















Oct 27th - Nov 7th, 2025

#### 2026 ANNUAL ENROLLMENT

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. Review and make changes by November 7, 2025.

This brochure is an overview of the benefits available to you. We encourage you to visit Powell's Benefits Web Portal, *Empowered* (<a href="www.Powellind.com/Empowered">www.Powellind.com/Empowered</a>), 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.

#### (**1**) What's New in 2026?

- » There will be no increase to medical, dental, and vision premiums for the 2026 plan year.
- » 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 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.

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 <a href="www.Powellind.com/Empowered">www.Powellind.com/Empowered</a> 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 coverage is provided by BlueCross BlueShield. To see a current list of network providers online, visit <u>www.BCBSTX.com</u>.

	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 DEDUC	CTIBLE							
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-C	F-POCKET	MAXIMU	M (MAXIM	UM INCLL	IDES DEDI	JCTIBLE)		
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/COINS	JRANCE							
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

All collisarance amounts insecure reflect insured member 3 portion, area deductible								
PRESCRIPTION DRUGS								
	RETAIL (UP TO A 31-DAY SUPPLY)	RETAIL (UP TO A 90-DAY SUPPLY)	MAIL ORDER (UP TO A 90-DAY SUPPLY)	PRIME SPECIALTY PHARMACY* (UP TO A 30-DAY SUPPLY)				
PREFERRED GENERIC	\$5	\$15	\$10	N/A				
NON-PREFERRED GENERIC	\$20	\$60	\$40	N/A				
PREFERRED BRAND NAME	\$40	\$120	\$80	N/A				
NON-PREFERRED BRAND NAME	\$80	\$240	\$160	N/A				
PREFERRED SPECIALTY RX	10% of cost up to \$300 maximum; 2 grace fills only	Not Covered	Not Covered	10% of cost up to \$300 maximum				
NON-PREFERRED SPECIALTY RX	20% of cost up to \$600 maximum; 2 grace fills only	Not Covered	Not Covered	20% of cost up to \$600 maximum				
*Check for participating pharmacies online at www.MyPrime.com.								

# HEALTH REIMBURSEMENT ACCOUNT

A Health Reimbursement Account (HRA) is an employer-funded personal healthcare account you can use to pay for qualified medical expenses. You have access to HRA funds when you participate in one of Powell's Consumer Driven Health Plans, the Premier CDHP or Basic CDHP. Powell funds the HRA, and the funds can be used towards out-of-pocket healthcare expenses. Your HRA funds will be linked to a debit card which will allow you to pay your provider directly. At the end of the plan year, unused HRA funds are rolled over into the following year (after the 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 vou'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	

<sup>\*</sup>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.



# 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. For more information, visit www.MDLIVE.com.

MDLIVE Telemedicine doctors can treat many medical and behavioral conditions, including:

» Cold & flu

» Depression

» Allergies

» Relationship and marriage issues

Wrinary tract infection

>> Stress

Sinus problems

» Substance use disorders

» Pink Eye

>> Trauma & PTSD



#### **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 <u>TeladocHealth.com/Smile/HEALTH-TX</u> (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 <u>bcbstx.com</u> 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.

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

## HELPFUL BENEFIT RESOURCES & TOOLS

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



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