



2026 BENEFITS GUIDE





Powell's Employee Benefits program is comprehensive and among the most competitive programs available. The program is designed this way to attract and retain a highly qualified and diverse workforce. As a result, you have many choices and options that enable you to design a benefits program that is right for you.

- » Medical/Prescription Drugs
- » Health Reimbursement Arrangement (HRA)
- » Dental
- » Vision
- » Supplemental Health Benefits
- » Flexible Spending Accounts (FSA)
- » Life & Disability
- » Work-Life Benefits
- » 401(k) Plan

As healthcare costs continue to rise due to inflation and the effects of healthcare legislation, it is more important than ever for us to take charge of our health. Lifestyle choices, as well as becoming more involved in our healthcare decisions as consumers, can have a big impact on costs and, more importantly, on our health.

You have the ability to reduce your out-of-pocket medical costs by electing to participate in one of the Consumer-Driven Healthcare Plans (CDHPs). The CDHPs offer a Health Reimbursement Arrangement (HRA) funded by Powell that can be used toward your out-of-pocket costs, including deductibles. Consumer-Driven Health Plans are designed to allow for the most flexibility in how your healthcare dollars are spent while also promoting healthcare consumerism.

Powell takes its commitment to your health and wellbeing seriously and is dedicated to providing you with a benefits program that gives you choice, flexibility and financial protection.

Please read the detailed information in this benefits guide carefully so you can choose the options and coverage levels that best suit the needs of you and your family.

For your convenience, you can access the same benefits information online at Powell's *Empowered* Benefits Web Portal at www.Powellind.com/Empowered. It includes helpful information such as FAQs, plan documents, educational videos and more!

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In this Guide, we use the term company to refer to Powell Industries, Inc. This Guide is intended to describe the eligibility requirements, enrollment procedures and coverage effective dates for the benefits offered by the company. It is not a legal plan document and does not imply a guarantee of employment or a continuation of benefits. While this Guide is a tool to answer most of your questions, full details of the plans are contained in the Summary Plan Descriptions (SPDs), which govern each plan's operation. Whenever an interpretation of a plan benefit is necessary, the actual plan documents will be used.

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ELIGIBILITY & ENROLLMENT



Powell shares your interest in the wellbeing of you and your family and strives to provide a variety of benefit options so you can construct a benefits package that will fit your lifestyle. Choose options that cover what's important to you and your family's needs.

Eligibility

In order to be eligible for health benefits, you must be a regular employee scheduled to work 20 or more hours per week. Employees are eligible for all benefits on their date of hire. Enrollment information regarding the 401(k) Plan can be found in the Retirement Planning section of this guide.

When Does Coverage Begin?

As a new employee, you have 30 days from your date of hire to enroll and coverage is retroactive to your hire date. If you don't enroll within your initial enrollment window, you will be required to wait until the next Annual Enrollment period unless you experience a qualifying change in status. A qualifying change in status includes the following:

- » Birth of a child, fostering a child, adoption of a child, legal guardianship
- » Marriage or declaration of informal marriage (only permitted in states where common law marriage is recognized)
- » Divorce, legal separation
- » Gain or loss of coverage under another plan
- » Dependent age out at age 26
- » Death of spouse or dependent

You have 30 days from the date of a qualifying change in status to make appropriate changes and submit supporting documentation to the Powell Benefits Center. You will not be able to make changes to your elections after the 30-day eligibility window is closed. If you experience a qualifying status change, you may refer to the Life Events section of this guide.

Eligible Dependents

You also have the ability to add dependents to some of your plans as long as they meet the following criteria:

- » Your legal spouse with a valid SSN
- » Your dependent child(ren) under the age of 26 with a valid SSN

During the enrollment process, you will be asked to provide verification of dependent status to the Powell Benefits Center before your enrollment window closes. A list of acceptable dependent verification documents is shown on the enrollment system submission screen, or you can obtain the list from your Division HR Dept. or go to the Your Benefits Resources section on Powell's *Empowered* Benefits portal at www.Powellind.com. Please note that until your dependent verification documentation is approved, your dependent enrollment will show as suspended. Once approved, your dependents will be enrolled and your coverage tier will change to the appropriate coverage tier.



Thoughts & Tips: You CANNOT change your benefit selections during the plan year unless you have a qualifying change in status, such as marriage and/or the birth or adoption of a child.



WHAT IS A QUALIFYING CHANGE IN STATUS?



Most people know you can change your benefits when you start a new job or during Annual Enrollment. But did you know that changes in your life may permit you to update your coverage at other points in the year? Qualifying changes in status are determined by the IRS and could allow you to enroll in health insurance or change your elections outside of annual enrollment.

You have 30 days from the date of a qualifying change in status to make appropriate changes and submit supporting documentation to the Powell Benefits Center. A list of acceptable documents can be found on Powell's *Empowered* Benefits Web Portal (www.Powellind.com/Empowered) under *Your Benefit Resources*. You will not be able to make changes to your elections after the 30-day eligibility window is closed. If you experience a qualifying status change, refer to the Life Events Section on page 35 or contact your Division HR Department or the Powell Benefits Center.

Common qualifying changes in status include:

A change in your legal marital status (marriage, declaration of informal marriage (only permitted in states where common law marriage is recognized), divorce or legal separation)

A change in the number of your dependents (for example, through birth or adoption)



A change in your employment status resulting in a gain or loss of eligibility

A change in your spouse's employment status, resulting in a gain or loss of coverage



Entitlement to Medicare or Medicaid



Some lesser-known qualifying status changes are:



Turning 26 and losing coverage through a parent's plan



Death in the family (leading to change in dependents or loss of coverage)



Changes that make you no longer eligible for Medicaid or the Children's Health Insurance Program (CHIP)

Questions regarding specific status changes and your ability to make new benefit elections should be directed to the Powell Benefits Center. Don't miss out on a chance to update your benefits!

PREPARING FOR NEW HIRE ENROLLMENT

Enrollments can only be completed online through Powell's Employee Benefits Self Service. The system will guide you through all of the benefits offered to you, including the benefits provided by Powell at no cost to you. Be sure to go through all of the steps to see the cost of each benefit and the total payroll deductions from each paycheck for all elected benefits. Once you approve and submit your elections, you will have an opportunity to print a confirmation statement of your enrollment elections.

You have multiple ways to access the online enrollment system. You can log in from your home computer, office computer or a Powell computer located in your Division HR Department. User Name and Password instructions are as follows:

- » If you log in using a Powell HR computer, follow the Powell Benefits link.
- » If you log in from a Powell office computer, navigate to Intersect and click on **MyLinks** and select **Oracle Cloud (works best in Microsoft Edge)**.

If you log in using your home computer, enter www.PowellBenefits.com in your internet browser (works better in Chrome), which will take you to the Oracle Cloud login screen.

Login credentials

If you have a Powell email:

- » Click Company Single Sign-On while on a Powell computer.
- » Use your Powell Windows login credentials if you're on a home computer.

If you do not have a Powell email:

- » Enter your User ID: Powell/Employee ID # (e.g., 11111)
- » Enter your Password: Use the password that you created when you received your Welcome/ Onboarding email.

For complete details about Powell's benefit plans including current summary plan descriptions, certificates of coverage, policies and plan documents go to www.Powellind.com/Empowered, which is also accessible through the Benefits Page link under Resources on Intersect, or contact the Powell Benefits Center at 855-855-7610.

Enrollment To-Do



Review available plan designs, i.e., HRA contribution, deductibles, coinsurance and out-of-pocket maximums.

Consider including your dependents, such as your spouse, in the decision making process.



Consider enrolling in a Flexible Spending Account (FSA).

These accounts can help cover healthcare and/or dependent care costs, while saving you money on taxes. Adding one of these accounts to your benefits can help reduce your taxable income.



Log on to start your New Hire Enrollment.



Update your personal information and dependent information.

If you are adding dependents to Powell's medical, dental and/or vision plans, you will need to provide their name, relationship type, gender, date of birth and Social Security number.



Designate primary and contingent beneficiaries to life insurance policies.



Make your benefit elections by the 30-day deadline.

If adding dependents to medical, dental, vision, and supplemental health benefits, dependent verification is required. Dependents will show in suspended status until supporting documents are submitted to the Powell Benefits Center by the deadline.

Medical ID cards should be received within 14 days of dependent verification approval. No ID cards will be issued for Dental and Vision. Dental and Vision benefits can be verified using the employee's SSN.



Medical benefits are provided through BlueCross BlueShield. Choose the plan that works best for you and your family. Consider the premiums and out-of-pocket costs for each plan. Keep in mind your choice is effective for the entire 2026 plan year, unless you have a qualifying change in status.

Medical plans provide coverage for small things like doctor visits, while also offering you protection for serious health issues. You have the option of three Medical plans, all through BlueCross Blue Shield — the PPO plan, the Premier CDHP or the Basic CDHP. All plans offer the same nationwide network of doctors and hospitals, giving you the flexibility to choose any provider, in- or out-of-network. If you choose an in-network provider, your benefits will be greater, and you will generally pay less out-of-pocket than if you choose an out-of-network provider. Each plan has different premiums, deductibles and coinsurance, but all plans have same benefit for Prescription Drugs, MDLIVE Telemedicine and Airrosti Musculoskeletal Rehabilitation.

About the Plans

Preferred Provider Organization (PPO) Plan

The Preferred Provider Organization (PPO) plan includes a full spectrum of covered services and direct access to specialists. The PPO plan is a traditional health plan with copayments, coinsurance and deductibles.

Consumer-Driven Health Plans (CDHPs)

A Consumer-Driven Health Plan (CDHP) is a health plan that gives you the freedom to decide how your healthcare dollars are spent. Powell offers two Consumer-Driven Health Plans, the Premier CDHP and the Basic CDHP. Like the PPO plan, you have access to the BlueCross BlueShield network of doctors and hospitals, which gives you the flexibility to see the doctor of your choice. While you can choose to use in-network or out-of-network providers, generally you will save money when you use in-network providers. Both Consumer-Driven Health Plans include a Health Reimbursement Arrangement (HRA) account to which Powell contributes.

Health Reimbursement Arrangement (HRA)

You have access to a HRA 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. Please see the Health Reimbursement Arrangement section of this guide for more details.



Medical Premiums

Medical premium contributions are deducted from your paycheck on a pre-tax basis based on your weekly or semi-monthly payroll schedule.

| | | PPO | PREMIER CDHP W/HRA | | BASIC CDHP W/HRA | |
|----------------------------|----------|--------------|--------------------|--------------|------------------|--------------|
| PRE-TAX PAYROLL DEDUCTIONS | | | | | | |
| | WEEKLY | SEMI-MONTHLY | WEEKLY | SEMI-MONTHLY | WEEKLY | SEMI-MONTHLY |
| EMPLOYEE ONLY | \$69.23 | \$150.00 | \$43.15 | \$93.50 | \$26.54 | \$57.50 |
| EMPLOYEE + SPOUSE | \$125.77 | \$272.50 | \$81.00 | \$175.50 | \$59.54 | \$129.00 |
| EMPLOYEE + CHILD(REN) | \$107.77 | \$233.50 | \$72.23 | \$156.50 | \$50.54 | \$109.50 |
| EMPLOYEE + FAMILY | \$158.77 | \$344.00 | \$106.15 | \$230.00 | \$77.54 | \$168.00 |

Medical Plan Summary

This chart summarizes medical coverage by plan administered through the BlueCross BlueShield network. All covered services are subject to medical necessity as determined by the plan.

| | 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 (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 W/ BEHAVIORAL HEALTH | \$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

**At least two covered members must meet their individual annual deductible/out-of-pocket maximum before the family deductible/out-of-pocket maximum is met.



NOTE: Want more information on Powell's Medical Plans? Check out the Powell Benefits portal at www.PowellInd.com/Empowered and watch the educational video "Understanding Powell's Medical Plans," to learn about the differences between the traditional PPO plan and CDHPs.



Prescription Drug Coverage for Medical Plans

The Prescription Drug Program is coordinated through BlueCross BlueShield. You can find information on your benefits coverage and search for network pharmacies by logging on to www.MyPrime.com or by calling the Customer Care number on your ID Card.

| | RETAIL (UP TO A 31-DAY SUPPLY) | RETAIL (UP TO A 90-DAY SUPPLY) | EXPRESS SCRIPTS MAIL ORDER (UP TO A 90-DAY SUPPLY) | ACCREDITED 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 |

Note: Check for participating pharmacies online at www.MyPrime.com.

**Preferred/Non-Preferred Specialty Drugs are used in the treatment of certain medical conditions such as hepatitis, hemophilia, multiple sclerosis and rheumatoid arthritis. Specialty drugs may be oral, topical or injectable medications that can either be self administered or administered by a healthcare professional. Specialty drugs can be dispensed at the retail pharmacy for two grace fills. Thereafter, they must be dispensed through Prime Therapeutics Specialty Pharmacy via mail order for up to a 30-day supply.

Generic Drugs

Looking to save money on medication costs? You've most likely heard that generic prescription drugs are a more affordable option, so here's the skinny: Generic drugs are versions of brand-name drugs with the exact same dosage, intended use, effects, route of administration, risks, safety and strength. Because they are the same medicine, generic drugs are just as effective as brand-name drugs and undergo the same rigid FDA standards. But on average, **a generic version costs 80% to 85% less than the brand-name equivalent.** To find out if there is a generic equivalent for your brand-name drug, visit www.fda.gov.



NOTE: CVS pharmacies, including the CVS pharmacies in Target stores, and some independent pharmacies are not participating pharmacies in the BCBSTX/Prime Therapeutics pharmacy network. However, you will have access to many major pharmacy chains such as Walgreens, Walmart, HEB, Kroger and many more. To find a full list of in network pharmacies, log on to www.MyPrime.com and click on "Find a Pharmacy."



HEALTH REIMBURSEMENT ARRANGEMENT



When you elect coverage under the Premier or Basic CDHP plan, Powell will automatically establish a Health Reimbursement Account (HRA) in your name and contribute to that account.

The annual amounts of the HRA employer contribution and maximum account limits depend on the plan and tier selected, which are listed below.

2026 HRA EMPLOYER CONTRIBUTIONS & HRA MAXIMUMS

| | PREMIER CDHP | | | BASIC CDHP | | |
|-----------------------|-------------------------|--------------------------------------|--------------------------|-------------------------|--------------------------------------|--------------------------|
| | POWELL HRA CONTRIBUTION | MAXIMUM ROLLOVER DOLLARS ON 1/1/2026 | MAXIMUM ACCOUNT BALANCE* | POWELL HRA CONTRIBUTION | MAXIMUM ROLLOVER DOLLARS ON 1/1/2026 | MAXIMUM ACCOUNT BALANCE* |
| EMPLOYEE ONLY | \$750 | \$750 | \$1,500 | \$500 | \$500 | \$1,000 |
| EMPLOYEE + SPOUSE | \$1,000 | \$1,000 | \$2,000 | \$750 | \$750 | \$1,500 |
| EMPLOYEE + CHILD(REN) | \$1,000 | \$1,000 | \$2,000 | \$750 | \$750 | \$1,500 |
| EMPLOYEE + 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.

The contribution amount is prorated by month depending on effective date of coverage as follows:

PRO-RATED HRA MONTHLY CONTRIBUTION AMOUNTS

| | JANUARY | | FEBRUARY | | MARCH | | APRIL | |
|-----------------------|------------|------------|------------|----------|------------|----------|------------|----------|
| | PREMIER | BASIC | PREMIER | BASIC | PREMIER | BASIC | PREMIER | BASIC |
| EMPLOYEE ONLY | \$750.00 | \$500.00 | \$687.50 | \$458.33 | \$625.00 | \$416.67 | \$562.50 | \$375.00 |
| EMPLOYEE + SPOUSE | \$1,000.00 | \$750.00 | \$916.67 | \$687.50 | \$833.34 | \$625.00 | \$750.00 | \$562.50 |
| EMPLOYEE + CHILD(REN) | \$1,000.00 | \$750.00 | \$916.67 | \$687.50 | \$833.34 | \$625.00 | \$750.00 | \$562.50 |
| EMPLOYEE + FAMILY | \$1,500.00 | \$1,000.00 | \$1,375.00 | \$916.67 | \$1,250.00 | \$833.34 | \$1,125.00 | \$750.00 |
| | MAY | | JUNE | | JULY | | AUGUST | |
| | PREMIER | BASIC | PREMIER | BASIC | PREMIER | BASIC | PREMIER | BASIC |
| EMPLOYEE ONLY | \$500.00 | \$333.32 | \$437.50 | \$291.65 | \$375.00 | \$250.00 | \$312.50 | \$208.33 |
| EMPLOYEE + SPOUSE | \$666.67 | \$500.00 | \$583.34 | \$437.50 | \$500.00 | \$375.00 | \$416.67 | \$312.50 |
| EMPLOYEE + CHILD(REN) | \$666.67 | \$500.00 | \$583.34 | \$437.50 | \$500.00 | \$375.00 | \$416.67 | \$312.50 |
| EMPLOYEE + FAMILY | \$1,000.00 | \$666.67 | \$875.00 | \$583.33 | \$750.00 | \$500.02 | \$625.00 | \$416.67 |
| | SEPTEMBER | | OCTOBER | | NOVEMBER | | DECEMBER | |
| | PREMIER | BASIC | PREMIER | BASIC | PREMIER | BASIC | PREMIER | BASIC |
| EMPLOYEE ONLY | \$250.00 | \$166.67 | \$187.50 | \$125.00 | \$125.00 | \$83.30 | \$62.50 | \$41.67 |
| EMPLOYEE + SPOUSE | \$333.34 | \$250.00 | \$250.00 | \$187.50 | \$166.67 | \$125.00 | \$83.33 | \$62.50 |
| EMPLOYEE + CHILD(REN) | \$333.34 | \$250.00 | \$250.00 | \$187.50 | \$166.67 | \$125.00 | \$83.33 | \$62.50 |
| EMPLOYEE + FAMILY | \$500.00 | \$333.33 | \$375.00 | \$250.00 | \$250.00 | \$166.70 | \$125.00 | \$83.33 |

HRA Frequently Asked Questions

How do Consumer-Driven Health Plans and HRAs work together?

The Consumer-Driven Health Plans require participants meet a deductible before expenses are paid from the plan. You can use your HRA funds for medical expenses to help meet your deductible. You can also use HRA funds to pay prescription drug copays which do not apply toward your deductible, but do apply toward your out-of-pocket maximum.

When does Powell fund my HRA account?

Powell will fund your HRA account upon your enrollment.

- » **New Hires** – Funding will be on a pro-rated basis, please refer to Pro-rated HRA Monthly Contribution Amount schedule on page 10.
- » **Current and Newly Enrolled Employees on January 1, 2026** – Full-funding will be available on January 1, 2026. Please refer to the Contribution Amount schedule on page 10.

Can I contribute to my HRA?

No, the HRA can only be funded by Powell per IRS regulations; however, you can contribute to a Health FSA to help assist with out-of-pocket expenses.

What is the maximum amount I can have in my HRA account?

Unused dollars may roll over from year to year and are combined with your current year contribution up to the maximum of two times (2x) the Powell HRA contribution based on the plan and coverage tier elected. Please see the HRA Contribution & Maximum Limit Table on page 10. For example, if you and your family are enrolled in Powell's Premier CDHP, the maximum you can have in your HRA account is \$3,000.

Any unused HRA dollars over the maximum limit will be forfeited back to the Powell plan at the end of the year, December 31st.

What eligible expenses can be paid from my HRA account?

Eligible expenses including deductibles, coinsurance and copays can be paid from your HRA account.

What happens if I no longer have available funds in my HRA account?

Once you have depleted your available HRA funds, you will be responsible for paying any remaining deductible and/or coinsurance for eligible expenses out of your own pocket for the remainder of the plan year or until you reach your out-of-pocket maximum. Once you reach your out-of-pocket maximum, the plan will pay 100% of eligible expenses.

Can I use the money in my HRA to pay for my family's medical expenses?

Yes. The money in your HRA can be used to pay for the eligible medical expenses of any family member who is covered as a dependent under your Powell medical plan.

When does the HRA begin to pay for my expenses?

Your HRA funds are available to you immediately upon the effective date of coverage.

Can I have both an HRA account and a Health FSA (HFSA) account?

Yes, this is permitted. If you have an HRA and a HFSA, you will have one debit card loaded with both annual amounts. The HFSA funds will be used before the HRA funds. This is beneficial to you because there are IRS limits to the amount of HFSA funds that can carry over into the following year while any unused HRA funds can be rolled over from year to year up to the maximum allowed under the plan.

Can I have an HRA account if I only enroll in Powell's Dental and/or Vision plan?

No, you must be enrolled in Powell's Premier CDHP or Basic CDHP medical plan in order to receive HRA funds.

How do I find my balance or view the status of my claims?

You may find your HRA balance and manage your claims by logging in to your account at www.naviabenefits.com. To create an account, go to the Navia Benefit Solutions website and follow the instructions for creating your username and password. Click the Login button and then select Reimbursement Account.

Do I have to submit supporting documentation for my HRA claims?

The HRA has an auto debit card substantiation feature, meaning BlueCross BlueShield will send eligible insurance claim information to Navia Benefit Solutions in order for them to automatically substantiate debit card transactions that require documentation. This will decrease the number of claims you have to manually submit documentation for. In the event your debit card transaction is unable to auto-substantiate within 60 days, you will receive a receipt reminder. Once you receive a receipt reminder, it becomes your responsibility to provide supporting documentation. Failure to do so may result in your claim being denied and your debit card being put on a temporary hold. Failure to submit substantiating documentation when requested will also result in the unsubstantiated funds being considered taxable earnings. Receipts and Explanation of Benefits (EOB) statements are examples of valid documentation you can submit to Navia Benefit Solutions to substantiate a claim.

What if I have unused contributions left in my HRA account at the end of the year?

Unused HRA dollars will roll over from year to year up to the maximum allowed and can be used towards future healthcare expenses. You must continue to be enrolled in one of the CDHPs in order to have access to rolled over HRA dollars.

What happens to my unused contributions when I end my participation in the Premier CDHP or Basic CDHP plan?

Unused HRA contributions will be forfeited back to the Powell plan.

What happens to my HRA when I leave Powell?

If you leave Powell or become ineligible for benefits, you will have 90 days from your separation date or date you become ineligible to submit claims for expenses incurred while covered. Unused HRA contributions will be forfeited back to the Powell plan.

You may continue your health insurance coverage by electing COBRA. If you choose to continue coverage in the CDHP under COBRA, you will be given access to any unused HRA funds. A COBRA packet will be sent to your home from Navia Benefit Solutions with details on how to enroll.

Who do I contact for more information?

If you need assistance with your HRA account, please contact Navia Benefit Solutions Customer Service at 214-559-0472. They are available Monday through Friday from 8:30 AM to 5:45 PM, Central Time.



Note: If you also enroll in the Healthcare 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.

OUT-OF-POCKET COSTS



Deductible

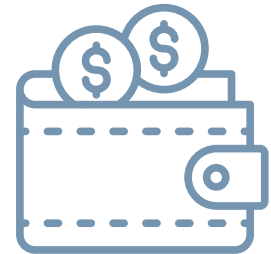
The amount you must pay for certain covered services before your insurance starts paying its portion.

UP TO
DEDUCTIBLE

YOU PAY
100%

Copay

The fixed amount you pay for healthcare services at the time you receive them.



Know before you go:
Paying for services



Coinsurance

Your percentage of the cost of a covered service, typically after your deductible is met. The percentage you pay depends on the plan you elect.

Out-of-Pocket Maximum

The most you will pay during the plan year before your insurance begins to pay 100% of the allowed amount. This amount includes your deductible, coinsurance and copays (if applicable).

%
YOU PAY

%
PLAN PAYS

UP TO THE
OUT-OF-POCKET
MAXIMUM

AFTER
DEDUCTIBLE
IS REACHED

AFTER
OUT-OF-POCKET
MAXIMUM IS REACHED

PLAN PAYS
100%
THROUGH
END OF
PLAN YEAR



CHOOSING THE RIGHT MEDICAL PLAN

How to Pick a Plan

Which plan is right for you? When deciding, consider any medical needs you foresee for the upcoming plan year, your overall health, and any medications you currently take. Below are a few key highlights of a Traditional PPO and a CDHP. To get an in-depth overview of the two types of plans, check out the education video, *Understanding Powell's Medical Plans*, located under the Benefits Resources tab on the Benefits web portal, *Empowered*.

How does the PPO (Preferred Provider Organization) Plan work?



You'll pay more in premiums out of your paycheck, but perhaps less at the time of service.



You're able to choose from a network of providers and pay a fixed copay for certain services.



You'll have a lower deductible and out-of-pocket maximum.

How does a CDHP (Consumer-Driven Health Plan) work?



You'll pay less in premiums. Think less money from your paycheck.



You'll pay for the full cost of non-preventive medical services until you reach your deductible. Please note you save more if you go to an in-network provider or facility.



You also have an HRA to use in conjunction, which helps to cover out-of-pocket costs.

Empowered Benefits Web Portal

Being empowered is recognizing you have the power to affect your life. It is recognizing your choices matter and you have an element of control in what happens to you.

We encourage you to visit Powell's *Empowered* Benefits Web Portal 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!



PREVENTIVE CARE

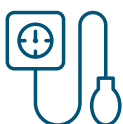


Most health plans are required to cover a set of preventive services — at no cost to you! Coordinating care with your primary care physician will ensure you are getting the appropriate preventive screenings to keep you healthy!

Screening tests and routine checkups are considered preventive, which means they're often paid at 100%. Under the U.S. Patient Protection and Affordable Care Act (PPACA), some common covered services include:



Wellness visits, physicals and standard immunizations



Screenings for blood pressure, cancer, cholesterol, depression, obesity and diabetes



Pediatric screenings for hearing, vision, obesity and developmental disorders



Anemia screenings, breastfeeding support and pumps for pregnant and nursing women



Iron supplements (for children ages 6 to 12 months at risk for anemia)

Take advantage of these covered services. However, remember that diagnostic care to identify health risks is covered according to plan benefits, even if done during a preventive care visit. This means if your doctor finds a new condition or potential risk during your appointment, the services may be billed as diagnostic medicine and result in some out-of-pocket costs.



CATAPULT HEALTH VIRTUALCHECKUP



Powell partners with Catapult Health to bring you VirtualCheckup™ — providing simple and convenient in-home biometric testing. A VirtualCheckup is a convenient way for you to gain awareness of your overall health at a time and location of your choice. The VirtualCheckup includes biometric testing, a health questionnaire and a video consultation with a Nurse Practitioner to create an action plan or referral to a PCP if needed. Available to employees and their dependents (18+) who are covered under one of Powell's medical plans.

All you must do is complete 7 easy steps to get your biometric screening and preventive visit all from the comfort of your home.

1. **ORDER YOUR VirtualCheckup™ KIT** - Visit www.virtualcheckup.com/Powell to order your kit. You will be mailed a home kit to complete your biometrics.
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. Review your in-depth, easy-to-understand results and develop a Personal Action Plan with your Nurse Practitioner. Your results are also sent same day to your Primary Care Provider (PCP), and if you do not have a PCP, Catapult will help you find one.

Getting a health checkup has never been easier!



MDLIVE TELEMEDICINE INCLUDES BEHAVIORAL HEALTH



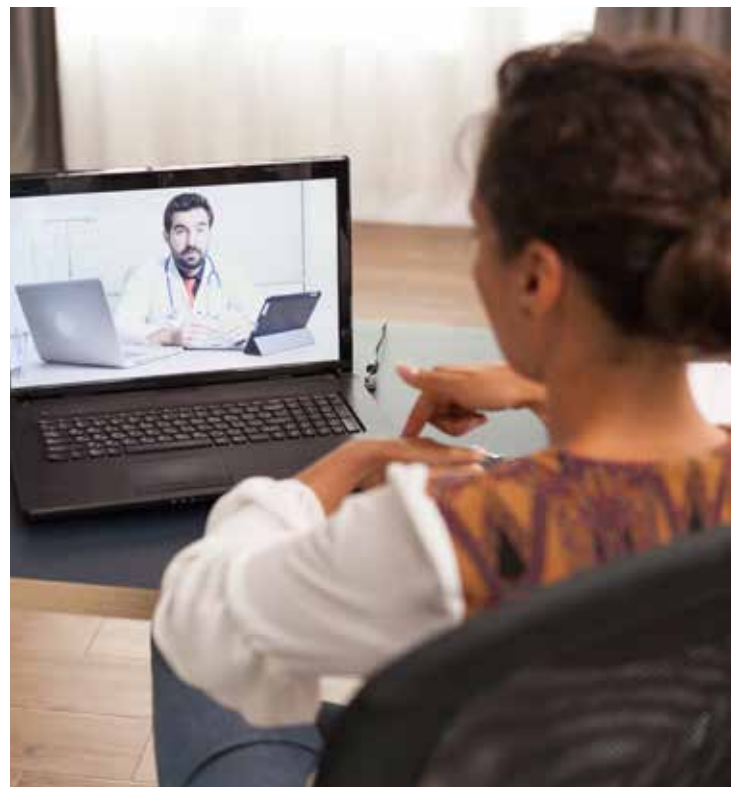
If you participate in one of Powell's medical plans, Powell provides a telemedicine benefit through MDLIVE Telemedicine to you and your covered dependents. MDLIVE Telemedicine offers on-demand access to board-certified doctors through online video, mobile app or telephone. You and your family can be treated for general health issues and behavioral health for a copay of \$25 per consultation. Telemedicine is useful for after-hours non-emergency care, when your primary care doctor is unavailable or if you're traveling. Please note that some states do not allow physicians to prescribe medications via telemedicine. For more information, visit www.MDLIVE.com.

MDLIVE Telemedicine doctors can treat many medical conditions, including:

- » Cold & flu
- » Allergies
- » Bronchitis
- » Ear problems (age 12+)
- » Urinary tract infection
- » Pink Eye
- » Respiratory infection
- » Sinus problems

MDLIVE behavioral healthcare visits with board-certified doctors and licensed therapists, can help you with:

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





AIRROSTI MUSCULOSKELETAL REHABILITATION



Airrosti's safe, non-invasive treatment helps you rapidly recover from injuries or nagging pain that can keep you from doing what you love. While others treat the symptoms, Airrosti resolves pain at the source — for immediate and lasting results.

 **AIRROSTI**
(800) 404-6050 | AIRROSTI.COM

 **POWELL**

Comprehensive MSK care.

Below are some common injuries our Providers successfully treat on a daily basis.



Back/Neck



Knee



Shoulder



Foot



Wrist



Plus More



99%

PATIENT SATISFACTION



3.2 visits

AVG. TREATMENT DURATION



15,000 +

PHYSICIAN RECOMMENDED SURGERIES AVOIDED

Based on in-clinic patient-reported outcomes (Remote Recovery outcomes vary slightly).

Airrosti is an in-network benefit for all Powell Industries BlueCross BlueShield of Texas health plan members! Each visit is just a \$25 copay!

Airrosti provides highly effective, personalized care for acute and chronic musculoskeletal/joint pain and conditions. Over the past 16 years, our highly skilled provider network has consistently achieved unparalleled results for our patients.

Airrosti Remote Recovery delivers Airrosti's extensive clinical experience in a convenient, virtual solution.

CHOOSE YOUR PATH TO RECOVERY.

Each Airrosti treatment plan, in-person or virtual includes:



ACCURATE DIAGNOSIS

Thorough assessment and orthopedic testing to help provide an accurate diagnosis, along with injury education.



PERSONALIZED RECOVERY PLAN

Provider guided conservative treatment to restore function, increase mobility, and reduce pain.



EFFECTIVE INJURY RECOVERY

Personalized, active rehab and at-home exercises designed to help speed recovery and prevent future injuries.

Visit [Airrosti.com](https://www.airrosti.com) or call (800)404-6050 for more information

TELADOC HEALTH CHRONIC CARE MANAGEMENT

Teladoc Health Chronic Care Management understands that chronic conditions don't occur in isolation. Their programming addresses participants' continual needs by providing more resources. The program delivers a unified, whole-person experience that inspires lasting change through data-driven insights, connected devices, expert coaching and physician oversight.

How does Chronic Care work and how do I know if I qualify?

Joining is easy and takes only a few minutes! To register, visit TeladocHealth.com/Smile/HEALTH-TX (Code: **HEALTH-TX**) or call **800-835-2362**. Once completed, you'll learn what programs you qualify for to ensure you receive a comprehensive program to help manage your chronic conditions. Programs and equipment are at no cost for participants.

What are the Chronic Condition programs?

There are 3 conditions that someone may qualify for:

1. Diabetes Management
2. Diabetes Prevention, or
3. Hypertension Management

MULTI-CONDITION SUPPORT WITH CHRONIC CONDITION PROGRAMS

| | DIABETES MANAGEMENT | DIABETES PREVENTION | HYPERTENSION MANAGEMENT |
|--|--|---|-------------------------|
| CHRONIC CONDITION | NOTE: You must qualify for 1 of the programs above to access additional programs below | | |
| POSSIBLE ADDITIONAL PROGRAMS PER CHRONIC CONDITION | Hypertension Weight Mental Health | Hypertension Weight Mental Health | Weight Mental Health |

Programs also include:

- » Digital mental health and wellness tools
- » Cellular-connected devices provide realtime feedback
- » Personalized, smart goal setting to keep members on track and suggest next best action
- » 24/7 remote monitoring with emergency outreach
- » 1:1 live coaching with expert coaches
- » Easy-to-share health summary reports for care coordination
- » Medication support and outreach
- » Lifestyle and condition-specific curriculum and content
- » Teladoc Health app and portal — nutrition, exercise and emotional health tools to track progress

What equipment/supplies is included with each program?

Once you qualify for a program, you will be mailed the equipment that comes with that program.

1. Diabetes Management: connected blood glucose meter, unlimited testing strips and lancets
2. Diabetes Prevention: connected scale
3. Hypertension Management: connected blood pressure cuff

CANCER SERVICES AND SUPPORT HUB THROUGH BCBSTX

Cancer Services and Support program is available to you and your covered dependents diagnosed with cancer at no additional cost through your health plan with Blue Cross Blue Shield of Texas.

This program gives you the tools, resources, and expertise to help you before, during and after cancer treatment.

The Cancer Care Nurses are able to help with the following:

- » Identify what's needed for diagnosis
- » Explain your benefits
- » Prepare you for medical visits
- » Provide clinical and emotional support
- » Coordinating directly with your doctor to explore possible treatment options and clinical trials
- » Support you in understanding your post treatment plan

Log in to Blue Access for Members at **[bcbstx.com](https://www.bcbstx.com)** and select Cancer Support Services. Also, you can call the number on the back of your member ID card and ask for a cancer care nurse.



WHERE TO GO FOR CARE



You think you may be sick, but your primary care physician is booked through the end of the month. Instead of immediately choosing an expensive trip to the emergency room or relying on questionable information from the internet, take a look below at various care centers and resources and the types of care they provide.



TELEMEDICINE

\$ When would I use this?

You need care for minor illnesses and ailments, but would prefer not to leave home. These services are available by phone and online (via webcam).

- » Available 24 hours a day, seven days a week
- » Access to an independently contracted, board-certified MDLIVE® doctor for non-emergency medical issues whether you're at home or traveling
- » Based on your location, have a doctor visit by phone at 888-680-8646, online at MDLIVE.com/bcbstx or with the MDLIVE® mobile app
- » Average wait time is less than 20 minutes
- » Powered by MDLIVE

Internet/Wi-Fi connection is needed for computer access. Data charges may apply. Once enrolled, contact MDLIVE regarding questions to register for this service.



DOCTOR'S OFFICE VISITS

\$ When would I go here?

You need routine care or treatment for a current health issue. Your primary doctor knows you and your health history, can access your medical records, provide routine care, and manage your medications.

- » Office hours vary
- » Generally the best place to go for non-emergency care
- » Doctor-to-patient relationship established and therefore able to treat, based on knowledge of medical history
- » Average wait time is 18 minutes¹

¹Vitals Annual Wait Time Report, 2017.



RETAIL HEALTH CLINIC

\$ When would I go here?

Retail Health Clinics, also called walk-in clinics, provide convenient, low-cost treatment for minor medical problems like: ear infections, athlete's foot, bronchitis and some vaccinations. These clinics are a great option for non-emergencies if you do not have a doctor or cannot get in to see your doctor in a timely manner.

- » Based upon retail store hours
- » Usually lower out-of-pocket cost to you than urgent care
- » Often located in stores and pharmacies to provide convenient, low-cost treatment for minor medical problems



URGENT CARE CENTER

\$\$ When would I go here?

You need care quickly, but it is not a true emergency. Urgent care centers offer treatment for non-life-threatening injuries or illnesses.

- » Generally includes evenings, weekends and holidays
- » Often used when your doctor's office is closed, and you don't consider it an emergency
- » Average wait time is 16-24 minutes²
- » Many have online and/or telephone check-in

²Wait Time Trends in Urgent Care and Their Impact on Patient Satisfaction, 2017.



HOSPITAL ER

\$\$\$ When would I go here?

You would seek care at a hospital emergency room (ER) if your condition requires treatment by a physician for serious or life threatening situations (broken bones, loss of consciousness, etc.).

- » Open 24 hours, seven days a week
- » Average wait time is 35-49 minutes (variable)³
- » Multiple bills for services such as doctors and facility

³National Center for Health Statistics, Centers for Disease Control and Prevention. 2019.



FREESTANDING ER

\$\$\$\$ When would I go here?

Freestanding ERs often look a lot like urgent care centers, but costs are higher. A visit to a freestanding ER often results in medical bills that may be 10 times the rate charged by urgent care centers for the same services.

- » Open 24 hours, seven days a week
- » Could be transferred to a hospital-based ER depending on medical situation
- » Services do not include trauma care
- » All freestanding ERs charge a facility fee that urgent care centers do not. You may receive multiple bills — one for each doctor you see.⁴

⁴The Texas Association of Health Plans

*This is a sample list of services and may not be all-inclusive.



SUPPLEMENTAL HEALTH BENEFITS

Accident Insurance

Accidents happen. You can't always prevent them, but you can take steps to reduce the financial impact. Accident insurance, 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.



SUMMARY OF BENEFITS*

| | |
|--|-------------------------------|
| HOSPITAL ADMISSION | \$2,000 |
| HOSPITAL CONFINEMENT | \$300 per day, up to 365 days |
| CRITICAL CARE UNIT CONFINEMENT | \$500 per day, up to 15 days |
| REHABILITATION FACILITY CONFINEMENT | \$225 per day, up to 90 days |
| DISLOCATIONS AND FRACTURES | Up to \$12,000 |
| AMBULANCE | Ground: \$600 / Air: \$2,500 |
| INITIAL DOCTOR VISIT, URGENT CARE FACILITY TREATMENT OR EMERGENCY ROOM TREATMENT | \$300 |
| FOLLOW-UP DOCTOR TREATMENT | \$120 |
| CHIROPRACTOR TREATMENT | \$75 |
| X-RAY | \$100 |
| MAJOR DIAGNOSTIC EXAMS | \$500 |
| BURNS | Up to \$22,000 |
| OUTPATIENT SURGERY | \$300 (once per accident) |
| CONCUSSION | \$450 |
| COMA | \$20,000 (14 days or more) |
| SURGERY (OPEN ABDOMINAL OR THORACIC) | \$2,500 |
| SURGERY (EXPLORATORY OR WITHOUT REPAIR) | \$350 |
| BLOOD, PLASMA, PLATELETS | \$650 |

*This list is a summary. Refer to plan documents for a comprehensive list of covered benefits.

ACCIDENT COVERAGE

| | WEEKLY | SEMI-MONTHLY |
|------------------------------------|--------|--------------|
| POST-TAX PAYROLL DEDUCTIONS | | |
| EMPLOYEE | \$2.04 | \$4.42 |
| EMPLOYEE+SPOUSE | \$4.08 | \$8.85 |
| EMPLOYEE+CHILD(REN) | \$4.39 | \$9.51 |
| EMPLOYEE+FAMILY | \$6.43 | \$13.94 |

Please note this is a limited benefit policy. It should not be considered as health insurance and does not satisfy the requirement of minimum essential coverage under the Affordable Care Act.

Critical Illness Insurance

Critical Illness Insurance 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
- » A \$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)

| POST-TAX PAYROLL DEDUCTIONS | | | | |
|-----------------------------|------------------|--------------|------------------|--------------|
| EMPLOYEE/ SPOUSE AGE | \$15,000 BENEFIT | | \$30,000 BENEFIT | |
| | WEEKLY | SEMI-MONTHLY | WEEKLY | SEMI-MONTHLY |
| Under 30 | \$1.63 | \$3.53 | \$3.25 | \$7.05 |
| 30-39 | \$2.53 | \$5.48 | \$5.05 | \$10.95 |
| 40-49 | \$4.74 | \$10.28 | \$9.48 | \$20.55 |
| 50-59 | \$8.93 | \$19.35 | \$17.86 | \$38.70 |
| 60-69 | \$13.43 | \$29.10 | \$26.86 | \$58.20 |
| 70+ | \$22.43 | \$48.60 | \$44.86 | \$97.20 |

| BASE MODULE |
|--|
| Heart attack (cardiac arrest is not a heart attack) – 100% |
| Cancer – 100% |
| Stroke – 100% |
| Major organ transplant* – 100% |
| Coronary artery bypass - 25% |
| Carcinoma in situ - 25% |
| MAJOR ORGAN MODULE |
| Type I Diabetes - 100% |
| Severe burns - 100% |
| Transient Ischemic attacks (TIA) - 10% |
| Ruptured or dissecting aneurysm - 10% |
| Abdominal aortic aneurysm - 10% |
| Thoracic aortic aneurysm - 10% |
| Open heart surgery for valve replacement or repair - 25% |
| Transcatheter heart valve replacement or repair - 10% |
| Coronary angioplasty - 10% |
| Implantable (or internal) cardioverter defibrillator (ICD) placement - 25% |
| Pacemaker placement - 10% |
| ENHANCED CANCER MODULE |
| Benign brain tumor – 100% |
| Skin cancer – 10% |
| Bone marrow transplant – 25% |
| Stem cell transplant – 25% |
| QUALITY OF LIFE MODULE |
| Permanent paralysis – 100% |
| Loss of sight, hearing or speech – 100% |
| Coma – 100% |
| Multiple sclerosis – 100% |
| Amyotrophic lateral sclerosis (ALS) – 100% |
| Parkinson's disease – 50% |
| Advanced dementia, including Alzheimer's disease – 50% |
| Huntington's Disease (Huntington's Chorea) - 50% |
| Muscular Dystrophy - 100% |
| Infectious Disease - 25% |
| Addison's disease - 10% |
| Myasthenia Gravis - 25% |
| Systemic Lupus Erythematosus (SLE) - 25% |
| Systemic Sclerosis (scleroderma) - 10% |
| CHILD DISEASES (100%) |
| Cerebral Palsy; Congenital Birth Defects; Cystic Fibrosis; Down Syndrome; Gaucher Disease, Type II or III; Infantile Tay Sachs; Niemann-Pick Disease; Pompe Disease; Type IV Glycogen Storage Disease; Sickle Cell Anemia; Type 1 Diabetes; Zellweger Syndrome |

Please note this is a limited benefit policy. It should not be considered as health insurance and does not satisfy the requirement of minimum essential coverage under the Affordable Care Act.



FLEXIBLE SPENDING ACCOUNTS



Flexible Spending Accounts (FSAs) allow you to set aside a portion of your salary, before taxes, to pay for qualified medical or dependent care expenses. Contributions are made through payroll deductions with pre-tax dollars. When you contribute pre-tax dollars, you decrease your taxable income and thereby increase your take-home pay. However, you should keep in mind there are “use it or lose it” rules imposed by the IRS; therefore, it is important for you to carefully consider the amount of money you elect to contribute to an FSA.

Types of Flexible Spending Accounts

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. For a complete list of eligible expenses, please go to www.naviabenefits.com or irs.gov and search for Publication 502.

If you choose to enroll in the HFSA, you will receive a debit card fully loaded with your annual election amount to use towards eligible expenses. You are not required to participate in Powell's medical, dental, or vision plan in order to participate in the HFSA. You are required to submit documents to substantiate your claims; however, if you participate in Powell's medical, dental, or vision plans, your claim may be automatically substantiated through the debit card substantiation (receipts/documentation) feature whereby Powell's medical, dental and vision carriers send eligible insurance claim information to Navia Benefit Solutions in order for them to automatically substantiate debit card transactions that require documentation. You may still be required to submit receipts in order to substantiate your claim for claims that Navia Benefit Solutions is unable to auto-substantiate. For all claims incurred between January 1 and December 31, 2026, you will have until March 31, 2027, to submit the required documentation. If the appropriate documentation is not received and approved by the deadline date, the amount outstanding will be considered taxable income and added to your taxable earnings for 2026.

Below are HFSA guidelines you should be aware of:

- » Minimum annual contribution is \$100.
- » Maximum annual contribution is \$3,300.
- » Carryover up to \$660 of unused 2026 funds into the 2027 plan year. You must be enrolled in the 2026 HFSA to have access to rolled over funds.

- » Any unused dollars above the carryover limit set by the IRS will be forfeited back to the plan.
- » Claims that remain unsubstantiated after the plan year closes will be considered taxable earnings in the following year.
- » If you are currently enrolled or plan to enroll in the Premier or Basic CDHP medical plans and you also enroll in the HFSA, you will have one debit card loaded with both amounts.
- » Use of the debit card will automatically exhaust your HFSA funds before your HRA funds. Remember, you can generally roll over more unused HRA funds than you can unused HFSA funds.
- » Examples of eligible expenses include deductibles, copays, coinsurance, LASIK eye surgery, eye glasses, dental services, etc.

Dependent Care Flexible Spending Account

A Dependent Care Flexible Spending Account (DFSA) allows you to set aside pre-tax dollars from your paycheck to pay for eligible dependent care expenses, such as daycare costs. Examples of eligible dependents include a dependent under the age of 13 or a dependent that is physically or mentally incapable of self-care. A dependent is defined as a qualifying person for whom you can claim a tax exemption. To qualify, you and your spouse must be employed, looking for work, or a full-time student. Unlike the Health FSA, the money must be in your dependent care account before it can be disbursed. For a complete list of guidelines and eligible expenses, please visit www.naviabenefits.com.

Below are DFSA guidelines you should be aware of:

- » Minimum annual contribution is \$100.
- » Maximum annual contribution is \$5,000.
- » Under the DFSA, eligible dependent care expenses incurred from January 1, 2026, to December 31, 2026, must be submitted no later than March 31, 2027.

DENTAL BENEFITS



Brushing your teeth and flossing are great, but don't forget to visit the dentist too! Powell offers an affordable dental plan for routine care and beyond. The comprehensive dental coverage is available through Cigna Dental.

Network Dentists

Cigna is a leading provider of dental benefits with one of the strongest and largest Preferred Provider Organization (PPO) networks in the nation. Staying in network will provide you with savings; however, you may also choose your own out-of-network dentist.

Dental Premiums

Premium contributions for dental are deducted from your paycheck on a pre-tax basis based on your pay frequency and the tier of coverage you're enrolled in.

| | WEEKLY | SEMI-MONTHLY |
|-----------------------------------|--------|--------------|
| PRE-TAX PAYROLL DEDUCTIONS | | |
| EMPLOYEE ONLY | \$1.50 | \$3.25 |
| EMPLOYEE + SPOUSE | \$4.50 | \$9.75 |
| EMPLOYEE + CHILD(REN) | \$4.50 | \$9.75 |
| EMPLOYEE + FAMILY | \$6.00 | \$13.00 |

Dental Plan Summary

This chart summarizes the dental benefits provided through Cigna.

| | IN- & OUT-OF-NETWORK |
|--|--|
| 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 |
| ORTHODONTIA SERVICES (Adult & Children; pre-authorization required) | 50%, deductible waived |
| ORTHODONTIA LIFETIME MAXIMUM | The Plan pays up to \$1,500 per person |



Thoughts & Tips: You will not receive a dental ID card. You can access your dental ID card on [myCigna.com](https://mycigna.com) or the myCigna mobile app.



VISION BENEFITS



Powell provides you and your family access to quality vision care with a comprehensive vision benefit through Vision Service Plan (VSP).

Regular eye examinations may not only determine your need for corrective eye wear, but could also detect other health problems such as glaucoma, diabetes, high blood pressure and high cholesterol. Eye exams are a good preventive care measure. If you participate in the Powell Vision Plan through VSP, you can receive great discounts on services and supplies like eye exams, glasses and contacts by using a VSP network provider. Also, note that the Plan will cover either contacts or lenses/frames, but not both within a plan year.

Vision Premiums

Premium contributions for vision are deducted from your paycheck on a pre-tax basis based on your paygroup and the tier of coverage.

WEEKLY

SEMI-MONTHLY

| PRE-TAX PAYROLL DEDUCTIONS | | |
|----------------------------|--------|---------|
| EMPLOYEE ONLY | \$1.62 | \$3.50 |
| EMPLOYEE + SPOUSE | \$3.23 | \$7.00 |
| EMPLOYEE + CHILD(REN) | \$3.23 | \$7.00 |
| EMPLOYEE + FAMILY | \$4.85 | \$10.50 |

Vision Plan Summary

This chart summarizes the 2026 vision coverage provided by Vision Service Plan (VSP), accessing the Choice Network.

| | IN-NETWORK | OUT-OF-NETWORK | FREQUENCY |
|---|---|----------------------|----------------------|
| EXAMS | | | |
| COPAY | \$25 | Up to \$45 | 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 \$47* | 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.



Thoughts & Tips: You will not receive a Vision ID card. You simply tell the vision service provider that you are with VSP, and they will ask for your Social Security number to verify eligibility with VSP.

LIFE AND ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE



It's difficult to think about what would happen if something ever happened to you, but it's important to have a plan in place to make sure your family is provided for. Life and Accidental Death & Dismemberment insurance ensures your family will be protected for the future.

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

Powell provides you with Basic Life Insurance in the amount of \$50,000 through Sun Life. This benefit is provided at no cost to you. Life insurance pays a benefit to your beneficiary (whomever you designate to receive the benefit) upon your death resulting from an accident or illness.

Powell provides Basic AD&D Insurance in the amount of \$50,000 at no cost to you. Accidental Death & Dismemberment Insurance (AD&D) protects you and your family from the unforeseen financial hardship of an accident that causes death, dismemberment, or loss of sight, speech, or hearing.

Benefits are paid to your designated beneficiary for a death claim and to you for a dismemberment claim.

What's a beneficiary?

Your beneficiary is the person you designate to receive your Life insurance benefits in the event of your death. This includes any benefits payable under Basic Life & AD&D and Optional Life & AD&D insurance offered by Powell. If you enroll your dependent in the Optional Life or Optional AD&D, you receive the benefit payment in the event of a dependent's death.

Name a primary and contingent beneficiary to make your intentions clear. Make sure to indicate their full name, address, Social Security number, relationship, date of birth and distribution percentage. Please note that in most states, benefit payments cannot be made to a minor. If you elect to designate a minor as beneficiary, all proceeds may be held under the beneficiary's name and will earn interest until the minor reaches majority age at 18. If you need assistance, contact the Powell Benefits Center.

EMPLOYEE BASIC LIFE INSURANCE

| | |
|---|---|
| COVERAGE AMOUNT | \$50,000 |
| WHO PAYS | Powell pays 100% of the premium |
| BENEFITS PAYABLE | If you die while covered under the plan |
| MAXIMUM BENEFIT | \$50,000 |
| EVIDENCE OF INSURABILITY (EOI) REQUIRED | Not required |

Benefit Age Reduction Rules

Policy amounts for Basic Life and AD&D Insurance and Optional Life & AD&D are subject to automatic age reduction. The amount of coverage will be reduced to the applicable policy and percentage shown in the tables below and on page 29, based on your age as of January 1st of each year. This reduction also applies to insured spouses who are age 65 or over on their initial enrollment date and January 1st of each following year.

EMPLOYEE BASIC AD&D INSURANCE

| | |
|---|--|
| COVERAGE AMOUNT | \$50,000 |
| WHO PAYS | Powell pays 100% of the premium |
| BENEFITS PAYABLE | If you die or suffer from certain serious injuries due to an accident while covered under the plan |
| MAXIMUM BENEFIT | \$50,000 |
| EVIDENCE OF INSURABILITY (EOI) REQUIRED | Not required |

BASIC LIFE & AD&D INSURANCE POLICIES

| EMPLOYEE AGE | REDUCED PERCENTAGE OF ELECTED AMOUNT |
|--------------|--------------------------------------|
| 70-74 | 50% |
| 75+ | 25% |

Optional Life and AD&D Insurance

You have the ability to purchase additional life insurance, called Optional Life insurance, for yourself and your dependents. You must enroll yourself in order to cover your dependents. Guarantee issue means you can enroll up to the maximum without Evidence of Insurability and is only available during new hire enrollment. Evidence of Insurability (EOI) is required for any late enrollment or policy increases.

OPTIONAL EMPLOYEE LIFE

| | |
|---|--|
| COVERAGE AMOUNT | Available in \$10,000 increments |
| WHO PAYS | You pay 100% of the premium |
| BENEFITS PAYABLE | If you die while covered under the plan |
| MAXIMUM BENEFIT | Lesser of 7x annual base salary or \$800,000 |
| GUARANTEE ISSUE AMOUNT* | Up to \$300,000 |
| EVIDENCE OF INSURABILITY (EOI) REQUIRED | Yes, when making new hire elections greater than \$300,000 or if you decline and want to enroll or increase coverage at later date |

OPTIONAL SPOUSE LIFE

| | |
|---|---|
| COVERAGE AMOUNT | Available in \$5,000 increments |
| WHO PAYS | You pay 100% of the premium |
| BENEFITS PAYABLE | If your legal spouse dies while covered under the plan |
| MAXIMUM BENEFIT | \$250,000 – Not to exceed 100% of employee amount |
| GUARANTEE ISSUE AMOUNT* | Up to \$20,000 |
| EVIDENCE OF INSURABILITY (EOI) REQUIRED | Yes, when making new hire elections greater than \$20,000 or if you decline and want to enroll or increase coverage at later date |

OPTIONAL CHILD LIFE

| | |
|---|---|
| COVERAGE AMOUNT | \$5,000 or \$10,000 |
| WHO PAYS | You pay 100% of the premium |
| BENEFITS PAYABLE | If your covered child dies while covered under the plan |
| MAXIMUM BENEFIT | \$5,000 or \$10,000 |
| GUARANTEE ISSUE AMOUNT | Up to \$10,000 |
| EVIDENCE OF INSURABILITY (EOI) REQUIRED | Not required |

OPTIONAL EMPLOYEE AD&D

| | |
|---|--|
| COVERAGE AMOUNT | Available in \$25,000 increments |
| WHO PAYS | You pay 100% of the premium |
| BENEFITS PAYABLE | If you die or suffer from certain serious injuries due to an accident while covered under the plan |
| MAXIMUM BENEFIT | Lesser of 7x annual base salary or \$800,000 |
| GUARANTEE ISSUE AMOUNT* | N/A |
| EVIDENCE OF INSURABILITY (EOI) REQUIRED | Not required |

OPTIONAL SPOUSE AD&D

| | |
|---|--|
| COVERAGE AMOUNT | Available in \$5,000 increments |
| WHO PAYS | You pay 100% of the premium |
| BENEFITS PAYABLE | If your legal spouse dies or suffers from certain serious injuries due to an accident while covered under the plan |
| MAXIMUM BENEFIT | \$250,000 – Not to exceed 100% of employee amount |
| GUARANTEE ISSUE AMOUNT* | N/A |
| EVIDENCE OF INSURABILITY (EOI) REQUIRED | Not required |

OPTIONAL CHILD AD&D

| | |
|---|---|
| COVERAGE AMOUNT | \$5,000 or \$10,000 |
| WHO PAYS | You pay 100% of the premium |
| BENEFITS PAYABLE | If your covered child dies or suffers from certain serious injuries due to an accident while covered under the plan |
| MAXIMUM BENEFIT | \$5,000 or \$10,000 |
| GUARANTEE ISSUE AMOUNT | Up to \$10,000 |
| EVIDENCE OF INSURABILITY (EOI) REQUIRED | Not required |

*Optional Life and AD&D coverage is subject to Age Reduction Schedules. Please refer to page 29.

Optional Life & AD&D Rates and Age Reduction Schedule

| EMPLOYEE AND SPOUSE OPTIONAL LIFE RATES | |
|---|---------|
| MONTHLY RATES PER \$1,000 OF COVERAGE | |
| AGE BAND AGE AS OF JANUARY 1ST OF EACH YEAR | RATE |
| 18-29 | \$0.066 |
| 30-34 | \$0.088 |
| 35-39 | \$0.110 |
| 40-44 | \$0.132 |
| 45-49 | \$0.198 |
| 50-54 | \$0.341 |
| 55-59 | \$0.594 |
| 60-64 | \$0.836 |
| 65-69 | \$1.573 |
| 70-79 | \$2.552 |

| EMPLOYEE AND SPOUSE OPTIONAL AD&D | |
|---------------------------------------|---------|
| MONTHLY RATES PER \$1,000 OF COVERAGE | |
| Employee | \$0.020 |
| Spouse | \$0.035 |

| OPTIONAL CHILD LIFE & AD&D RATES | | | | |
|----------------------------------|------------------|--------------|------------------|--------------|
| COVERAGE AMOUNT | CHILD LIFE RATES | | CHILD AD&D RATES | |
| | WEEKLY | SEMI-MONTHLY | WEEKLY | SEMI-MONTHLY |
| \$5,000 | \$0.12 | \$0.25 | \$0.04 | \$0.09 |
| \$10,000 | \$0.23 | \$0.50 | \$0.08 | \$0.18 |

TO CALCULATE HOW MUCH YOUR OPTIONAL LIFE OR AD&D COVERAGE WILL COST:

\$

Benefit Elected

÷ 1,000 =

\$

x Age Based Rate =

\$

Monthly Premium

| OPTIONAL LIFE & AD&D AGE REDUCTION SCHEDULE | |
|--|---|
| EMPLOYEE & SPOUSE AGE | REDUCED PERCENTAGE OF ELECTED AMOUNT |
| 65-69 | 65% |
| 70-74 | 40% |
| 75+ | 25% |

SHORT-TERM & LONG-TERM DISABILITY



Maintaining your quality of life counts on your income. Powell offers disability coverage through Sun Life to protect you financially in the event you cannot work as a result of a debilitating injury or illness. A portion of your income is protected until you can return to work up to the maximum period of payment allowed under the plan.

Short-Term Disability (STD) Insurance

- » You are automatically enrolled in this benefit at no cost.
- » The employer-paid cost is taxed as imputed income, which means the premium is treated as taxable income and reported on your paycheck. This allows any disability benefits you receive to be tax-free when paid out.
- » Replaces 60% of your base pay per-pay period for up to 12 weeks.
- » Benefits begin after seven (7) calendar days waiting period.
- » You must use your available paid time off (PTO) during the waiting period.
- » Certain exclusions, along with pre-existing condition limitations, may apply. See your plan documents or contact the Powell Benefits Center for details.

Long-Term Disability (LTD) Insurance

- » You are automatically enrolled in this benefit at no cost.
- » The employer-paid cost is taxed as imputed income, which means the premium is treated as taxable income and reported on your paycheck. This allows any disability benefits you receive to be tax-free when paid out.
- » Replaces 60% of your base monthly earnings and begins after 90 days of continuous disability due to illness or injury, whether occupational or non-occupational.
- » LTD benefits will supplement Workers' Compensation only if the LTD benefit amount is greater.
- » Pre-existing condition limitations apply to the LTD plan.



NOTE: Sun Life administers our Short-Term and Long-Term Disability plans. Submitting a claim is simple using Sun Life's online tool. To begin, log in to your account at www.sunlife.com/account and select "Submit a Claim."

During the submission process, you'll be asked to provide the following information:

- » Why you're requesting an absence
- » Whether your absence request is for continuous, intermittent or reduced schedule
- » Information about the treating healthcare provider(s)
- » Dates expected to be absent from work, if applicable (estimated dates are allowed)



Whether you're just starting out in your career or you've been in the workforce for years, it's always a good time to plan for retirement.

The Powell 401(k) plan, called the Powell Industries, Inc. Employees Incentive Savings Plan, provides you with the tools and flexibility you need to prepare for financial security later in life.

- » You are eligible to participate on your date of hire.
 - NOTE: Please allow at least one week for your Fidelity account to be set up.
- » Unless you elect otherwise, you are automatically enrolled to contribute 2% of your pay to the 401(k) Plan and your deferral will increase by 1% each year until you reach 15% (unless you opt out of auto-increase).
- » You can make salary deferral contributions on a pre-tax and/or after-tax (Roth) basis and may contribute 1% to 75% of pay up to the IRS limit for the year. Also, if you are age 50 or older you are allowed to make catch-up contributions up to the IRS catch-up limit.
- » Powell will match 50% of the first 7% of combined pre-tax, after-tax (Roth) and/or catch-up contributions to the Plan.
- » You are always 100% vested in your contributions and in matching contributions.
- » Loans are permitted under the Plan.
- » Pre-tax salary deferral and catch-up contributions will reduce your taxable income and as a result the taxes paid may decrease as well.

Take the Next Step

Employees can easily enroll in, or make changes anytime in one of two ways:

- » Log on to www.401k.com
- » Call the Fidelity Retirement Benefits line at 800-835-5095

What is a 401(k)?

This employer-sponsored retirement account can help build income and create choices for your future self by saving money from your paycheck. Due to the value of compounding interest, the sooner you participate in a 401(k), the better.

Administrative and record-keeping services for this plan are provided by Fidelity Investments.

Pre-tax vs. Roth 401(k): What's the difference?

Eligible employees can invest for retirement while receiving certain tax advantages. If you contribute to your 401(k) pre-tax, your contributions will be taken out before taxes each pay period. However, you'll have to pay taxes on the funds when you withdraw them during retirement. If you choose the available Roth 401(k), contributions will be deducted from your paycheck after taxes — so you won't pay taxes when you withdraw during retirement.

Regardless of which retirement account you choose or how much you contribute, it's important to think of it as a long-term strategy. Dipping into the account early will jeopardize the quality of your retirement and rack up penalties from the IRS.



Thoughts & Tips: When you retire, you'll need at least 70% of your pre-retirement earnings to maintain your standard of living. Social Security retirement benefits typically replace only about 30% to 40%, so start building that nest egg now.

Contributing to the Plan

As a participant in the 401(k) Plan, you are able to save for retirement to help you achieve your retirement goals. The IRS limits the amount you can save annually, but if you are over age 50, you can contribute even more to the plan through catch-up contributions.

The annual IRS limit for 2026 is \$24,500,* and the standard catch-up contribution limit for individuals ages 50 and older is \$8,000.* For participants age 60-63, the catch-up contribution limit is \$11,250.

How Much Should I Be Saving for Retirement?

Industry rule of thumb is to aim to save at least 15% of your pre-tax income each year for retirement. That includes any contributions you get from Powell. Powell will match 50% of the first 7% of pre-tax and/or after-tax (Roth) and/or catch-up contributions into the Plan. If you can't afford to save that much right now, be sure you are at least saving up to the amount matched by Powell so you aren't leaving free money on the table.

Changing or Stopping Your Contributions

You may change the amount of your contributions any time. Simply log into your account at www.401k.com. All changes are effective as soon as administratively feasible and remain in effect until you modify them. You may also discontinue your contributions and restart them again at any time.

Consolidating Your Retirement Savings

If you have an existing qualified retirement plan with a previous employer, you may transfer that account into Powell's plan any time. Contact Fidelity Investments at 800-835-5095 for details.

Investing in the Plan

It's up to you how to invest the assets in your account. The Powell 401(k) plan offers a selection of investment options for you to choose from. You may change your investment choices any time. For more details, refer to your 401(k) Enrollment Guide or visit www.401k.com.

*Projected amount subject to change by the IRS.





Group Pre-Paid Legal Services

Ultimate Advisor legal insurance from ARAG is an affordable and reliable legal solution for most everyday legal matters such as comprehensive identity theft services, caregiving services, financial services and more. ARAG offers a nationwide network of credentialed attorneys who can review or prepare documents, make follow-up calls or write letters on your behalf, provide legal advice and consultation, and represent you in court.

If you choose to enroll, this plan will provide representation for many personal and legal services for you and your eligible dependents (eligible dependents are your spouse and unmarried dependent children).

| PRE-PAID LEGAL PREMIUMS | |
|-------------------------|----------------|
| WEEKLY | SEMI - MONTHLY |
| \$5.05 | \$10.95 |



Employee Assistance Program

The ComPsych Employee Assistance Program (EAP) is available to all Powell employees and members of their household at no cost to the employee.

The EAP benefit provides access to a wide variety of tools and services to assist with life challenges that could affect mental health, relationships with others or job performance. The EAP allows you and eligible family members to talk with, and in some cases meet with, professionals at no charge to assist with various issues that include, but are not limited to, family matters, legal matters, stress, financial concerns, work-life issues, etc. The EAP services are always 100% confidential.

Travel Assistance Program

As a Powell employee, you have access to Assist America at no cost to you. This service can help you and your family members with a medical or personal emergency while traveling more than 100 miles away from home. By calling the Assist America center you can:

- » Be connected to pre-qualified, English speaking doctors, hospitals, pharmacies and dentists anywhere in the world
- » Receive medical referrals to local doctors or dentists
- » Arrange for emergency medical evacuation
- » Get prescription assistance
- » Arrange for the return of a dependent child if left unattended as a result of the employee's medical emergency



COMPREHENSIVE IDENTITY THEFT PROTECTION

Powell is committed to helping you and your family protect what matters most! With the #1 consumer rated identity theft protection solution, IdentityForce. Powell pays 100% of the cost of the UltraSecure ID package for you and your child(ren) under the age of 26. Some of the benefits include:

- » **Dark Web Monitoring** | Protects your personal information from being bought and sold by hackers and fraudsters.
- » **FREE ChildWatch (CW)** | Protects any child(ren) living in your household under 26 years old from identity theft.
- » **Social Media Identity Monitoring** | Alerts you and your covered family members of social network threats, hacked accounts, impostor accounts, and scams that could lead to identity theft.

You have the option to add coverage for your spouse under a family plan. You can also upgrade your identity theft coverage to include more features with the UltraSecure Plus or UltraSecure Premium packages.

| Plan Features | | UltraSecure ID + CW | UltraSecure Plus + CW | UltraSecure Premium + CW |
|---------------------------------|---|---------------------|-----------------------|--------------------------|
| Employee Monthly Premium | | \$0.00 | \$1.52 | \$5.34 |
| Family Monthly Premium | | \$2.16 | \$4.82 | \$11.32 |
| MONITOR | Advanced Fraud Monitoring | | ✓ | ✓ |
| | Change of Address Monitoring | ✓ | ✓ | ✓ |
| | Court Record Monitoring | | ✓ | ✓ |
| | *Dark Web Monitoring (Address, Bank Account Number, Credit/Debit Card Account Number, Driver's License, email, Medical Insurance ID, Passport Number, Phone Number, Social Security Number Compromised Credentials Monitoring, Account Takeover Monitoring) | ✓ | ✓ | ✓ |
| | Investment Account Monitoring | | ✓ | ✓ |
| | Pay Day Loan Monitoring | | | ✓ |
| | Sex Offender Monitoring (Monthly) | | | ✓ |
| | *Social Media Monitoring (Monitoring Inappropriate Activity, Hacked Account, Impersonation Account, Scams, Malware & Phishing) | ✓ | ✓ | ✓ |
| | | | | |
| ALERT | Bank and Credit Card Activity Alerts | | ✓ | ✓ |
| | Fraud Alert Reminders | | ✓ | ✓ |
| | Investment Account Alerts | | ✓ | ✓ |
| | Identity Threat Alerts | ✓ | ✓ | ✓ |
| | Junk Mail Opt-Out | ✓ | ✓ | ✓ |
| | *Smart SSN Tracker | ✓ | ✓ | ✓ |
| CONTROL | Medical ID Fraud Protection | ✓ | ✓ | ✓ |
| | IdentityForce Mobile App | ✓ | ✓ | ✓ |
| | Mobile Attack Control | ✓ | ✓ | ✓ |
| | Secure My Network (VPN) | ✓ | ✓ | ✓ |
| | Online PC Protection Tools | | | ✓ |
| | Two-Factor Authentication | ✓ | ✓ | ✓ |
| | *Lost Wallet | ✓ | ✓ | ✓ |
| RECOVER | *Identity Restoration Specialist | ✓ | ✓ | ✓ |
| | *Restoration for Pre-Existing Conditions | ✓ | ✓ | ✓ |
| | White-glove Family Restoration | ✓ | ✓ | ✓ |
| | Deceased Family Member Fraud Remediation | ✓ | ✓ | ✓ |
| | *Identity Theft Insurance—\$1 Million | ✓ | ✓ | ✓ |
| | *Stolen Funds Replacement | ✓ | ✓ | ✓ |
| CREDIT | + Investment Accounts | ✓ | ✓ | ✓ |
| | Credit Freeze & Credit Report Assistance | | ✓ | ✓ |
| | Credit Report Monitoring | | 1 Bureau Daily | 3 Bureaus Daily |
| | Credit Report & Score | | Monthly | Quarterly |
| | Credit Score Simulator | | ✓ | ✓ |
| | Credit Score Tracker | | Monthly | Monthly |

*Included in ChildWatch

Easy to Enroll

You must have a valid email address in order to receive the Welcome email from IdentityForce.

- After completing your new hire benefit elections, IdentityForce will send a Welcome email to the personal or work email address on file in Powell's HR system within 3 to 10 business days. If you do not have an email address in Powell's HR system, you can set one up through Employee Self Service or you can call IdentityForce's member services team at 877-694-3367 to give them your email address.
- You will click on the link provided in the Welcome email to access your account and complete your member profile. You will then be sent a confirmation email from IdentityForce.
- Click on the link in the confirmation email to complete registration and to access your Identity Protection Dashboard.

You can call member services at 877-694-3367 with questions.



From getting married to having a child, we will help you manage through Qualifying Life Events and how they affect your benefits.

I'm Getting Married

Getting married is considered a Qualifying Life Event that will allow you to enroll or make changes to your health benefits. You may also want to consider enrolling in or increasing your Healthcare Flexible Spending Account (HFSA) contribution.

If you wish to add your new spouse and dependent children to Powell's medical insurance, you must provide the appropriate dependent verification documentation within 30 days of your marriage. Otherwise, you will not be able to make a change until the next Benefits Annual Enrollment period.

I'm Getting Divorced

After your divorce is finalized, you must drop your former spouse and/or former stepchildren from your benefits within 30 days as they are no longer considered eligible dependents under the Plan. They will be eligible to continue coverage under COBRA and will receive a COBRA packet in the mail from Powell's COBRA administrator, Navia Benefit Solutions.

You will be required to submit court documentation to confirm your divorce or legal separation. Court documentation must be signed and sealed by the county court judge.

Be sure to update your life insurance beneficiaries in Employee Benefits Self Service at PowellBenefits.com and the beneficiary for your 401(k) account at www.401k.com.

I'm Having a Child

If you are becoming a mother or father due to birth of a child or becoming a parent due to adoption or placement of a child for foster care, there are a number of things you will need to know to ensure a smooth transition for time off and things you will want to consider regarding your benefits.

Moms giving birth to a new baby may be eligible for benefits under the Short-Term Disability (STD) Policy.

Family and Medical Leave Act (FMLA) leave is an unpaid leave that provides job protection for up to 12 weeks to eligible employees. For new moms who are also on Short-Term Disability (STD), FMLA leave runs concurrent with STD.

FMLA is available for baby bonding for new moms and dads. Baby bonding leave can be taken at any time within the twelve months following the baby's birth. For new moms, that typically occurs after STD benefits are exhausted. Baby bonding leave is unpaid; however, if you have available PTO it must be used during baby bonding leave. If you don't have available PTO, the leave will be unpaid. Baby bonding FMLA must be taken as continuous leave. Intermittent baby bonding FMLA is not allowed.

You may be eligible for two weeks of paid time off under Powell's Paid Parental Leave Policy. Paid Parental Leave (PPL) can be taken as continuous leave or intermittent leave. PPL does not run concurrently with STD but does run concurrently with FMLA if applicable.

STD, FMLA and PPL are all administered by Sun Life, Powell's leave administrator. Contact Sun Life to file a claim.

The birth, adoption or placement of a child is considered a Qualifying Life Event that will allow you to enroll or make changes to your health benefits. If you wish to add your new child to Powell's health insurance, you must provide supporting documentation i.e. birth facts reflecting the child's birth, court documents, etc. to the Powell Benefits Center within 30 days of the birth or placement of the child. You may also want to consider enrolling in the Dependent Care Flexible Spending Account (DFSA) to utilize pre-tax dollars to pay for day care, and/or increase your contribution to the Healthcare Flexible Spending Account (HFSA).

I Am or My Dependent Is Gaining or Losing Coverage Under Another Plan

Within 30 days

If you or your dependent gain or lose coverage under another employer sponsored plan, you may add or cancel coverage under Powell's benefit plans within 30 days of the life event effective date.

Within 60 days

If you or your dependent gain or lose coverage through a government sponsored medical plan like CHIP, Medicaid or Medicare, you may add or cancel coverage under Powell's benefit plans within 60 days of the life event effective date.

You are required to submit proof of new coverage or loss of coverage. Supporting documentation must include an effective date of coverage or coverage termination date within 30 or 60 days of the date of the request. The Powell Benefits Center will accept the following documentation as proof:

- » Benefit Confirmation Statement with Company logo
- » New Member ID cards from an insurer
- » COBRA Special Rights Notice
- » CHIP, Medicare, or Medicaid letter stating coverage is activated or terminated

For more information on other types of Qualifying Life Events, visit the "YOUR LIFE" section on Powell's *Empowered* Benefits Web Portal at

www.powellind.com/benefits.

You may also contact your Division HR or the Powell Benefits Center at 855-855-7610 for assistance.



MENTAL HEALTH RESOURCES

Your mental and emotional health matters. Whether you're feeling stressed, navigating a major life change, or simply need someone to talk to – confidential support is available to you and your household members.

Behavioral Health (MDLive)

Access licensed therapists or psychiatrists by phone or video – from home, on your schedule. You and your family are eligible to receive treatment for a \$25 copay per visit.

Helps 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!

How to access:

Log in to MDLive online or through the mobile app to request a visit. For more information, visit www.MDLIVE.com.

Employee Assistance Program (EAP)

Short-term, confidential counseling for personal or work-related challenges – available 24/7.

Helps with:

- » Emotional support & short-term counseling
- » Coping with stress or burnout
- » Parenting or family concerns
- » Grief and life transitions
- » Work-life balance

Work-Life Support (Included in the EAP)

Short-term, confidential counseling for personal or work-related challenges – available 24/7.

Available for:

- » Financial stress or budgeting help
- » Elder care and caregiving navigation
- » Locating childcare resources
- » Major life changes

Learn more on the Empowered website at <https://powell-benefits.com> and at the Mental Wellbeing Exhibit Hall, where you can find resources on ADHD, Anxiety, Depression, Eating Disorders, Family & Caregivers, Grief & Loss, Substance Abuse and Suicide.



POWELL'S VIRTUAL WELLNESS FAIR



The Virtual Wellness Fair is a new addition to Powell's Empowered website under YOUR WELLBEING that features useful information, websites and educational videos related to heart health, diabetes, mental health and financial fitness.

Virtual Wellness Fair

Welcome
Welcome to Powell's Virtual Wellness Fair!
We are committed to providing you with resources to make informed decisions related to you and your family's health and wellbeing.
We encourage you and your family members to take the time to explore this Virtual Wellness Fair containing valuable information related to Heart Health, Diabetes, Mental Wellbeing and Financial Fitness.**Click on an exhibit hall below**

Heart Health Exhibit Hall

Diabetes Exhibit Hall

Mental Wellbeing Exhibit Hall

Financial Fitness Exhibit Hall

Heart Health Exhibit Hall

Heart Health

[Back to Lobby Entrance](#)

Diabetes Exhibit Hall

Diabetes

[Back to Lobby Entrance](#)

Financial Fitness Exhibit Hall

Learn the Basics of Social Security

Maximize Your Social Security

Basics of Medicare & Medigap

Health Care in Retirement

Make the Most of Your Retirement Savings

Retirement Income Planning for Her

Navigating Market Volatility

Turn Your Savings into Retirement Income

Estate Planning

Personalized Planning & Advice

Budgeting & Debt Management

Families & 529 College Savings Plan

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[Back to Lobby Entrance](#)

Mental Wellbeing Exhibit Hall

ADHD

Anxiety

Depression

Eating Disorders

Family & Caregivers

Grief & Loss

Substance Abuse

Suicide

[Back to Lobby Entrance](#)



Scan the QR code to visit the Virtual Wellness Fair.



HELPFUL TIPS, TOOLS AT YOUR FINGERTIPS AND CONTACT INFORMATION



Text BENEFITS to 833-234-9576 to receive text messages regarding important Benefits information.



Simply download FREE mobile apps from the Apple Store or Google Play Store to help you stay connected to your Powell benefits!



Go Mobile with the Oracle Cloud App!

Stay connected with what's going on with your Powell Benefits and access important benefits information wherever you are!



Good morning

Employee Benefits Self Service portal

Me **Benefit Resources** My Team

APPS



Benefit Plans Documents

View and download benefit plan documents



Empowered

Quick access to Powell's Benefits Portal, Empowered



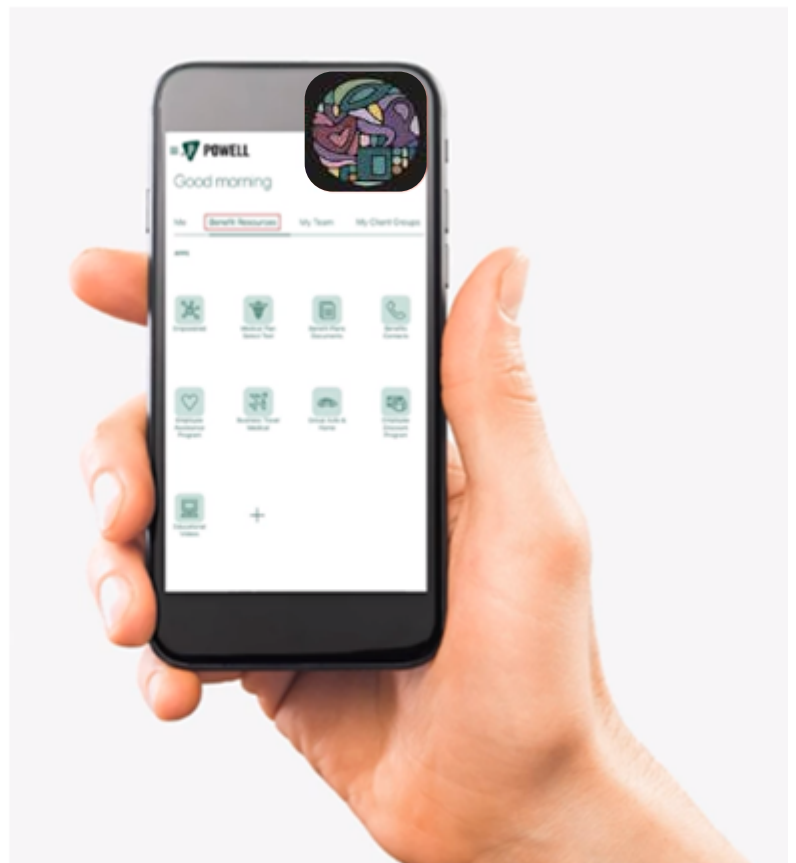
Educational Videos

Benefit tools and educational videos



Employee Discount Program

Employee Discount Programs



Receive notifications on upcoming deadlines and important benefit information and much more!



Neither Powell nor our benefits carriers will ever ask you for your Powell Business Systems login credentials. If you receive a suspicious email, please notify the Powell Benefits Department immediately at 855-855-7610.

BCBSTX Mobile App

To access your important BlueCross BlueShield of Texas (BCBSTX) health benefit information anywhere you go, download the BCBSTX App. Text BCBSTXAPP to 33633 to get the app. You will be able to use your smartphone to:

- » Find an in-network doctor, hospital or urgent care facility
- » Access your claims, coverage and deductible information
- » View and email your member ID card



myCigna® Mobile App

The myCigna® app uses one-touch access, making it easy for you to personalize, organize and access your health information on the go. The app is available for download for both iPhone and Android smartphones.

myCigna is your online home for:

- » Accessing your dental ID card,
- » Finding an in-network dentist,
- » Viewing claims, benefits, and more.

View/Print your ID Card

Access your ID card information and share it directly from the app

Access to an array of tools

The myCigna mobile app includes easy to use tools to help you understand the value of your benefits. This includes educational articles and the dental cost estimator tool.



Sun Life Mobile App

Sun Life Absence Management Services provides an easy-to-use and convenient way to manage your leave of absence with the Absence Management Services mobile app. The app enables you to access absence management features, such as request, track, view, and update leaves as well as report your time.



Assist America Mobile App

Assist America is a premier provider of global emergency medical services for travelers who become ill or injured while traveling more than 100 miles (150 kilometers) from home, or while in a foreign country. As a covered member, you get one-touch connection to the Operations Center, access to pre-trip Information, and Assist Alerts.



MDLIVE Mobile App - Telemedicine App

If enrolled in one of Powell's medical plans, you have access to telemedicine through MDLIVE. Log in to Blue Access for Members at www.bcbstx.com, then click on Virtual Visits located under Quick Links. Click on Visit MDLIVE website to register. Once registered, download the MDLIVE app via the App Store or Google Play.

When to use MDLIVE?

- » Instead of going to the ER or an urgent care center for a non-emergency issue
- » During or after normal business hours, nights, weekends, and even holidays
- » If your primary care physician is not available
- » You need to see a behavioral health professional
- » If you don't feel up to driving to a doctor's office
- » If traveling and in need of medical care
- » To request prescription refills when appropriate*

The average wait time is less than 15 minutes to consult with a state-licensed, board-certified physician averaging 15 years of practice experience.

*Prescription Policy: Prescriptions are issued only when clinically appropriate for the symptoms described. No controlled substances may be prescribed, and the availability of some prescriptions may be restricted by law in some states. For complete terms of use, visit www.mdlive.com/pages/terms.html.



Download the MyNavia Mobile App

Check out the MyNavia Mobile App for iPhone, iPad and Android devices. It's never been easier or more convenient to access your FSA and/or HRA account information. The app allows you to upload receipts, check your balances, view final filing dates, access claim detail, contact customer service, report a lost or stolen debit card, reset your password and even file a claim.

The data transfer is secure as they utilize 128-bit SSL on all mobile transmissions and a passcode is required each time you enter the app. No pictures are stored on the phone, so you can rest assured that your information is safe.

The MyNavia Mobile App will simplify how you use your Flexible Spending Account or Health Reimbursement Arrangement. Get the app today — available FREE in the Apple App Store and Google Play Store.



Download and use the MyNavia Mobile App to:

Upload Receipts

Check Balances

File Claims

View Filing Dates



The Fidelity 401(k) NetBenefits App

- » See all your Fidelity workplace accounts
- » Monitor account balances
- » Review and change investments
- » Update your contribution amount
- » Get your personal rate of return
- » Compare your account performance with peers in your age group and area
- » Access articles, videos, and podcasts in the NetBenefits Library

Connect with a rep instantly by tapping "Give Us a Call"





BENEFITS GLOSSARY

Annual Enrollment – The period set by Powell during which employees and dependents may enroll for coverage, make changes or cancel coverage for the following plan year.

Balance Billing – When you are billed by an out-of-network provider for the difference between the provider's charge and the allowed amount. For example, if the provider's charge is \$100 and the allowed amount is \$60, you may be billed by the provider for the remaining \$40.

Coinsurance – Your share of the cost of a covered healthcare service, calculated as a percent of the allowed amount for the service, typically after you meet your deductible.

Consumer-Driven Health Plan (CDHP) – A plan option that provides choice, flexibility and control over healthcare spending. Most preventive care is covered at 100% with in-network providers, there are no copays and all qualified employee-paid medical expenses count toward your deductible and your out-of-pocket maximum.

Copay – The fixed amount, as determined by the medical plan you're enrolled in, you pay for healthcare services received.

Deductible – The amount you pay for certain healthcare services before your health insurance begins to pay its portion. For example, if your deductible is \$2,000, your plan does not pay anything until you've paid \$2,000 for certain covered services. This deductible may not apply to all services, including preventive care.

Explanation of Benefits (EOB) – A statement from your insurance carrier that explains the services provided, their cost, what portion of the claim was paid by the plan, and what portion is your liability, in addition to how you can appeal the insurer's decision.

Flexible Spending Accounts (FSAs) – A special tax-free account you put money into that you use to pay for certain out-of-pocket healthcare or dependent care costs. You'll save an amount equal to the taxes you would have paid on the money you set aside. FSAs are "use it or lose it," meaning that funds not used by the end of the plan year will be lost. Powell's Healthcare FSA plan allows you to carryover a specified amount into the new year if you are actively enrolled.

- » **Healthcare FSA** – A pre-tax benefit account used to pay for eligible medical, dental, and vision care expenses that aren't covered by your insurance plan. All expenses must be qualified as defined in Section 213(d) of the Internal Revenue Code.
- » **Dependent Care FSA** – A pre-tax benefit account used to pay for dependent care services. For additional information on eligible expenses, refer to Publication 503 on the IRS website.

Health Reimbursement Account (HRA) – A personal healthcare account funded by Powell that you can use to pay for qualified medical expenses.

Network – A group of physicians, hospitals and other healthcare providers that have agreed to provide medical services to a health insurance plan's members at discounted costs.

- » **In-Network** – Providers that contract with your insurance company to provide healthcare services at the negotiated carrier discounted rates.
- » **Out-of-Network** – Providers that are not contracted with your insurance company. If you choose an out-of-network provider, you may be balance billed for the amount not covered by insurance.

Out-of-Pocket Maximum – The most you pay during a policy period (usually a calendar year) before your health insurance begins to pay 100% of the allowed amount. This does not include your premium, charges beyond the allowed amount, or healthcare your plan doesn't cover. Check with your carrier to confirm what applies to the maximum.



Over-the-Counter (OTC) Medications – Medications available without a prescription.

Prescription Medications – Medications prescribed by a doctor. Cost of these medications is determined by their assigned tier: generic, preferred, non-preferred or specialty.

- » **Generic Drugs** – Drugs approved by the U.S. Food and Drug Administration (FDA) to be chemically identical to corresponding preferred or non-preferred versions. Usually the most cost-effective version of any medication.
- » **Brand Name Drugs** – Brand name drugs are prescription drugs marketed with a specific brand name by the company that manufactures it. They are typically more expensive because brand name drug makers have to cover their research, testing and promotion costs, which get passed down to the consumer. Brand name drugs are patented, which allows them to be sold exclusively for a limited time. When the patent expires other companies are allowed to make generic versions of the brand name drug.
- » **Specialty Drugs** – Prescription medications used to treat complex, chronic and often costly conditions. Because of the high cost, many insurers require that specific criteria be met before a drug is covered.
- » **Preferred Drugs** – Generally the preferred drug is the drug the insurance wants you to use because they have negotiated with the drug manufacturer a lower cost for that drug compared to other drugs in that category. It has the same efficacy as non-preferred drugs in the same category. Preferred drugs can be generic, brand name or specialty drugs.
- » **Non-Preferred Drugs** – Non-preferred drugs are drugs that are not on the insurance company's preferred drug list and generally cost more than the preferred drug in the same category.
- » **Prior Authorization** – A requirement that your physician obtain approval from your health insurance plan to prescribe a specific medication for you.
- » **Step Therapy** – The goal of a Step Therapy Program is to steer employees to less expensive, yet equally effective, medications while keeping member and physician disruption to a minimum. You must typically try a generic or preferred-brand medication before “stepping up” to a non-preferred brand.

Summary of Benefits and Coverage (SBC) – Mandated by healthcare reform, your insurance carrier provides you with a summary of your benefits and plan coverage.

Summary Plan Description (SPD) – The document(s) that outline the rights, obligations, and material provisions of the plan(s) to all participants and their beneficiaries.



IMPORTANT BENEFITS CONTACTS



POWELL BENEFIT CENTER

www.Powellind.com/Empowered
powellbenefits@powellind.com

855-855-7610
713-947-4427 (Fax)

MEDICAL PLANS

BlueCross BlueShield
Group #: 079163
www.bcbstx.com
800-521-2227

PRESCRIPTION DRUG

Retail Program — Prime Therapeutics
through BlueCross BlueShield
www.bcbstx.com
800-521-2227

MAIL ORDER PROGRAM

Express Scripts Pharmacy
www.esrx.com/BCBSTX
833-715-0942

SPECIALTY PHARMACY PROGRAM

Accredo Specialty Pharmacy
www.accredo.com/BCBSTX
833-721-1619

VIRTUALCHECKUP

Catapult Health
<https://virtualcheckup.com/Powell>
855-509-1211

24/7 NURSELINE

BlueCross BlueShield
800-581-0368

HEALTH REIMBURSEMENT ACCOUNTS (HRA)

Navia Benefit Solutions
www.naviabenefits.com
214-559-0472

MDLIVE TELEMEDICINE

Group #: 079163
www.mdlive.com
888-680-8646

MUSCULOSKELETAL REHABILITATION

Airrosti
Group #: 079163
www.airrosti.com
800-404-6050

DENTAL

Cigna
Group #: 3344448
www.mycigna.com
800-244-6224

VISION

Vision Service Plan (VSP)
Group #: 12250635
www.vsp.com
800-877-7195

SUPPLEMENTAL HEALTH BENEFITS (Accident & Critical Illness)

Voya
877-236-7564
<https://presents.voya.com/EBRC/Home/Powell>

FLEXIBLE SPENDING ACCOUNTS

Navia Benefit Solutions
www.naviabenefits.com
214-559-0472

SHORT- & LONG-TERM DISABILITY

Sun Life
STD/LTD Group #: 946525
www.sunlife.com/account
888-444-0239

FAMILY AND MEDICAL LEAVE (FMLA)

Sun Life
www.sunlife.com/account
888-444-0239

LIFE AND AD&D

Sun Life
Group #: 946525
800-247-6875

COMPREHENSIVE ID THEFT PROTECTION

IdentityForce
www.identityforce.com
877-694-3367

PRE-PAID LEGAL

ARAG Legal Plans
Access Code 18027pi
www.ARAGlegal.com/myinfo
800-247-4184

EMPLOYEE ASSISTANCE PROGRAM

ComPsych
Group #: 946525
www.guidanceresources.com
877-595-5281

EMERGENCY TRAVEL ASSISTANCE

Assist America
www.assistamerica.com
800-872-1414 (U.S.)
609-986-1234 (outside U.S.)

401(K)

Fidelity Investments
Group #: 09346
www.401k.com
800-835-5095

For questions, please contact your Division HR:

Corporate - Mosley Houston
713-944-6900

Corporate - Airport Houston
713-790-1700

Electrical Division Airport
713-790-1700

Electrical Division Houston (Mosley)
713-944-6900

Electrical Division Houston (Jacintoport)
713-944-6900

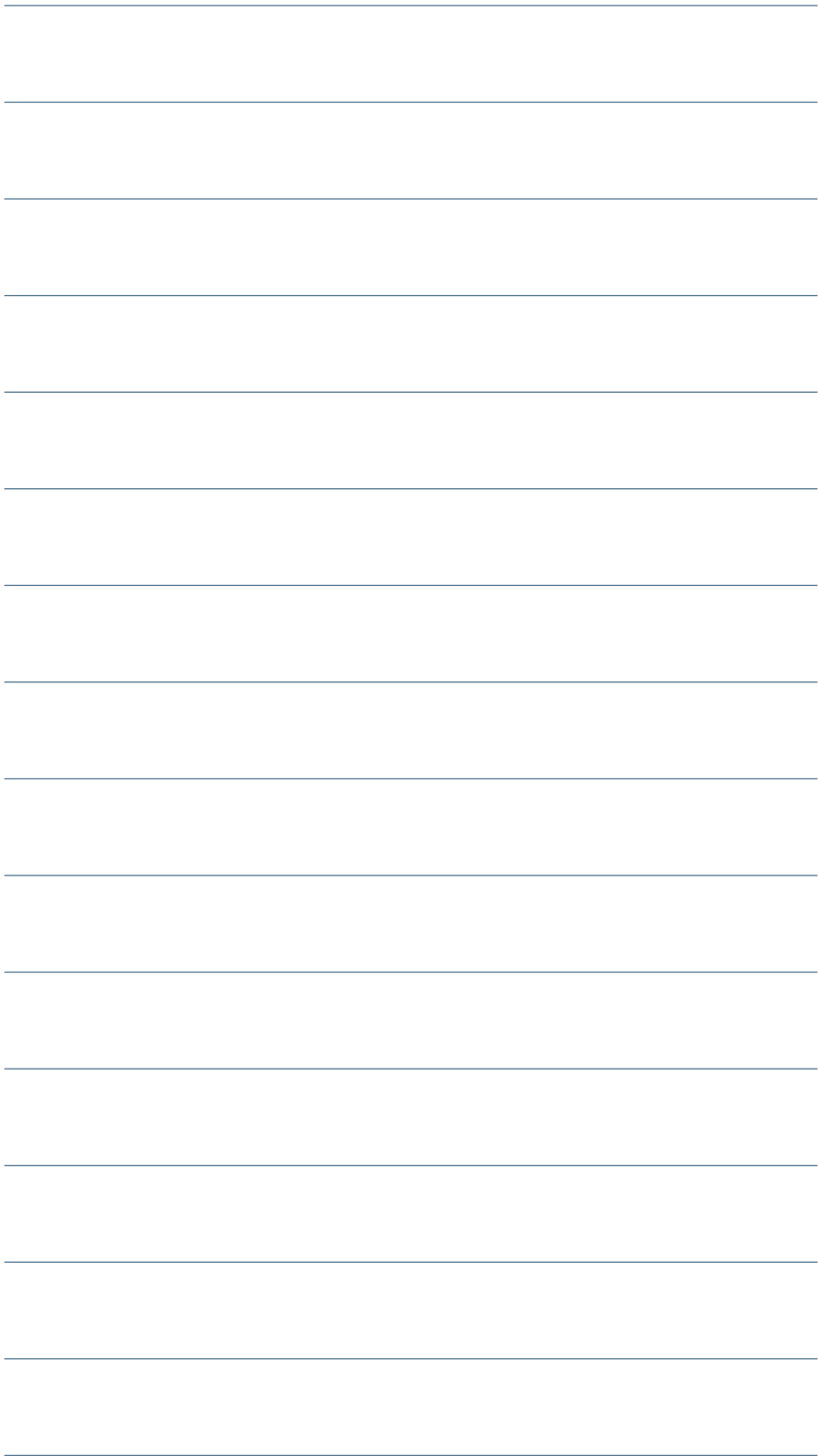
Electrical Division North Canton
330-966-1750

Electrical Division Northlake
708-409-1200

Powell Automation Division
713-790-1700

Service Division
713-790-1700

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The descriptions of the benefits are not guarantees of current or future employment or benefits. If there is any conflict between this Guide and the official Plan Documents, the official documents will govern.