POWELL

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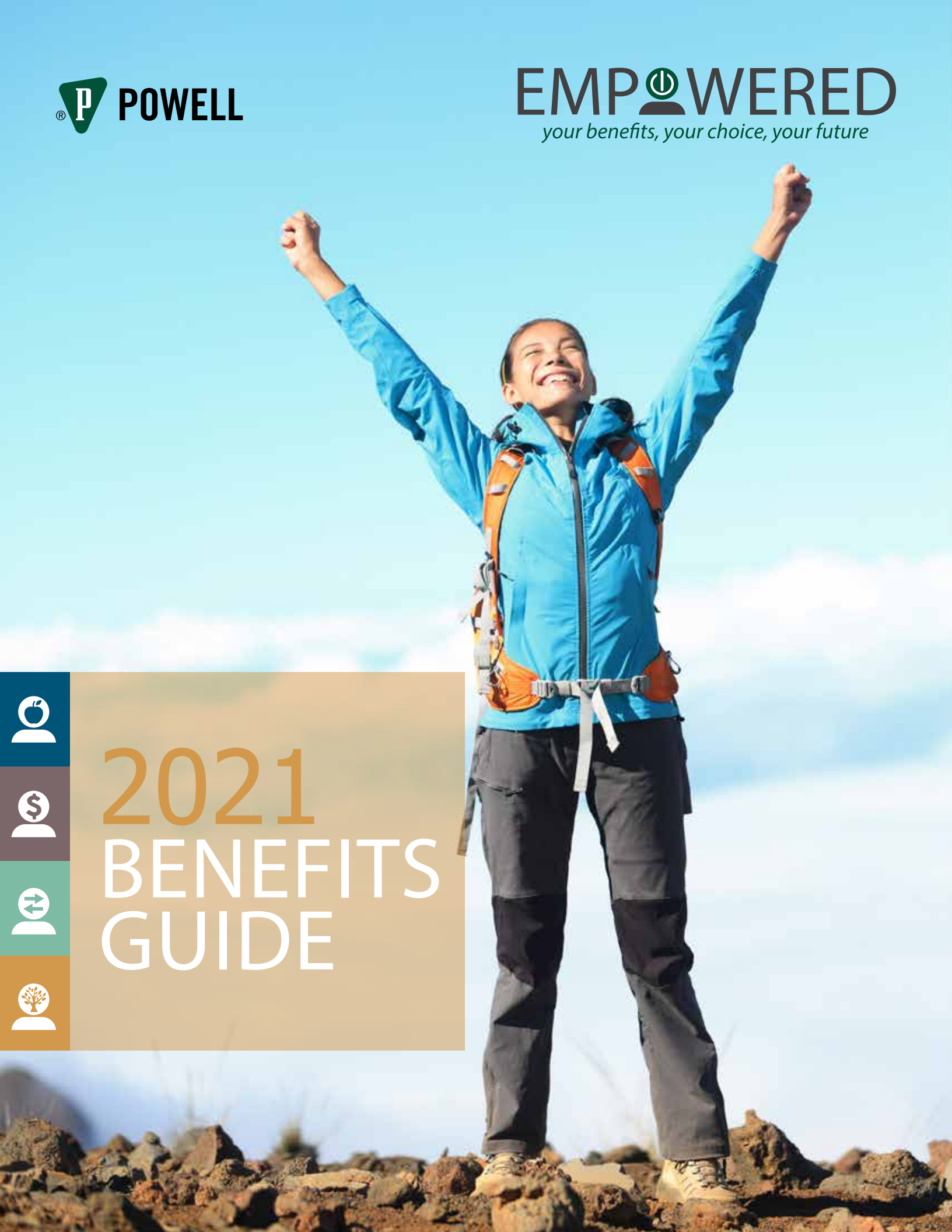
your benefits, your choice, your future



2021 BENEFITS GUIDE

POWELL

EMPOWERED

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
- 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 well-being 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.

ELIGIBILITY & ENROLLMENT

Powell shares your interest in the well-being 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 your 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 next page or 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 or go to the Your Benefits Resources section on the Powell Benefits portal. Please note that until your dependent verification documentation is approved, your enrollment will show as Employee Only. 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, you may refer to the Life Events Section on page 30 or contact your Division HR 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 from full time to part time, or part time to full time, 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

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

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

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 system. 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. 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 **EBS URL: eBusiness Suite – R12. Click on HCM Employee Self Service, then Benefits Self Service.**
- » If you log in using your home computer, enter in **www.PowellBenefits.com** in your internet browser.

You will log in with your username, which is your legal first name (or preferred first name if shown in Powell's HR system) followed by a period (".") and then your last name. For example, if your name is Robert Employee and you go by Bob, your User Name will be "Bob.Employee." Your Password is the first initial of your first name (or preferred first name) and first initial of your last name plus the LAST four digits of your social security number. If Bob Employee's Social Security is 000-00-1234, his password is BE1234*.

Example: Robert (Bob) Employee, SSN 000-00-1234

User Name: Bob.Employee

Password: BE1234

*Note: If you have previously logged into the Oracle system and established a different password, you will continue to use that password.

For complete details about Powell's benefit plans, you can obtain current summary plan descriptions, certificates of coverage, policies and plan documents at **www.Powellind.com/Empowered**, which is also accessible through the Benefits Page link under Resources on Intersect, or by contacting the Powell Benefits Center.

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 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 and/or vision plans, dependent verification is required. Dependents will be on suspended status until supporting documents are submitted to the Powell Benefits Center by the deadline.

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

MEDICAL BENEFITS

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 2021 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 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 without the need to gain approval from a primary care doctor. 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 Health Reimbursement Arrangement (HRA) accounts 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.

NOTE: **Need help deciding which Powell medical plan is best for you and your family? Check out the PLANselect tool on Powell's Empowered Benefits Web Portal under Educational Videos. It's a four-minute decision-support tool to help you select the right plan for you!**

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		BASIC CDHP	
PRE-TAX PAYROLL DEDUCTIONS						
	WEEKLY	SEMI-MONTHLY	WEEKLY	SEMI-MONTHLY	WEEKLY	SEMI-MONTHLY
EMPLOYEE ONLY	$66.46	$144.00	$39.00	$84.50	$21.00	$45.50
EMPLOYEE + SPOUSE	$123.00	$266.50	$76.85	$166.50	$54.00	$117.00
EMPLOYEE + CHILD(REN)	$105.00	$227.50	$68.08	$147.50	$45.00	$97.50
EMPLOYEE + FAMILY	$156.00	$338.00	$102.00	$221.00	$72.00	$156.00

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		BASIC CDHP	
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
ANNUAL DEDUCTIBLE						
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/COINSURANCE						
OFFICE VISIT	$30 PCP $50 Specialist	50%*	20%*	50%*	40%*	60%*
MDLIVE TELEMEDICINE	$25 copay	N/A	$25 Copay	N/A	$25 Copay	N/A
AIRROSTI MUSCULOSKELETAL REHABILITATION	$25 copay	N/A	$25 Copay	N/A	$25 Copay	N/A
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 at 100% - No Deductible	50%*	20%*	50%*	40%*	60%*

*Employee coinsurance percentage after deductible

NOTE: **Need help deciding which Powell medical plan is best for you and your family? Check out the Powell Benefits portal at www.PowellInd.com/Empowered and watch the educational video called "Understanding Powell's Medical Plans," which talks about the differences between our traditional PPO plan and CDHPs. Then use the PLANSelect Tool to help you determine which option is best for you and your family.**

PHARMACY BENEFITS

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)	ACCREDO 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;	Not Covered	Not Covered	10% of cost up to $250 maximum
NON-PREFERRED SPECIALTY RX	20% of cost up to $500 maximum;	Not Covered	Not Covered	20% of cost up to $500 maximum

*Check for participating retail 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 in 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. The contribution amount is prorated by month depending on the effective date of coverage.

2021 HRA EMPLOYER CONTRIBUTIONS & HRA MAXIMUMS

	PREMIER CDHP			BASIC CDHP		
	POWELL HRA CONTRIBUTION	MAXIMUM ROLLOVER DOLLARS ON 1/1/2022	MAXIMUM ACCOUNT BALANCE*	POWELL HRA CONTRIBUTION	MAXIMUM ROLLOVER DOLLARS ON 1/1/2022	MAXIMUM ACCOUNT BALANCE*
EMPLOYEE ONLY	$750.00	$750.00	$1,500.00	$500.00	$500.00	$1,000.00
EMPLOYEE + SPOUSE	$1,000.00	$1,000.00	$2,000.00	$750.00	$750.00	$1,500.00
EMPLOYEE + CHILD(REN)	$1,000.00	$1,000.00	$2,000.00	$750.00	$750.00	$1,500.00
EMPLOYEE + FAMILY	$1,500.00	$1,500.00	$3,000.00	$1,000.00	$1,000.00	$2,000.00

*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, 2021 –** Full-funding will be available on January 1, 2021. 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 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. An expanded list of eligible expenses can be found on the Discovery Benefits website at **www.DiscoveryBenefits.com**.

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 from year to 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.

If I currently participate in a HFSA, will I get another debit card for my HRA account?

No. Your current HFSA card will be loaded with your 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.DiscoveryBenefits.com**. To create an account, go to Discovery Benefits' 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. BlueCross BlueShield will send eligible insurance claim information to Discovery Benefits 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 Discovery Benefits 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 rollover 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 89 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 Discovery Benefits with details on how to enroll.

Who do I contact for more information?

If you need assistance with your HRA account, please contact Discovery Benefits Customer Service at 866-451-3399. They are available Monday through Friday from 6 AM to 9 PM, Central Time.

Note: **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.**

OUT-OF-POCKET COSTS

Deductible

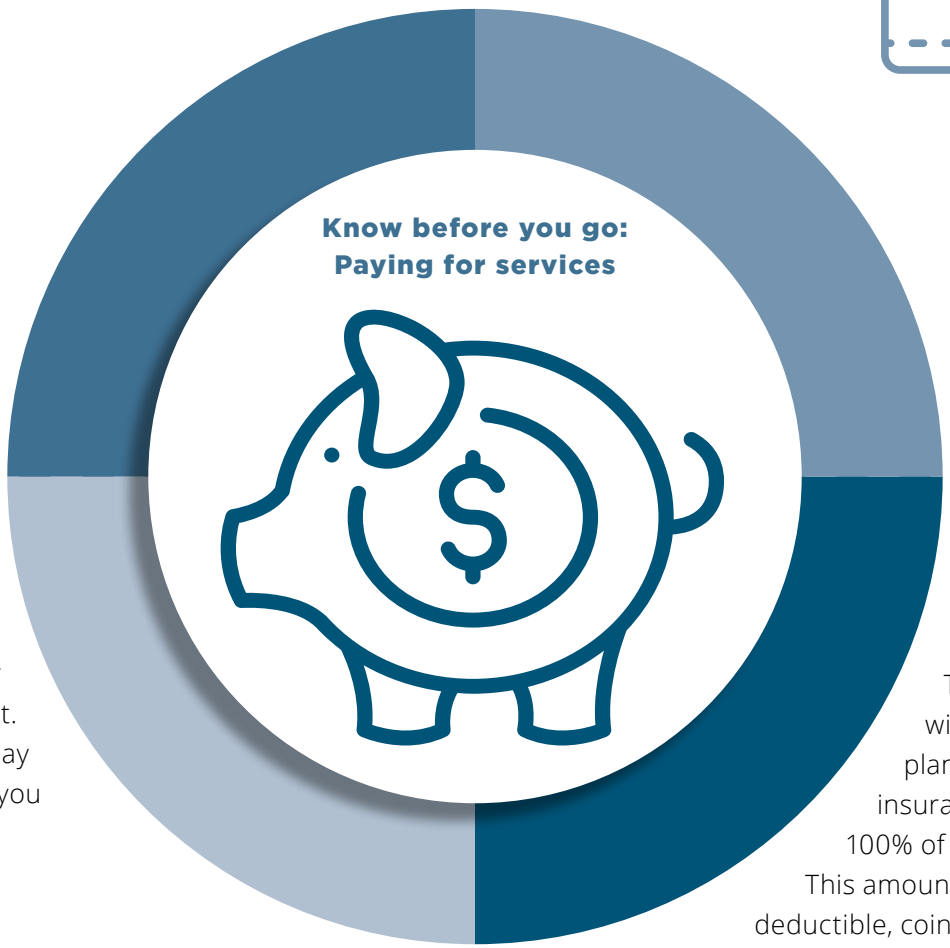
The amount you must pay for certain covered services before your insurance starts paying its portion.

UP TO DEDUCTIBLE

YOU PAY **100%**

Copay

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



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.

% YOU PAY

% PLAN PAYS

UP TO THE OUT-OF-POCKET MAXIMUM

AFTER DEDUCTIBLE IS REACHED

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).

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 who offer 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 and PLANselect Tool

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!

In addition to Empowered, Powell provides PLANselect, a 4-minute decision support tool to help you make your medical plan selection.

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.

WHERE TO GO FOR CARE

You think you may be sick, but your primary care physician is booked through the end of the month. You have a question about the side effects of a new medication, but the pharmacy is closed. 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.

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 minutes[2]

[2]Vitals 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

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 care 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.

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 minutes[3]
- Many have online and/or telephone check-in

[3]Wait 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 4 hours, 7 minutes[4]
- If you receive care from an out-of-network provider, you may have to pay more.
- Multiple bills for services such as doctors and facility

[4]Emergency Department Pulse Report 2010
Patient Perspectives on American Healthcare. Press Ganey Associates.

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
- Often freestanding ERs are out-of-network.
- All freestanding ERs charge a facility fee that urgent care centers do not. You may receive multiple bills — one for each doctor you see.

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

MDLIVE TELEMEDICINE

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

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

FIX PAIN FAST!

AIRROSTI VISITS ARE JUST A $25 COPAY.

Airrosti providers are experts at diagnosing and rapidly resolving the source of your injury. They focus on RESULTS not funneling you into a long-term treatment or pain management plan.

Under the Powell medical plan, each patient receives one full hour of assessment, diagnosis, treatment, and education designed to eliminate the pain associated with many common conditions, allowing you to quickly and safely return to activity - usually within 3 visits (based on patient-reported outcomes).

3.2 visits average to complete injury resolution*

*Based on patient reported outcomes

9,000+ SURGERIES AVOIDED

40% THE AVERAGE COST OF OTHER CARE

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 a FSA.

Types of Flexible Spending Accounts

Health Flexible Spending Account

A Health 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 **DiscoveryBenefits.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. For your convenience, the HFSA program has a debit card substantiation (receipts/documentation) feature where Powell's medical, dental and vision carriers send eligible insurance claim information to Discovery Benefits in order for them to automatically substantiate debit card transactions that require documentation; however, you may still be required to submit receipts in order to substantiate your claim for claims that Discovery Benefits is unable to auto-substantiate. For all claims incurred between January 1 and December 31, 2021, you will have until March 31, 2022 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 2022.

Below are HFSA guidelines you should be aware of:

- Minimum annual contribution is $100
- Maximum annual contribution is $2,750
- Carryover up to $550 of unused 2021 funds into the 2022 plan year. You must be enrolled in the 2022 HFSA to have access to rolled over funds.
- Any unused dollars above $550 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 day care 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 **DiscoveryBenefits.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, 2021 to December 31, 2021 must be submitted no later than March 31, 2022.

DENTAL BENEFITS

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

Network Dentists

Guardian 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, you can benefit from an average savings of up to 30%; 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. The tier of coverage you're enrolled in determines your premium.

	WEEKLY	SEMI-MONTHLY
WEEKLY AND SEMI-MONTHLY CONTRIBUTIONS		
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 Guardian.

	IN- & OUT-OF-NETWORK
ANNUAL DEDUCTIBLE	
INDIVIDUAL	$50
FAMILY	Up to $150
ANNUAL MAXIMUM	
PER PERSON	The Plan pays up to $2,000 per person
COVERED SERVICES	
PREVENTIVE SERVICES (cleanings, exams, x-rays)	Covered 100%, deductible waived
BASIC SERVICES (fillings, basic root canal therapy)	Member pays 20% after deductible
MAJOR SERVICES (extractions, crowns, inlays, onlays, bridges)	Member pays 50% after deductible
ORTHODONTIA SERVICES (Adult & Children; pre-authorization required)	Member pays 50%, deductible waived
ORTHODONTIA LIFETIME MAXIMUM	The Plan pays up to $1,500 per person

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. The tier of coverage you're approved for determines your premium.

	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 2021 vision coverage provided by Vision Service Plan (VSP).

	IN-NETWORK	OUT-OF-NETWORK	FREQUENCY
EXAMS			
COPAY	$25	$25	Once every plan year
LENSES			
SINGLE VISION	Covered 100% after applicable copay(s)	Covered up to $45*	Once every plan year
BIFOCAL		Covered up to $65*	
TRIFOCAL		Covered up to $85*	
LENTICULAR		Covered up to $125*	
CONTACTS (IN LIEU OF LENSES AND FRAMES)			
ELECTIVE	Covered 100% up to $150	Covered up to $105*	Once every plan year
MEDICALLY NECESSARY	Covered 100%*	Covered up to $210*	
FRAMES			
ALLOWANCE	Up to $150	Covered up to $47*	Once every plan year
REPAIR OR REPLACE** (FRAMES AND/OR LENSES)	$0; once every plan year	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 Unum. 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.

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

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

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.

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 24, 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.

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 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 24.

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	$0.07
30-34	$0.09
35-39	$0.11
40-44	$0.13
45-49	$0.20
50-54	$0.34
55-59	$0.59
60-64	$0.84
65-69	$1.57
70-79	$2.55

EMPLOYEE AND SPOUSE OPTIONAL AD&D	
MONTHLY RATES PER $1,000 OF COVERAGE	
Employee	$0.02
Spouse	$0.035

OPTIONAL CHILD LIFE & AD&D RATES				
	CHILD LIFE RATES		CHILD AD&D RATES	
COVERAGE AMOUNT	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:				
$	÷ 1,000 =	$	x Age Based Rate =	$
Benefit Elected				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 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 to the maximum period of payment allowed under the plan.

Short-Term Disability (STD) Insurance

Short-Term Disability (STD) benefits replace 60% of your base per-pay period earnings for up to 12 weeks. It begins after seven continuous days of disability due to illness or injury that is not work related. 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

Long-Term Disability (LTD) benefits replace 60% of your base monthly earnings and begins after 90 days of continuous disability due to illness or injury, both occupational and non-occupational (coverage will only supplement Workers' Compensation if the benefit is greater). Late enrollment in the Long-Term Disability plan will require Evidence of Insurability (EOI).

Disability Benefits and Taxes

The disability benefit is considered non-taxable, which means you don't pay taxes on benefits paid to you. In order to receive the benefits tax free, the premium for coverage must be paid with after-tax employee paycheck contributions. Powell, however, reimburses you the full amount of the deduction, shown in the earnings section of your check, so that the only expense to you is a very small payroll tax on the amount of the reimbursement.

The below illustrations are based on an employee base earnings of $35,000 per year. In this example, the employee is paying $1.12 per week in taxes. The net impact of this change may be slightly less or more depending on your annual base earnings.

Sample check stub without disability benefits

	Current		
	Hours/Units	Rate	Amount
Earnings			**$ 673.08**
Regular	40.00	$ 673.08	$ 673.08
Pre-Tax Deductions			**$ 29.19**
Medical Pre-Tax			$ 27.69
Dental Pre-Tax			$ 1.50
Taxes			**$ 145.84**
Fed W/H			$ 96.58
FICA EE			$ 39.92
Fed MWT EE			$ 9.34
Post-Tax Deductions			$ -
			$ -
Net Pay	**Routing #**	**Account#**	**Amount**
			$ 498.05
	111222333	XXXXX1234	**$ 498.05**

Sample check stub with after-tax disability benefits

	Current		
	Hours/Units	Rate	Amount
Earnings			**$ 673.08**
Regular	40	$ 673.08	$ 673.08
Taxable Benefits			
LTD			$ 2.09
STD			$ 2.83
Pre-Tax Deductions			**$ 29.19**
Medical Pre-Tax			$ 27.69
Dental Pre-Tax			$ 1.50
Taxes			**$ 146.96**
Fed W/H			$ 97.32
FICA EE			$ 40.23
Fed MWT EE			$ 9.41
Post-Tax Deductions			$ -
			$ -
Net Pay	**Routing #**	**Account#**	**Amount**
			$ 496.93
	111222333	XXXXX1234	**$ 496.93**

YOUR COST
$1.12

RETIREMENT PLANNING

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).
- Once eligible, 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 pre tax and/or after tax catch up contributions up to the IRS catch up limit.
- Powell will match 50% of the first 6% 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.

Eligible employees can invest for retirement while receiving certain tax advantages. Administrative and record-keeping services for this plan are provided by Fidelity Investments.

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

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

The 401(k) contribution limit set annually by the IRS is $19,500 for 2021.

If you are age 50 or older this calendar year and you already contribute the maximum allowed to your 401(k) account, you may also make a "catch-up contribution." This additional deposit accelerates your progress toward your retirement goals. The maximum catch-up contribution is $6,500 for 2021 — for a combined total contribution allowance of $26,000.

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 6% 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**.

Group Auto & Home Insurance

Powell offers its employees access to a unique voluntary benefit program from MetLife Auto & Home. Through this program, you have the opportunity to apply to purchase discounted auto, home and other property and liability insurance. Not all coverage is available in all areas. Some of the benefits of choosing to purchase insurance through this plan include:

- Special group rates (up to a 15% discount)
- Hassle-free payment options (including payroll deduction)
- Variety of insurance policies to choose from including coverage for: boat, condo, motor home and renter's insurance

You may apply for coverage by calling MetLife at 800-438-6388 or visiting their website **www.metlife.com/mybenefits**.

Group Pre-Paid Legal Services

Ultimate Advisor legal insurance from ARAG is affordable and reliable legal solutions 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 you with 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
$5.08	$22.00

Employee Assistance Program

The HealthAdvocate 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 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, imposter 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		✓	✓
MONITOR	Change of Address Monitoring	✓	✓	✓
MONITOR	Court Record Monitoring		✓	✓
MONITOR	*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)	✓	✓	✓
MONITOR	Investment Account Monitoring		✓	✓
MONITOR	Pay Day Loan Monitoring			✓
MONITOR	Sex Offender Monitoring (Monthly)			✓
MONITOR	*Social Media Monitoring (Monitoring Inappropriate Activity, Hacked Account, Impersonation Account, Scams, Malware & Phishing)	✓	✓	✓
ALERT	Bank and Credit Card Activity Alerts		✓	✓
ALERT	Fraud Alert Reminders		✓	✓
ALERT	Investment Account Alerts		✓	✓
ALERT	Identity Threat Alerts	✓	✓	✓
ALERT	Junk Mail Opt-Out	✓	✓	✓
ALERT	*Smart SSN Tracker	✓	✓	✓
CONTROL	Medical ID Fraud Protection	✓	✓	✓
CONTROL	IdentityForce Mobile App	✓	✓	✓
CONTROL	Mobile Attack Control	✓	✓	✓
CONTROL	Secure My Network (VPN)	✓	✓	✓
CONTROL	Online PC Protection Tools			✓
CONTROL	Two-Factor Authentication	✓	✓	✓
CONTROL	*Lost Wallet	✓	✓	✓
RECOVER	*Identity Restoration Specialist	✓	✓	✓
RECOVER	*Restoration for Pre-Existing Conditions	✓	✓	✓
RECOVER	White-glove Family Restoration	✓	✓	✓
RECOVER	Deceased Family Member Fraud Remediation	✓	✓	✓
RECOVER	*Identity Theft Insurance—$1 Million	✓	✓	✓
RECOVER	*Stolen Funds Replacement	✓	✓	✓
RECOVER	+ Investment Accounts	✓	✓	✓
CREDIT	Credit Freeze & Credit Report Assistance		✓	✓
CREDIT	Credit Report Monitoring		1 Bureau Daily	3 Bureaus Daily
CREDIT	Credit Report & Score		Monthly	Quarterly
CREDIT	Credit Score Simulator		✓	✓
CREDIT	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.

1. 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.
2. 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.
3. 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.

LIFE EVENTS

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 Health 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 received a COBRA packet in the mail from Powell's COBRA administrator, Discovery Benefits.

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 Benefits Self-Service at **PowellBenefits.com** and the beneficiary for your 401(k) account on Netbenefits 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 and should contact Powell's STD administrator, Unum, to file a claim in advance of the birth if possible.

Family 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.

Note: According to the Department of Labor FMLA regulations, if both mother and father work for the same employer, FMLA for Baby Bonding is limited to a combined maximum of 12 weeks.

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 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.

HELPFUL TIPS, TOOLS AT YOUR FINGERTIPS AND CONTACT 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 Powell Benefits App!

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

- See employee benefits news and events
- Check if your medication is covered
- Locate an in-network provider
- Access benefit plan information
- 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 1-855-855-7610.

Network information can be found in the Powell Benefits Guide at ***www.Powellind.com/Empowered*** or click on the Powell Benefits website from the Powell Benefits App.

BCBSTX Mobile – Find Doctors App

No matter where you are, the Find Doctors App allows you to search the largest network of doctors, urgent care centers, hospitals and other healthcare providers quickly and conveniently. You will be able to use your smartphone to:

- Find the nearest in-network doctor, hospital or urgent care facility
- Search by name, specialty or ZIP code
- View a map and receive turn-by-turn directions
- Transfer contact information directly to your mobile address book

Guardian Anytime Mobile – Dental App

Find an in-network dentist – the best way to save on dental care!

- Simply click on Find a Provider and select PPO
- Select network DentalGuard Preferred Select
- Follow the easy steps to search

Download the App

App is available for download for both iPhone and Android smartphones at **www.GuardianAnytime.com/mobile**.

View/print your ID card

Or simply provide your Group ID number to your dental office at the first visit.

Access to an array of tools

Guardian Anytime includes easy to use tools to help understand the value of your benefits. This includes educational articles and the dental cost estimator tool.

MDLIVE Mobile App - Telemedicine App

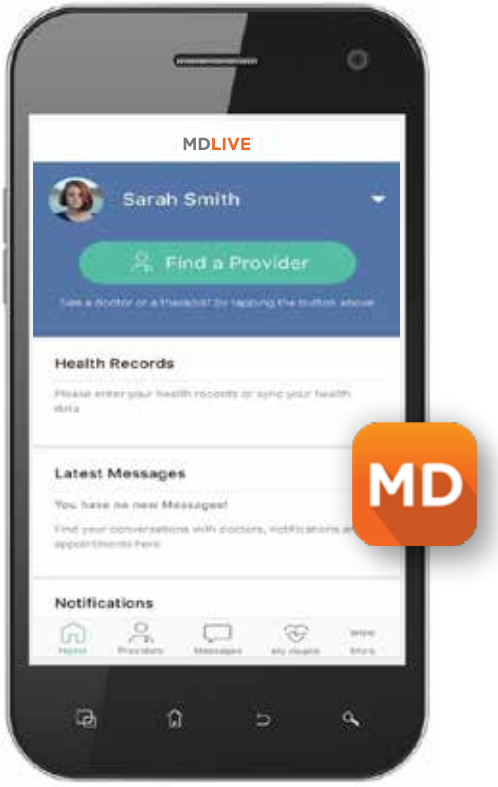
If enrolled in one of Powell's medical plans, you have access to telemedicine through MDLive. Log into Blue Access for Members at **www.bcbstx.com**, then click on Virtual Visits located under Quick Links. Click on Visit MDLIVE website to register. Once registered, download the MDLive app via the App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



The Discovery Benefits Mobile App

Check out the Discovery Benefits 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 Discovery Benefits Mobile App will simplify how you use your Flexible Spending Account or Health Reimbursement Arrangement. Get the app today - available FREE in the iTunes Store and Google Play Store.

Discovery Benefits® simplify.℠

Download and use the Discovery Benefits 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

Fidelity® INVESTMENTS

BENEFITS GLOSSARY

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

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 which services were 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 up to $550 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, services will not be covered at the in-network negotiated carrier discounted rates.

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 Reasonable & Customary, or healthcare your plan doesn't cover. Check with your carrier to confirm what applies to the maximum.

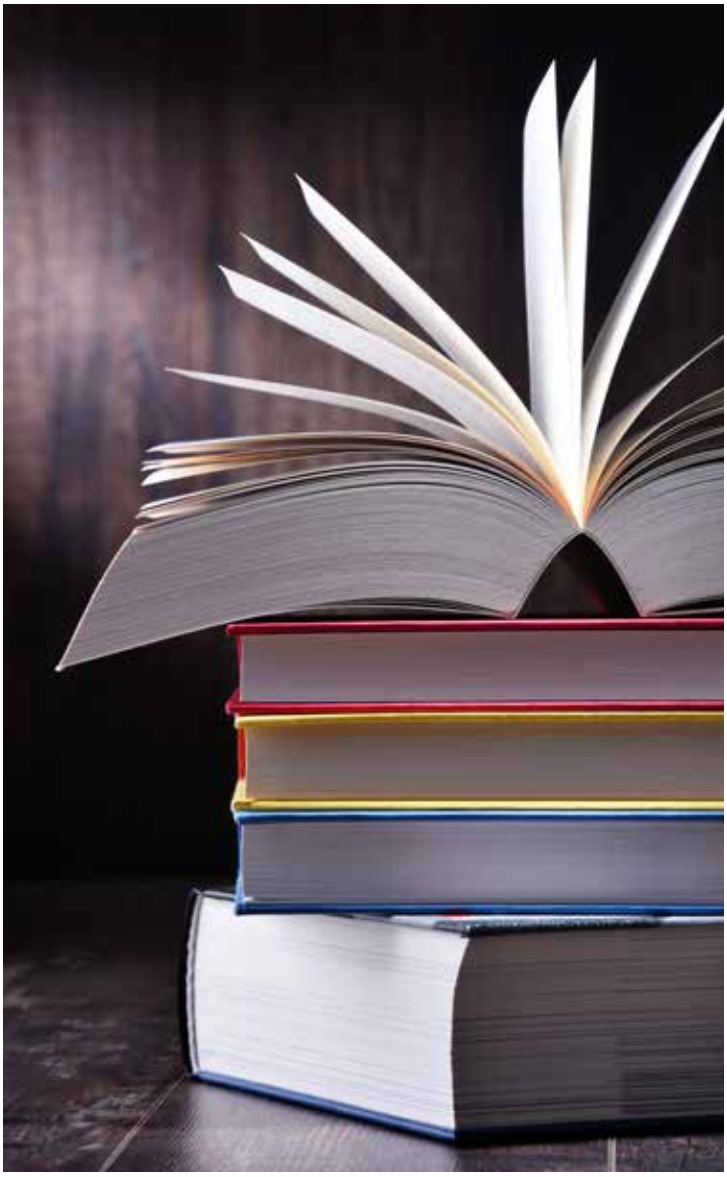
Over-the-Counter (OTC) Medications – Medications available without a prescription.

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.



NOTES

IMPORTANT BENEFITS CONTACTS

POWELL BENEFIT CENTER
www.PowellBenefits.com
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

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

HEALTH REIMBURSEMENT ACCOUNTS (HRA)
Discovery Benefits, Inc.
Group #: 15626
www.discoverybenefits.com
866-451-3399

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

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

DENTAL
Guardian
Group #: 502644
www.guardiananytime.com
800-541-7846

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

FLEXIBLE SPENDING ACCOUNTS
Discovery Benefits, Inc.
Group #: 15626
www.discoverybenefits.com
866-451-3399

SHORT- & LONG-TERM DISABILITY
Unum
STD Group #: 604714
LTD Group #: 604713
www.unum.com
866-779-1054

FAMILY MEDICAL LEAVE (FMLA)
Unum
www.unum.com
866-779-1054

LIFE AND AD&D
Unum
Group #: 213758
www.unum.com
800-445-0402

COMPREHENSIVE ID THEFT PROTECTION
IdentityForce
www.identityforce.com
877-694-3367

AUTO & HOME
MetLife
Group #: Powell
www.metlife.com/mybenefits
800-438-6388

PRE-PAID LEGAL
ARAG Legal Plans
Access Code 18027pi
www.araglegalcenter.com
800-247-4184

EMPLOYEE ASSISTANCE PROGRAM
HealthAdvocate
Group #604713
www.unum.com/lifebalance
800-854-1446

EMERGENCY TRAVEL ASSISTANCE
Assist America
Group #: 213758
www.assistamerica.com
800-872-1414 (US)
609-986-1234 (outside US)

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
713-944-6900

Electrical Division Jacintoport
281-452-4885

Electrical Division North Canton
330-996-1750

Electrical Division Northlake
708-409-1200

Power Automation Division
713-790-1700

Service Division
713-790-1700

POWELL

EMPOWERED

your benefits, your choice, your future

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.