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# 2026 ANNUAL ENROLLMENT

October 13th - 24th, 2025

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Annual Enrollment for the 2026 plan year is here and it's time to review and adjust your benefit elections as needed. If no action is taken during the Annual Enrollment period, your existing elections will carry over into 2026. The only exception is the Flexible Spending Accounts (FSAs), which require you to re-enroll each year.

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

Your Top Five Tasks for Annual Enrollment:

1. Review and make changes to your benefit elections by October 24, 2025
2. Submit the appropriate dependent verification documents by November 14, 2025 if you are adding a dependent to any of your benefits.
3. Review and update your beneficiaries.
4. Complete our quick 5-question Benefits Communication Survey for a chance to win a prize! Scan the QR code postcard enclosed in your packet.
5. Text BENEFITS to 833-234-9576 to receive Annual Enrollment and Benefits reminders and notifications.

## What's New in 2026?

- » There will be no increase to medical, dental, and vision premiums for the 2026 plan year.
- » The Healthcare Flexible Spending Account (HFSA) contribution limit will increase to \$3,300 for 2026.
- » Teladoc Health Chronic Condition Management through BCBSTX will be available to medical plan participants diagnosed with pre-diabetes, diabetes and/or hypertension. See enclosed flyer for details.
- » Cancer Services and Support Hub through BCBSTX will be available to medical plan participants diagnosed with cancer. See enclosed flyer for details.

## Important Reminders

- » If you are currently enrolled in the Healthcare FSA, unused dollars of \$660 or less will be carried over into 2026 and added to your 2026 Healthcare FSA election. You must re-enroll in the Healthcare FSA for 2026 to have access to those funds. The carryover will not take place until after the 2025 claim filing deadline of March 31, 2026.
- » If you currently participate in one of the CDHP medical plans with an HRA, you are allowed to roll over unused funds up to the plan limits shown in the HRA section of this brochure.
- » Healthcare Identification cards:
  - If you are a new enrollment or changed medical plans, you will receive an ID card in the mail. Members with mobile and/or online access will have access to a digital medical ID card.
  - Cigna Dental and VSP (vision) do not provide ID cards.

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

# MEDICAL BENEFITS

Medical coverage is provided by BlueCross BlueShield. To see a current list of network providers online, visit [www.BCBSTX.com](http://www.BCBSTX.com).

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

ANNUAL DEDUCTIBLE						
INDIVIDUAL	\$2,000	\$4,000	\$2,500	\$5,000	\$3,500	\$7,000
FAMILY	\$4,000	\$8,000	\$5,000	\$10,000	\$7,000	\$14,000

ANNUAL OUT-OF-POCKET MAXIMUM (MAXIMUM INCLUDES DEDUCTIBLE)						
INDIVIDUAL	\$4,000	\$8,000	\$5,000	\$10,000	\$7,000	\$14,000
FAMILY	\$8,000	\$16,000	\$10,000	\$20,000	\$14,000	\$28,000

COPAYS/COINSURANCE						
OFFICE VISIT	\$30 PCP \$50 Specialist	50%*	20%*	50%*	40%*	60%*
MDLIVE TELEMEDICINE 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

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

\*Check for participating pharmacies online at [www.MyPrime.com](http://www.MyPrime.com).



# HEALTH REIMBURSEMENT ACCOUNT

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

	PREMIER CDHP			BASIC CDHP		
	POWELL HRA CONTRIBUTION	MAXIMUM ROLLOVER DOLLARS ON 1/1/2026	MAXIMUM ACCOUNT BALANCE*	POWELL HRA CONTRIBUTION	MAXIMUM ROLLOVER DOLLARS ON 1/1/2026	MAXIMUM ACCOUNT BALANCE*
EMPLOYEE (EE) ONLY	\$750	\$750	\$1,500	\$500	\$500	\$1,000
EE + SPOUSE	\$1,000	\$1,000	\$2,000	\$750	\$750	\$1,500
EE + CHILD(REN)	\$1,000	\$1,000	\$2,000	\$750	\$750	\$1,500
EE + FAMILY	\$1,500	\$1,500	\$3,000	\$1,000	\$1,000	\$2,000

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

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



# DENTAL BENEFITS

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

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

# VISION BENEFITS

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

		WEEKLY	SEMI-MONTHLY	
PRE-TAX PAYROLL DEDUCTIONS				
EMPLOYEE (EE) ONLY		\$1.62		\$3.50
EE + SPOUSE		\$3.23		\$7.00
EE + CHILD(REN)		\$3.23		\$7.00
FAMILY		\$4.85		\$10.50
		IN-NETWORK	OUT-OF-NETWORK	FREQUENCY
EXAMS				
COPAY		\$25	\$25	Once every plan year
LENSES				
SINGLE VISION			Covered up to \$45*	Once every plan year
BIFOCAL	Covered 100% after applicable copay(s)		Covered up to \$65*	
TRIFOCAL			Covered up to \$85*	
LENTICULAR			Covered up to \$125*	
CONTACTS (IN LIEU OF LENSES AND FRAMES)				
ELECTIVE		100% up to \$180	Covered up to \$105*	Once every plan year
MEDICALLY NECESSARY		Covered 100%*	Covered up to \$210*	
FRAMES				
ALLOWANCE		Up to \$180	Covered up to \$70*	Once every plan year
REPAIR OR REPLACE** (FRAMES AND/OR LENSES)		\$0	Not covered	Once every plan year

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

## FLEXIBLE SPENDING ACCOUNTS

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

### Healthcare Flexible Spending Account

A Healthcare Flexible Spending Account (HFSA) allows you to set aside pre-tax dollars from your paycheck to pay for eligible healthcare expenses not covered by insurance. Participants can use this money to pay for deductibles, copays, prescriptions and other eligible expenses as determined by the IRS. You can contribute \$100 to \$3,300 annually. You may carry over up to \$660 of unused 2025 funds into the 2026 plan year as long as you re-enroll in 2026.

### Dependent Care Flexible Spending Account

A Dependent Care Flexible Spending Account (DFSA) allows you to set aside \$100 to \$5,000 pre-tax dollars from your paycheck to pay for eligible dependent care expenses, such as day care costs. Examples of eligible dependents include: a tax dependent under the age of 13 or a tax dependent that is physically or mentally incapable of self-care. To qualify, you and your spouse must be employed, looking for work, or a full-time student. Under the HFSA and DFSA, supporting documentation for eligible healthcare and dependent care expenses incurred from January 1, 2026 through December 31, 2026 must be submitted no later than March 31, 2027. Unused dollars will be forfeited after this date.



# LIFE & AD&D INSURANCE

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

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

## Optional Life and AD&D Insurance

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

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

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



# SHORT- & LONG-TERM DISABILITY

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

## Basic Short-Term Disability (STD) Insurance

Short-Term Disability replaces 60% of your weekly base salary for up to 12 weeks. It begins after seven continuous days of disability due to illness or injury that is not work related.

## Basic Long-Term Disability (LTD) Insurance

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



# TELADOC HEALTH

## Chronic Condition Management (CCM+)

Employees and their dependents who are enrolled in one of the BlueCross BlueShield medical plans are eligible to join these new programs. These programs are offered free of charge to those members who qualify. You will not be billed anything for joining — this includes shipping a Welcome Kit to you.

Joining is easy and takes only a few minutes! To register, visit [TeladocHealth.com/Smile/HEALTH-TX](https://TeladocHealth.com/Smile/HEALTH-TX) (Code: HEALTH-TX) or call 800-835-2362.

## Teladoc Health – Diabetes and Hypertension

Teladoc Health offers both Prediabetes, Diabetes and Hypertension management programs. These programs combine a connected blood pressure cuff/glucose meter and personal support.

Features include:

- » Easy remote blood pressure and glucose monitoring.
- » Certified Educators or Licensed professionals provide live-coaching and 24/7 digital alerts (varies by program).
- » Instant interventions when blood glucose readings are out of range.
- » Intuitive mobile experience to track progress and receive personalized, clinically grounded coaching and educational contact.
- » Optional notifications for high and low readings to give loved ones and providers insight.
- » Test strips and lancets at no extra cost, delivered to your door.



# CANCER SERVICES & SUPPORT HUB

Effective January 1, 2026, the 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://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.

# CATAPULT HEALTH VIRTUALCHECKUP™

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

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

## SUPPLEMENTAL HEALTH BENEFITS

### Accident Insurance

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

### Critical Illness Insurance

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

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

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