

●) WHAT'S NEW IN 2023?

Annual Enrollment for the 2023 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 2023.

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

Your Top Tasks for Annual Enrollment:

- 1. Review and make changes to your benefit elections by October 28, 2022.
- 2. Submit the appropriate dependent verification documents by November 18, 2022 if you are adding a dependent to any of your benefits.

2023 Enrollment News

- » There will be a slight increase to medical plan premiums for the 2023 plan year.
- » There will be no change to the subsidy amounts at this time.
- » No benefit changes in 2023.
- » Catapult Preventive VirtualCheckup will be available to you and your dependents (18+) who are covered under one of Powell's medical plans.

Important Reminders

- » If you currently participate in one of the CDHP medical plans with an HRA, you are allowed to roll over unused funds up to the plan limits shown in the HRA section of this brochure. The carryover will not take place until after the 2022 claim filing deadline of March 31, 2023.
- » Healthcare Identification cards:
 - If you change 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.

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

	PPO		PREMIER CDHP W/HRA		BASIC CDHP W/HRA			
	IN- NETWORK	OUT-OF- NETWORK	IN- NETWORK	OUT-OF- NETWORK	IN- NETWORK	OUT-OF- NETWORK		
ANNUAL DEDUC	CTIBLE							
INDIVIDUAL	\$1,500	\$3,000	\$2,000	\$4,000	\$3,000	\$6,000		
FAMILY	\$3,000	\$6,000	\$4,000	\$8,000	\$6,000	\$12,000		
ANNUAL OUT-OF-POCKET MAXIMUM (MAXIMUM INCLUDES DEDUCTIBLE)								
INDIVIDUAL	\$3,000	\$6,000	\$4,000	\$8,000	\$6,000	\$12,000		
FAMILY	\$6,000	\$12,000	\$8,000	\$16,000	\$12,000	\$24,000		
COPAYS/COINSI	JRANCE							
OFFICE VISIT	\$30 PCP \$50 Specialist	50%*	20%*	50%*	40%*	60%*		
MDLIVE TELEMEDICINE	\$25 copay	Not Covered	\$25 copay	Not Covered	\$25 copay	Not Covered		
AIRROSTI MUSCULOSKELETAL REHABILITATION	\$25 copay	Not Covered	\$25 copay	Not Covered	\$25 copay	Not Covered		
PREVENTIVE CARE	Covered at 100% - No Deductible	50%*	Covered at 100% - No Deductible	50%*	Covered at 100% - No Deductible	60%*		
INPATIENT & OUTPATIENT	20%*	50%*	20%*	50%*	40%*	60%*		
URGENT CARE	20%*	50%*	20%*	50%*	40%*	60%*		
EMERGENCY ROOM	20%*		20%*		40%*			
LAB COVERAGE	Covered 100%	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	\$70	\$210	\$140	N/A				
PREFERRED SPECIALTY RX	10% of cost up to \$250 maximum; 2 grace fills only	Not Covered	Not Covered	10% of cost up to \$250 maximum				
NON-PREFERRED SPECIALTY RX	20% of cost up to \$500 maximum; 2 grace fills only	Not Covered	Not Covered	20% of cost up to \$500 maximum				

^{*}Check for participating pharmacies online at www.MyPrime.com.



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

	PREMIER CDHP			BASIC CDHP			
	POWELL HRA CONTRIBUTION	MAXIMUM ROLLOVER DOLLARS ON 1/1/2023	MAXIMUM ACCOUNT BALANCE*	POWELL HRA CONTRIBUTION	MAXIMUM ROLLOVER DOLLARS ON 1/1/2023	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.

○ CATAPULT HEALTH VIRTUALCHECKUP™

Getting a health checkup has never been easier! Powell is pleased to announce we've partnered with Catapult Health to bring you VirtualCheckup. Complete 7 easy steps to get your biometric screening and preventive visit all from the comfort of your home.

- 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 stick your finger with the easy-to-use spring-loaded lancet.
- 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.
- 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.



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



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

BENEFIT CONTACTS

POWELL BENEFIT CENTER

www.Powellind.com/

Empowered

powellbenefits@powellind.com 855-855-7610 713-947-4427 (Fax)

MEDICAL PLANS

Blue Cross and Blue Shield Group #: 079163 www.bcbstx.com 800-521-2227

PRESCRIPTION DRUG

Retail Program — Prime
Therapeutics through Blue Cross
and Blue Shield
www.bcbstx.com

800-521-2227

MAIL ORDER PROGRAM

Express Scripts Pharmacy

www.esrx.com/BCBSTX

833-715-0942

SPECIALTY PHARMACY PROGRAM

Accredo

www.accredo.com/BCBSTX

833-721-1619

HEALTH REIMBURSEMENT ACCOUNTS (HRA)

WEX

Group #: 15626 <u>www.wexinc.com</u> 866-451-3399

MDLIVE TELEMEDICINE

Group #: 079163 <u>www.mdlive.com</u> 888-680-8646

MUSCULOSKELETAL REHABILITATION

Airrosti

Group #: 079163 <u>www.airrosti.com</u> 800-404-6050

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

401(K)

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