Benefits Summary

Plan year: 2025

ONE POWER COMPANY

AN INDUSTRIAL POWER COMPANY

uis Insurance & Investments

ONE POWER COMPANY
AN INDUSTRIAL POWER COMPANY

Pick the best benefits for you and your family.

One Power Company strives to provide you and your family with a comprehensive and valuable benefits package. We want to make sure you're getting the most out of our benefits—that's why we've put together this Benefits Guide.

Open enrollment is a short period each year when you can make changes to your benefits. This guide will outline all the different benefits One Power Company offers, so you can identify which offerings are best for you and your family.

Elections you make during open enrollment will become effective on January 1, 2025. If you have questions about any of the benefits mentioned in this guide, please don't hesitate to reach out to HR.

Health Insurance ---------- 4

- Anthem — 844.412.0889 — www.anthem.com

Dental Insurance ---------- 13

- Guardian — 800.627.4200 — www.Guardianlife.com

Vision Insurance ---------- 16

- Guardian — 800.627.4200 — www.Guardianlife.com

Short-term/Long-term Disability Benefits ---------- 19

- Guardian — 800.627.4200 — www.Guardianlife.com

Basic Life and AD&D Insurance ---------- 21

- Guardian — 800.627.4200 — www.Guardianlife.com

Voluntary Life Insurance ---------- 21

- Guardian — 800.627.4200 — www.Guardianlife.com

Flexible Spending Accounts ---------- 22

- CDA — 877.810.2600 — www.cdatpa.com

Retirement Benefits ---------- 24

- Capital Group / American Funds — 877.833.9322 — www.americanfunds.com/retire

  Plan Number: IRK142174

Benefits Summary

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Who Is Eligible and When:

Your plan eligibility date is your date of hire with One Power Company. Once the necessary enrollment form has been completed, benefits are effective on that date. Although you have 30 days to enroll, coverage and employee contributions will be retroactive to the first day of work with One Power Company.

New employees have up to 30 days after their eligibility date to enroll. If you do not enroll by that deadline, you will not be eligible for coverage until the following annual open enrollment period unless you experience a qualifying event.

Employee Pays:

One Power Company will pay 100% of the health insurance premiums for full-time employees, spouses including domestic partners and their dependents.

How to Make Changes

Unless you experience a life-changing qualifying event, you cannot make changes to your benefits until the next open enrollment period. Qualifying events include things like:

- Marriage, divorce, or legal separation
- Birth or adoption of a child
- Change in child's dependent status.
- Death of a spouse, child, or other qualified dependent
- Change in residence.
- Change in employment status or a change in coverage under another employer-sponsored plan

Health Insurance

One Power Company has a group health plan with Anthem Blue Cross & Blue Shield for the 2025 plan year. We will also institute a new employer contribution into the Flexible Spending Account (FSA)

One Power Company will pay 100% of the medical premiums for full-time employees, spouse, or domestic partners, & their dependents.

The following chart shows our current health benefits that will take effect on your date of hire.

Your summary of benefits

Anthem

Anthem® Blue Cross and Blue Shield

Your Plan: Anthem Blue Access PPO Option 1 with Rx Option T2

Your Network: Blue Access

Visits with Virtual Care-Only Providers	Cost through our mobile app and website
Primary Care, and medical services for urgent/acute care	No charge medical deductible does not apply
Mental Health & Substance Use Disorder Services	No charge medical deductible does not apply
Specialist care	$50 copay per visit medical deductible does not apply

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
Overall Deductible	$250 person / $500 family	$750 person / $1,500 family
Overall Out-of-Pocket Limit	$2,500 person / $5,000 family	$7,500 person / $15,000 family
The family deductible and out-of-pocket limit are embedded, meaning the cost shares of one family member will be applied to the per person deductible and per person out-of-pocket limit; in addition, amounts for all covered family members apply to both the family deductible and family out-of-pocket limit. No one member will pay more than the per person deductible or per person out-of-pocket limit. All medical and prescription drug deductibles, copayments and coinsurance apply to the out-of-pocket limit (excluding Non-Network Human Organ and Tissue Transplant (HOTT), Cellular and Gene Therapy services). In-Network and Non-Network deductibles and out-of-pocket limit amounts are separate and do not accumulate toward each other.		
Doctor Visits (virtual and office) *You are encouraged to select a Primary Care Physician (PCP).*		
Primary Care (PCP) and Mental Health and Substance Use Disorder Services *virtual and office*	$30 copay per visit medical deductible does not apply	50% coinsurance after medical deductible is met
Specialist Care *virtual and office*	$60 copay per visit medical deductible does not apply	50% coinsurance after medical deductible is met

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
Other Practitioner Visits		
Routine Maternity Care (Prenatal and Postnatal)	20% coinsurance after medical deductible is met	50% coinsurance after medical deductible is met
Retail Health Clinic *for routine care and treatment of common illnesses; usually found in major pharmacies or retail stores.*	$30 copay per visit medical deductible does not apply	50% coinsurance after medical deductible is met
Manipulation Therapy *Coverage is limited to 12 visits per benefit period.*	$60 copay per visit medical deductible does not apply	50% coinsurance after medical deductible is met
Other Services in an Office		
Allergy Testing *When Allergy injections are billed separately by network providers, the member is responsible for a $10 copay. When billed as part of an office visit, there is no additional cost to the member for the injection.*	20% coinsurance after medical deductible is met	50% coinsurance after medical deductible is met
Prescription Drugs *Dispensed in the office*	20% coinsurance after medical deductible is met	50% coinsurance after medical deductible is met
Surgery	$50 copay per visit medical deductible does not apply[4]	50% coinsurance after medical deductible is met
Preventive care / screenings / immunizations	No charge	50% coinsurance after medical deductible is met
Preventive Care for Chronic Conditions *per IRS guidelines*	No charge	50% coinsurance after medical deductible is met
Diagnostic Services		
Lab		
Office	No charge	50% coinsurance after medical deductible is met
Outpatient Hospital	20% coinsurance after medical deductible is met	50% coinsurance after medical deductible is met

Benefits Summary

ONE POWER COMPANY
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Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
X-Ray		
Office	No charge	50% coinsurance after medical deductible is met
Outpatient Hospital	20% coinsurance after medical deductible is met	50% coinsurance after medical deductible is met
Advanced Diagnostic Imaging *for example: MRI, PET and CAT scans*		
Office	20% coinsurance after medical deductible is met	50% coinsurance after medical deductible is met
Outpatient Hospital	20% coinsurance after medical deductible is met	50% coinsurance after medical deductible is met
Emergency and Urgent Care		
Urgent Care *includes doctor services. Additional charges may apply depending on the care provided.*	$75 copay per visit medical deductible does not apply	50% coinsurance after medical deductible is met
Emergency Room Facility Services *Your copay will be waived if admitted.*	$400 copay per visit and 20% co-insurance, medical deductible does not apply	Covered as In-Network
Emergency Room Doctor and Other Services	20% coinsurance medical deductible does not apply	Covered as In-Network
Ambulance *Authorized Non-Network non-emergency ambulance services are limited to an Anthem maximum payment of $50,000 per trip.*	20% coinsurance after medical deductible is met	Covered as In-Network
Outpatient Mental Health and Substance Use Disorder Services at a Facility		
Facility Fees	20% coinsurance after medical deductible is met	50% coinsurance after medical deductible is met
Doctor Services	20% coinsurance after medical deductible is met	50% coinsurance after medical deductible is met

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
Outpatient Surgery		
Facility Fees		
Hospital	20% coinsurance after medical deductible is met	50% coinsurance after medical deductible is met
Physician and other services *including surgeon fees*		
Hospital	20% coinsurance after medical deductible is met	50% coinsurance after medical deductible is met
Hospital (Including Maternity, Mental Health and Substance Use Disorder Services)		
Facility Fees	20% coinsurance after medical deductible is met	50% coinsurance after medical deductible is met
Human Organ and Tissue Transplants *Cornea transplants are treated the same as any other illness and subject to the medical benefits.*	20% coinsurance after medical deductible is met	50% coinsurance after medical deductible is met
Physician and other services *including surgeon fees*	20% coinsurance after medical deductible is met	50% coinsurance after medical deductible is met
Home Health Care *Coverage is limited to 100 visits per benefit period. Limits are combined for all home health services.*	20% coinsurance after medical deductible is met	50% coinsurance after medical deductible is met
Rehabilitation and Habilitation services *including physical, occupational and speech therapies.* *Coverage for occupational therapy is limited to 20 visits per benefit period, physical therapy is limited to 20 visits per benefit period and speech therapy is limited to 20 visits per benefit period.*		
Office	$60 copay per visit medical deductible does not apply	50% coinsurance after medical deductible is met
Outpatient Hospital	20% coinsurance after medical deductible is met	50% coinsurance after medical deductible is met
Pulmonary rehabilitation *Coverage is limited to 20 visits per benefit period.*		

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
Office	$60 copay per visit medical deductible does not apply	50% coinsurance after medical deductible is met
Outpatient Hospital	20% coinsurance after medical deductible is met	50% coinsurance after medical deductible is met
Cardiac rehabilitation *Coverage is limited to 36 visits per benefit period.*		
Office	$60 copay per visit medical deductible does not apply	50% coinsurance after medical deductible is met
Outpatient Hospital	20% coinsurance after medical deductible is met	50% coinsurance after medical deductible is met
Dialysis/Hemodialysis		
Office	$60 copay per visit medical deductible does not apply	50% coinsurance after medical deductible is met
Outpatient Hospital	20% coinsurance after medical deductible is met	50% coinsurance after medical deductible is met
Chemo/Radiation Therapy		
Office	$60 copay per visit medical deductible does not apply	50% coinsurance after medical deductible is met
Outpatient Hospital	20% coinsurance after medical deductible is met	50% coinsurance after medical deductible is met
Skilled Nursing Care (facility) *Coverage for Skilled Nursing and Inpatient Rehabilitation facility (includes services in an outpatient day rehabilitation program) is limited to 150 days combined per benefit period.*	20% coinsurance after medical deductible is met	50% coinsurance after medical deductible is met
Inpatient Hospice	20% coinsurance after medical deductible is met	50% coinsurance after medical deductible is met

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
Durable Medical Equipment	20% coinsurance after medical deductible is met	50% coinsurance after medical deductible is met
Prosthetic Devices *Coverage for wigs is limited to 1 item after cancer treatment per benefit period.*	20% coinsurance after medical deductible is met	50% coinsurance after medical deductible is met

Covered Prescription Drug Benefits	Cost if you use a Preferred Network Pharmacy	Cost if you use an In-Network Pharmacy	Cost if you use a Non-Network Pharmacy
Pharmacy Deductible	Not applicable	Not applicable	Not applicable
Pharmacy Out-of-Pocket Limit	Combined with In-Network medical out-of-pocket limit	Combined with In-Network medical out-of-pocket limit	Combined with Non-Network medical out-of-pocket limit
Prescription Drug Coverage **Network:** ***Rx Choice Tiered Network*** **Drug List:** ***Essential*** *Drugs not included on the Essential drug list will not be covered.*			
Day Supply Limits: **Retail Pharmacy** *30 day supply (cost shares noted below)* **Retail 90 Pharmacy** *90 day supply (3 times the 30 day supply cost share(s) charged at Preferred Network and In-Network Retail Pharmacies noted below applies).* **Home Delivery Pharmacy** *90 day supply (maximum cost shares noted below). Maintenance medications are available through CarelonRx Pharmacy. You will need to call us on the number on your ID card to sign up when you first use the service.* **Specialty Pharmacy** *30 day supply (cost shares noted below for retail and home delivery apply). We may require certain drugs with special handling, provider coordination or patient education be filled by our designated specialty pharmacy. Drug cost share assistance programs may be available for certain specialty drugs.*			
Tier 1 - Typically Generic	$10 copay per prescription (retail) and $20 copay per prescription (home delivery)	$20 copay per prescription (retail) and Not covered (home delivery)	50% coinsurance (retail) and Not covered (home delivery)
Tier 2 – Typically Preferred Brand	$40 copay per prescription (retail) and $100 copay per prescription (home delivery)	$50 copay per prescription (retail) and Not covered (home delivery)	50% coinsurance (retail) and Not covered (home delivery)
Tier 3 - Typically Non-Preferred Brand	$70 copay per prescription (retail) and $175 copay per	$80 copay per prescription (retail) and Not covered (home	50% coinsurance (retail) and Not covered (home delivery)

Covered Prescription Drug Benefits	Cost if you use a Preferred Network Pharmacy	Cost if you use an In-Network Pharmacy	Cost if you use a Non-Network Pharmacy
	prescription (home delivery)	delivery)	
Tier 4 - Typically Specialty (brand and generic)	25% coinsurance up to $350 per prescription (retail and home delivery)	25% coinsurance up to $450 per prescription (retail) and Not covered (home delivery)	50% coinsurance (retail) and Not covered (home delivery)

Covered Vision Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
This is a brief outline of your vision coverage. To receive the In-Network benefit, you must use a Blue View Vision Provider. Only children's vision services count towards your out-of-pocket limit.		
Children's Vision exam (up to age 19) *Limited to 1 exam per benefit period.*	No charge	$0 copayment up to plan's Maximum Allowed Amount
Adult Vision exam (age 19 and older) *Limited to 1 exam per benefit period.*	No charge	Reimbursed Up to $42

Notes:

- Dependent Age Limit: to the end of the month in which the child attains age 26.
- Members are encouraged to always obtain prior approval when using Non-Network Providers. Precertification will help the member know if the services are considered not medically necessary.
- No charge means no deductible/copayment/coinsurance up to the maximum allowable amount. 0% means no coinsurance up to the maximum allowable amount. However, when choosing a Non-Network Provider, the member is responsible for any balance due after the plan payment.
- The Primary Care Physician and Specialist office visit copay applies to both office and facility based office visits for evaluation and management services only.
- Costs may vary by the site of service. Other cost shares may apply depending on services provided. Check your Certificate of Coverage for details.
- The limits for physical, occupational, and speech therapy, if any apply to this plan, will not apply if you get care as part of the Mental Health and Substance Use Disorder benefit.
- ‡ You will pay the PCP's office visit copay when services are provided in their office.
- If you have received Urgent Care at an Outpatient Facility (e.g., Hospital or Ambulatory Surgical Facility), benefits for Covered Services will be paid under "Outpatient Facility Services" which is generally coinsurance or coinsurance after your deductible is met.
- Ohio's House Bill 388 and the Federal No Surprises Act establish patient protections including from Non-Network Providers' surprise bills ("balance billing") for Emergency Care and other specified items or services. We will comply with these new state and federal requirements including how we process claims from certain Non-Network Providers.
- The representations of benefits in this document are subject to Ohio Department of Insurance (ODI) approval and are subject to change.

Benefits Summary

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This summary of benefits is a brief outline of coverage, designed to help you with the selection process. This summary does not reflect each and every benefit, exclusion and limitation which may apply to the coverage. For more details, important limitations and exclusions, please review the formal Evidence of Coverage (EOC). If there is a difference between this summary and the Evidence of Coverage (EOC), the Evidence of Coverage (EOC), will prevail.

Questions: (833) 639-1634 or visit us at www.anthem.com

Anthem

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ONE POWER COMPANY
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DENTAL INSURANCE

Guardian

WHO IS ELIGIBLE AND WHEN:

Your plan eligibility date is the date of hire with One Power Company. Once the necessary enrollment form has been completed, benefits are effective on that date. Although you have 30 days to enroll, coverage and employee contributions will be retroactive to the first day. Domestic Partners and dependents are eligible for coverage under the dental plan.

New employees have up to 30 days after their eligibility date to enroll. If you do not enroll by that deadline, you will not be eligible for coverage until the following annual open enrollment period unless you experience a qualifying event.

BENEFITS YOU RECEIVE:

Based upon the coverage type elected, you and your members of your family will be enrolled in the Guardian NAP Plan.

EMPLOYER PAYS:

One Power will pay 100% of the dental premiums for full-time employees, spouse or domestic partners, and their dependents.

IMPORTANT ENROLLMENT PROVISIONS:

You may only enroll for dental coverage when you become first eligible or if an open enrollment period is declared. One your coverage is effective, if it is terminated for any reason, you may NOT elect to re-enroll at a later date. Guardian reserves the right not to issue coverage in certain circumstances.

QUALIFYING EVENT:

You may change coverage outside of an open enrollment only when you have a Qualifying Event, which changes your family status (e.g. marriage, divorce, the birth or adoption of a child, date of a dependent, etc.). You may enroll or change your enrollment option for coverage within 31 days of the Qualifying Event. You must currently be enrolled in the Plan in order to be eligible for changes in your Personal Benefits due to a Qualifying Event.

See Your Certificate Booklet for Limitations and Exclusions.

ONE POWER COMPANY
AN INDUSTRIAL POWER COMPANY

Summary of Benefits

Dental Benefit Summary

Guardian

Group ID: 00511212
Waiting Period: Date of hire
Dependent Coverage Type: Contributory

Group Name: ONE Power Company
Member Coverage Type: Non-Contributory
Class: 0002 ALL OTHER ELIGIBLE EMPLOYEES
As of Date: 01/01/2025

Plan Information

Your dental networks is: Dental - DentalGuard Pref NAP - Ohio

Coverage Information

	Dental - DentalGuard Pref NAP - Ohio	
What's the most cost-effective way to use dental insurance?	You may go to any dentist, however those who belong to the **Dental - DentalGuard Pref NAP - Ohio** network will be most cost effective.	
	In Network	Out of Network
Calendar year deductible	Out of Network is a combined deductible for in and out of network services.	$50, Once the annual deductible is met by each of three family members, no further deductibles apply.
Calendar Year Maximum Benefit	The amount shown in the out of network field is your combined Calendar Year maximum for both in and out of network services.	$1,500
Lifetime Orthodontia Maximum	The amount shown in the out of network field is your combined Lifetime Orthodontia Maximum for both in and out of network services	$1,000
Maximum rollover	Yes	Yes
Monthly Switch	Not Available	Not Available
	How much does the plan pay?	How much does the plan pay?
Office Visit Co-pay (one office visit may cover multiple services)	None	None
Preventive Care:	100%	100%
Basic Care:	80%	80%
Major Care:	50%	50%
Orthodontia	50%	50%

General Exclusions Important Information about Guardian's DentalGuard Indemnity and DentalGuard Preferred PPO plans: This policy provides dental insurance only. Coverage is limited to charges that are necessary to prevent, diagnose or treat dental disease, defect, or injury. Deductibles apply.

Dental Insurance

The plan does not pay for:

- Oral hygiene services (except as covered under preventive services),
- Orthodontia (unless expressly provided for),
- Cosmetic or experimental treatments (unless they are expressly provided for).
- Any treatments to the extent benefits are payable by any other payor or for which no charge is made, prosthetic devices unless certain conditions are met, and services ancillary to surgical treatment.

The plan limits benefits for diagnostic consultations and for preventive, restorative, endodontic, periodontic, and prosthodontic services. The services, exclusions and limitations listed above do not constitute a contract and are a summary only. The Guardian plan documents are the final arbiter of coverage.

Contract # GP-1-DEN-16 et al.

Teeth lost or missing before a covered person becomes insured by this plan. A covered person may have one or more congenitally missing teeth or have lost one or more teeth before he became insured by this plan. We won't pay for a prosthetic device which replaces such teeth unless the device also replaces one or more natural teeth lost or extracted after the covered person became insured by this plan. R3-DG2000

[1]Restrictions apply and may be subject to medical necessity.

This Benefit Summary is for illustrative purposes. Your benefits booklet will show exactly what is covered and/or excluded under your plan. If there is a discrepancy between this Benefit Summary and your benefit booklet, the benefit booklet prevails.
Definitions shown on this site are in summary form and are for general informational purposes. The terms of the insurance contract prevails.

VISION INSURANCE

Guardian

WHO IS ELIGIBLE AND WHEN:

Your plan eligibility date is the date of hire with One Power Company. Once the necessary enrollment form has been completed, benefits are effective on that date. Although you have 30 days to enroll, coverage and employee contributions will be retroactive to the first day. Domestic Partners and dependents are eligible for coverage under the vision plan.

New employees have up to 30 days after their eligibility date to enroll. If you do not enroll by that deadline, you will not be eligible for coverage until the following annual open enrollment period unless you experience a qualifying event.

BENEFITS YOU RECEIVE:

Based upon the coverage type elected, you and your members of your family will be enrolled in Guardian's Vision using VSP's Signature Network.

EMPLOYER PAYS:

One Power will pay 100% of the vision premiums for full-time employees, spouse or domestic partners and their dependents.

IMPORTANT ENROLLMENT PROVISIONS:

You may only enroll for dental coverage when you become first eligible or if an open enrollment period is declared. One your coverage is effective, if it is terminated for any reason, you may NOT elect to re-enroll at a later date. Guardian reserves the right not to issue coverage in certain circumstances.

QUALIFYING EVENT:

You may change coverage outside of an open enrollment only when you have a Qualifying Event, which changes your family status (e.g. marriage, divorce, the birth or adoption of a child, date of a dependent, etc). You may enroll or change your enrollment option for coverage within 31 days of the Qualifying Event. You must currently be enrolled in the Plan in order to be eligible for changes in your Personal Benefits due to a Qualifying Event.

See Your Certificate Booklet for Limitations and Exclusions.

ONE POWER COMPANY
AN INDUSTRIAL POWER COMPANY

Summary of Benefits

Vision Benefit Summary

Guardian

Group ID: 00511212
Waiting Period: Date of hire
Dependent Coverage Type: Contributory

Group Name: ONE Power Company
Member Coverage Type: Non-Contributory
Class: 0002 ALL OTHER ELIGIBLE EMPLOYEES
As of Date: 01/01/2025

Plan Information

Your network is the VSP - Signature Full Feature

Coverage Information

	VSP - Signature Full Feature	
What's the most cost-effective way to use vision benefits?	You may go to any eye doctor however, if you go to a VSP network provider you will usually pay less.	
	In-Network	**Out-Of-Network**
Co-Pay		
How often can I obtain service?	**Exams:** Every 12 months **Lenses:** Every 12 months **Frames:** Every 24 months **Materials:** Every 12 months	
	In-Network	**Out-Of-Network**
Eye exams	$10 Copay	Amount over: $46.00
Lenses	$25 Copay	
Contact Lenses	$25 Copay	
Frames	$120.00, 20% discount on amount over $120.00.	Amount over: $47.00
Lens & Frame Allowance	No discounts	No discounts
Cosmetic Extras	Discounted at an average of 30%.	No discounts
Laser correction surgery	Average 15% discount off usual price or 5% off promotional price.	No discounts
Hearing	No discounts	No discounts

Vision and General Exclusions

Important information

This policy provides vision care limited benefits health insurance only. It does not provide basic hospital, basic medical or major medical insurance as defined by the New York State Insurance Department. Coverage is limited to those charges that are necessary for a routine vision examination. Co-pays apply. The plan does not pay for:

- Orthoptics or vision training and any associated supplemental testing
- Medical or surgical treatment of the eye
- Eye examination or corrective eyewear required by an employer as a condition of employment.
- Replacement of lenses and frames that are furnished under this plan, which are lost or broken (except at normal intervals when services are otherwise available, or a warranty exists).

The plan limits benefits for blended lenses, oversized lenses, photochromic lenses, tinted lenses, progressive multifocal lenses, coated or laminated lenses, a frame that exceeds plan allowance, cosmetic lenses; U-V protected lenses and optional cosmetic processes. The services, exclusions and limitations listed above do not constitute a contract and are a summary only. The Guardian plan documents are the final arbiter of coverage. Contract #GP-1-VSN-96-VIS et al.

Laser Correction Surgery

Laser surgery is not an insured benefit. The surgery is available at a discounted fee. The covered person must pay the entire discounted fee. In addition, the laser surgery discount may not be available in all states.

30% discount off of additional pairs of prescription glasses as well as non-prescription sunglasses purchased the same day as the member's eye exam from the same VSP doctor who provided the exam. (Members will continue to receive 20% off unlimited additional pairs of glasses valid through any VSP doctor within 12 months of the last covered exam.)

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DISABILITY INCOME BENEFITS

Guardian

WHO IS ELIGIBLE AND WHEN:

Your plan eligibility date is the date of hire with One Power Company. Once the necessary enrollment form has been completed, benefits are effective on that date. Although you have 30 days to enroll, coverage and employee contributions will be retroactive to the first day.

BENEFITS YOU RECEIVE:

One Power provides full-time employees with short and long-term disability income benefits and pays 100% of the cost for this coverage. In the event you become disabled from a nonwork-related injury or sickness, disability income benefits are provided as a source of income. You are not eligible to receive short-term disability benefits if you are receiving workers' compensation benefits.

Short Term Disability Insurance

If you become disabled while covered under the plan, the benefit payable is 60% of your weekly income, up to a weekly maximum of $2000. Benefit payments begin 1st day of disability due to an accident and 8th day of disability due to a sickness. The maximum benefit period is 13 weeks. Benefits are non-occupational injuries or illnesses.

	Short Term Disability Coverage
Benefit Amount	60% of weekly earnings
Benefit Maximum	$2000 per Week
Elimination Period	1st day accident 8th day sickness
Maximum Benefit Period	13 weeks

Long Term Disability Insurance

If you become totally disabled while covered under the plan, the benefit payable is 60% of your monthly income, up to a monthly maximum of $10,000. Benefit payments begin on the 90th day you are unable to work in your own occupation. The benefit period is 24 months in the occupation you were performing on the day before your disability (own occupation). After 24 months, the definition of disability changes to "any occupation" until you reach social security age.

	Long Term Disability Coverage
Benefit Amount	60% of monthly earnings
Benefit Maximum	$10,000 per Month
Definition of Disability	24 Month own occupation
Elimination Period	90 days
Maximum Benefit Period	Social Security Normal Retirement Age or if disabled at or after age 65 benefits payable according to an age-based schedule

See Your Certificate Booklet for Limitations and Exclusions.

ONE POWER COMPANY
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BASIC LIFE AND AD&D INSURANCE

Guardian

One Power Company provides full-time employees, spouse or domestic partners and dependent children with life and accidental death and dismemberment coverage and pays 100% of the cost for this coverage.

	Life and AD&D Coverage	
Employee Volume Amount	Flat $100,000	
Spouse Volume Amount	Flat $50,000	
Child Volume Amount	Ages 14 Days to 6 Months Flat $10,000 Ages 6 Months to 26 Years Flat $10,000	
Accidental Death and Dismemberment	Benefit Amount is the same as Life Insurance	
Member Guaranteed Issue	Ages 70 and up, evidence of insurability is required for all amounts.	
Maximum Amount	$100,000	
Benefit Reduction Schedule Cutbacks	35% at age 65 75% at age 75	60% at age 70 85% at age 80

Voluntary Life Insurance

This is a voluntary product that an employee can elect to purchase additional Life/AD&D insurance on oneself, spouse or domestic partner, and dependent child(ren). The cost of this product is paid for at 100% by the employee.

	Voluntary Life and AD&D Coverage	
Employee Life/AD&D Insurance		
Issue Amounts	$25,000, $50,000, $75,000, $100,000, $125,000, $150,000, $200,000, $250,000, $275,000, $300,000	
Spouse Life/AD&D Insurance		
Issue Amounts	$10,000, $20,000, $25,000	
Dependent Child(ren) Life/AD&D Insurance		
Guarantee Issue Amounts	$10,000	
Benefit Reduction Schedule Cutbacks	35% at age 65 75% at age 75	60% at age 70 85% at age 80

See Your Certificate Booklet for Limitations and Exclusions.

FLEXIBLE SPENDING ACCOUNTS

WHO IS ELIGIBLE AND WHEN:

Your plan eligibility date is the date of hire with One Power Company. Once the necessary enrollment form has been completed, benefits are effective on that date. Although you have 30 days to enroll, coverage and employee contributions will be retroactive to the first day.

New employees have up to 30 days after their eligibility date to enroll. If you do not enroll by that deadline, you will not be eligible for coverage until the following annual open enrollment period unless you experience a qualifying event.

BENEFITS YOU RECEIVE:

Flexible Spending Accounts (FSA) provide you with an important tax advantage that can help you pay for health care and or dependent care expenses on a pre-tax basis. By estimating your family's health care and dependent care costs for the next year, you can lower your taxable income and save money. **One Power Company will contribute $500 to the FSA accounts of eligible employees. One Power will also match employee contributions 100% up to $1,400.**

HEALTH CARE REIMBURSEMENT FSA

This program lets One Power Company employees pay for certain IRS-approved medical care expenses with a prescription not covered by their insurance plan with pre-tax dollars. The 2025 projected limit on salary reduction contributions to a health FSA offered under a cafeteria plan is $3,300 and is applicable to both grandfathered and non-grandfathered health FSAs. This limit is indexed for cost-of-living adjustments in subsequent years. Some examples of eligible expenses include:

- Hearing services, including hearing aids and batteries
- Vision services, including contact lenses, contact lens solution, eye exams and eyeglasses
- Dental services and orthodontia
- Chiropractic services
- Acupuncture
- Prescription contraceptives

DEPENDENT CARE FSA

The Dependent Care FSA lets One Power Company employees use pre-tax dollars toward qualified dependent care such as caring for children under the age of 13 or caring for elders. The annual maximum amount you may contribute to the Dependent Care FSA is $5000 (or $2500 if married and filing separately) per calendar year. Examples include:

The cost of child or adult dependent care

The cost of an individual to provide care either in or out of your house

Nursery schools and preschools (excluding kindergarten)

RETIREMENT BENEFITS

WHO IS ELIGIBLE AND WHEN:

You are eligible to participate in the plan when you are 21 years of age.

BENEFITS YOU RECEIVE:

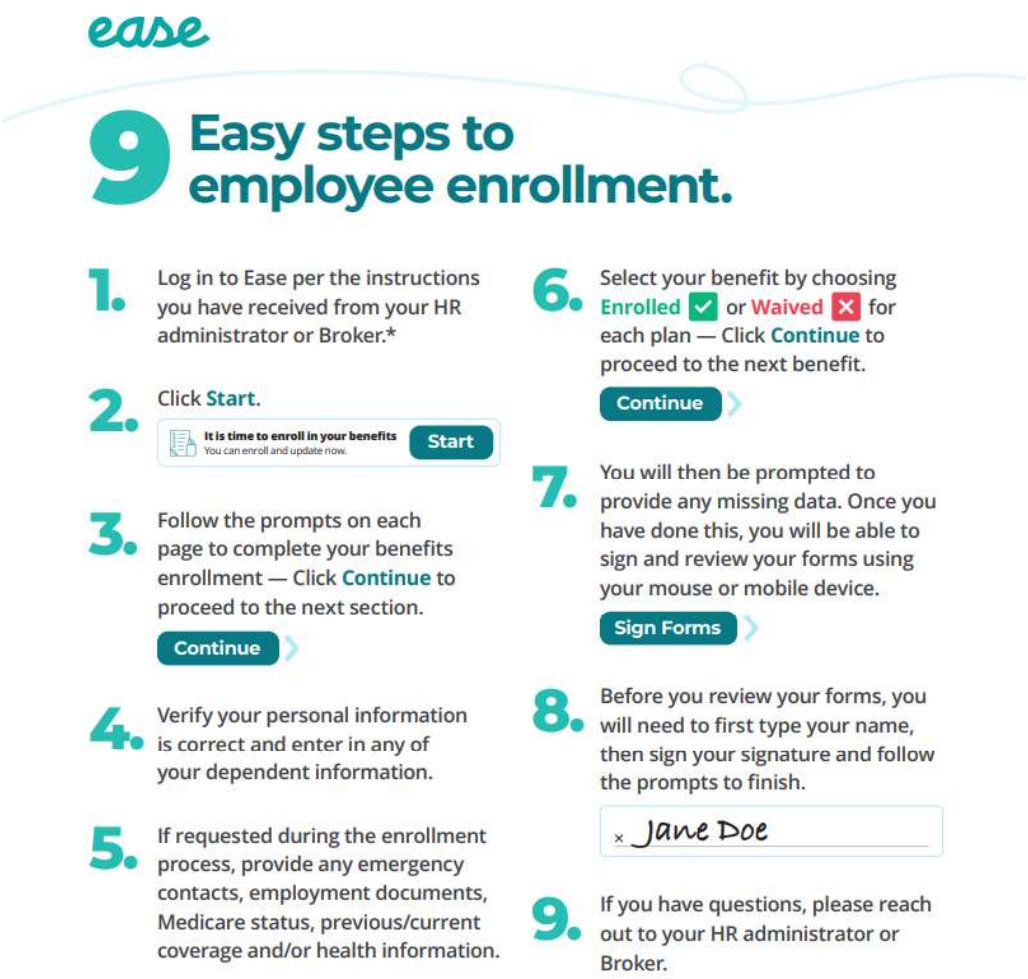
To help you prepare for the future, One Power Company sponsors a 401(k) plan as part of its benefits package. As a full- or part-time employee, you may start participating in this plan on the first day of the first month and the seventh month of the plan year coincident with or next following the time you meet the eligibility criteria.

With this plan, you may save 1-100 percent of your pay on either a pre-tax or after-tax (Roth) basis, receiving matching contributions from One Power on part of your savings. **One Power Company utilizes a Safe Harbor matching feature for the 401(k) plan. One Power will make a matching contribution on your behalf in an amount equal to 100% of your contributions that are not in excess of 5% of your compensation.**

For further details regarding the One Power Company 401(k) plan please review the Summary Plan Description (SPD).

What do you need to do during open enrollment?

- You will receive an email from the ease portal and will need to login and make your elections to be effective on your date of hire. Any qualifying event changes will need to be done in Ease as well. Please remember your login and password.



NOTE: After open enrollment, you **cannot** make changes to your coverage during the year unless you experience a change in family status, such as:

- Loss or gain of coverage through your spouse
- Loss of eligibility of a covered dependent
- Death of your covered spouse or child
- Birth or adoption of a child
- Marriage, divorce or legal separation
- Switch from part-time employment to full-time employment

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WELCOME

UIS Insurance & Investments as a full servicing agency for employee benefits. UIS Insurance & Investments has a service team dedicated to providing day-to-day assistance to all your employees

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We Go Above & Beyond

As an independent insurance agency, we can offer more quotes and comparisons for businesses, home, auto and more.

The information in this Benefits Summary is presented for illustrative purposes and is based on information provided by the employer. The text contained in this Summary was taken from various summary plan descriptions and benefit information. While every effort was taken to accurately report your benefits, discrepancies or errors are always possible. In case of discrepancy between the Benefits Summary and the actual plan documents, the actual plan documents will prevail. All information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996. If you have any questions about this summary, contact HR.