EE) ONLY	$1.62	$3.50
EE + SPOUSE	$3.23	$7.00
EE + CHILD(REN)	$3.23	$7.00
FAMILY	$4.85	$10.50

	IN-NETWORK	OUT-OF-NETWORK	FREQUENCY
EXAMS			
COPAY	$25	$25	Once every plan year
LENSES			
SINGLE VISION	Covered 100% after applicable copay(s)	Covered up to $45*	Once every plan year
BIFOCAL		Covered up to $65*	
TRIFOCAL		Covered up to $85*	
LENTICULAR		Covered up to $125*	
CONTACTS (IN LIEU OF LENSES AND FRAMES)			
ELECTIVE	100% up to $180	Covered up to $105*	Once every plan year
MEDICALLY NECESSARY	Covered 100%*	Covered up to $210*	
FRAMES			
ALLOWANCE	Up to $180	Covered up to $70*	Once every plan year
REPAIR OR REPLACE** (FRAMES AND/OR LENSES)	$0	Not covered	Once every plan year

*Included in the $25 Copay.
** Replaces lenses and frames if damaged or broken. Restrictions apply. Contact VSP for details.

FLEXIBLE SPENDING ACCOUNTS

A Flexible Spending Account (FSA) is a tax-free account you put money into to pay for certain out-of-pocket expenses for you and your tax dependent(s).

Healthcare Flexible Spending Account

A Healthcare Flexible Spending Account (HFSA) allows you to set aside pre-tax dollars from your paycheck to pay for eligible healthcare expenses not covered by insurance. Participants can use this money to pay for deductibles, copays, prescriptions and other eligible expenses as determined by the IRS. You can contribute $100 to $3,000 annually. You may carry over up to $610 of unused 2024 funds into the 2025 plan year as long as you re-enroll in 2025.

Dependent Care Flexible Spending Account

A Dependent Care Flexible Spending Account (DFSA) allows you to set aside $100 to $5,000 pre-tax dollars from your paycheck to pay for eligible dependent care expenses, such as day care costs. Examples of eligible dependents include: a tax dependent under the age of 13 or a tax dependent that is physically or mentally incapable of self-care. To qualify, you and your spouse must be employed, looking for work, or a full-time student.

Under the HFSA and DFSA, supporting documentation for eligible healthcare and dependent care expenses incurred from January 1, 2024 through December 31, 2024 must be submitted no later than March 31, 2025. Unused dollars will be forfeited after this date.

LIFE & AD&D INSURANCE

Basic Employee Life and Accidental Death and Dismemberment (AD&D) Insurance

Powell provides you with Basic Life & AD&D Insurance in the amount of $50,000 through Sun Life. Life insurance pays a survivor benefit to your designated beneficiaries upon your death resulting from an illness or accident. Be sure to designate or update your beneficiaries in Employee Benefits Self-Service.

Optional Life and AD&D Insurance

You also have the ability to purchase Optional Life and AD&D insurance for you and your dependents. You must enroll yourself in order to cover your dependents. Evidence of Insurability (EOI) is required for new enrollment or policy increases.

	OPTIONAL LIFE AND AD&D INSURANCE		
	EMPLOYEE	SPOUSE	CHILD(REN)
LIFE COVERAGE AMOUNT	Available in $10,000 increments	Available in $5,000 increments	$5,000 or $10,000
LIFE MAXIMUM BENEFIT	Lesser of 7x earnings or $800,000	$250,000 – Not to exceed 100% of employee amount	$10,000
AD&D COVERAGE AMOUNT	Available in $25,000 increments	Available in $5,000 increments	$5,000 or $10,000
AD&D MAXIMUM BENEFIT	Lesser of 7x earnings or $800,000	$250,000 – Not to exceed 100% of employee amount	$10,000

During Annual Enrollment, you can get an additional $10,000 in optional life insurance coverage for you without providing Evidence of Insurability if your current coverage is less than $300,000. If your current spouse life coverage is less than $20,000, you can get an additional $5,000 in coverage. You cannot increase coverage if you have been turned down before.

SHORT- & LONG-TERM DISABILITY

Powell provides Short-Term and Long-Term Disability coverage at no cost to you through Sun Life. This coverage protects you financially in the event you cannot work because of an illness or injury. Pre-existing conditions limitations may apply. **Disability premiums will be deducted from pay on an after-tax basis, thus allowing you to receive disability income tax-free. Premium is reimbursed by Powell through each paycheck.**

Basic Short-Term Disability (STD) Insurance

Short-Term Disability replaces 60% of your weekly base salary for up to 12 weeks. It begins after seven continuous days of disability due to illness or injury that is not work related. New enrollment in the Short-Term Disability plan will follow pre-existing rules.

Basic Long-Term Disability (LTD) Insurance

Long-Term Disability replaces 60% of your base monthly earnings (up to $10,000) and begins after 90 days of continuous disability due to illness or injury. New enrollment in the Long-Term Disability plan will follow pre-existing rules.

WEX TO TAXSAVER TRANSITION

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

- If you enroll in a flexible spending account or 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 can register for an 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 a flexible spending account or 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 a flexible spending account or 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. The carryover amount for 2023 is $570.
- 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

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.

1. **ORDER YOUR VirtualCheckup™ KIT** - Visit www.virtualcheckup.com/Powell to order your kit.
2. **KIT ARRIVES AT YOUR HOME** - Everything you need to collect vital information is included.
3. **MEASURE YOURSELF** - Check your blood pressure, measure your abdominal circumference, and provide a blood sample.
4. **MAIL RESULTS TO LAB** - Pack everything up in the postage paid envelope and drop it in the mail.
5. **SCHEDULE AN APPOINTMENT** - When notified that your lab work is complete, schedule an appointment with a Catapult Nurse Practitioner.
6. **COMPLETE HEALTH QUESTIONNAIRE** - Answer a few questions about your health history and health behaviors just minutes before connecting with the Catapult Nurse Practitioner.
7. **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.

SUPPLEMENTAL HEALTH BENEFITS

Accident Insurance

Accidents happen. You can't always prevent them, but you can take steps to reduce the financial impact. Accident coverage, available through Voya, provides benefits for you and your covered family members if you have expenses related to an accident that occurs outside of work. Health insurance helps with medical expenses, but this coverage is an additional layer of protection that can help you pay deductibles, copays, and even typical day-to-day expenses such as a mortgage or car payment. Benefits under this plan are payable to you, to use as you wish.

Critical Illness Insurance

Critical Illness coverage through Voya pays a lump-sum benefit if you are diagnosed with a covered disease or condition. You can use this money however you like; for example: to help pay for expenses not covered by your medical plan, lost wages, childcare, travel, home health care costs, or any of your regular household expenses.

- Guaranteed Issue Coverage (no medical questions)
  - Employee: $15,000 or $30,000
  - Spouse: 100% of employee benefit
  - Child(ren): 50% of employee benefit
- Children are covered at NO COST when you elect employee coverage
- Benefits are payable based on the date of the covered event occurring or the date of diagnosis.; Illnesses or occurrences prior to the effective date of coverage will not be payable events.
- $50 annual Wellness Benefit is payable for completing certain wellness screenings such as a pap test, cholesterol test, mammogram, colonoscopy, or stress test (once per year per covered person).

Please note that both supplemental health benefits are limited benefit policies. Both policies should not be considered as health insurance, and they don't satisfy the requirement of minimum essential coverage under the Affordable Care Act.