



2023 - 2024 Summary of Benefits

(Plan Year 12/1/2023 - 11/30/2024)

PowerRide offers employees and their eligible dependents the following medical coverage choice:

| Group Medical Plan Option #1 | Kaiser Permanente Group #23152-0 Plan Name: DHMO Option #14 VA Signature | |
|--|--|----------------|
| BENEFITS | IN-NETWORK | OUT-OF-NETWORK |
| Deductible (Calendar Year) | \$1,500 (2x family) | Not Covered |
| Coinsurance | 100% | |
| Out-of-Pocket Max | \$3,000 (2x family) | |
| Primary Physician / Specialist | \$25 / \$35 | |
| Lab, Pathology, Diagnostic Testing | No Charge after Deductible | |
| Urgent Care | \$35 | |
| Emergency Room | \$150 | |
| Hospital | No Charge after Deductible | |
| Rx Card | Kaiser Pharmacy: Deductible \$0 / Generic \$20 / Brand Name \$35 / Non-Formulary \$50 Non Kaiser Pharmacy: Deductible \$0 / Generic \$30 / Brand Name \$50 / Non-Formulary \$75 | |
| Bi-Weekly Payroll Deductions <i>(24 pay periods)</i> | Employee Only \$174.93 Employee & Spouse \$449.34 Employee & Child \$399.86 Family \$674.78 | |
| ELIGIBILITY | Full-time employees are eligible on the 1st of the month following 2 months of employment. | |
| COMPANY CONTRIBUTION | PowerRide contributes \$150 towards each employee | |
| CARRIER CONTACT | 800-772-7902 www.kaiserpermanente.org | |

| Group Medical Plan Option #2 | Kaiser Permanente Group #23152-1 Plan Name: DHMO Option MV1 Signature | |
|--|--|----------------|
| BENEFITS | IN-NETWORK | OUT-OF-NETWORK |
| Deductible (Calendar Year) | \$4,500 (2x family) | Not Covered |
| Coinsurance | 60/40% | |
| Out-of-Pocket Max | \$6,000 (2x family) | |
| Primary Physician / Specialist | \$50 / \$50 | |
| Lab, Pathology, Diagnostic Testing | Deductible + 40% | |
| Urgent Care | \$50 | |
| Emergency Room | Deductible + 40% | |
| Hospital | Deductible + 40% | |
| Rx Card | Kaiser Pharmacy: Deductible \$0 / Generic \$20 / Brand Name \$50 / Non-Formulary 50% Non Kaiser Pharmacy: Deductible \$0 / Generic \$30 / Brand Name \$60 / Non-Formulary 60% | |
| Bi-Weekly Payroll Deductions <i>(24 pay periods)</i> | Employee Only \$129.57 Employee & Spouse \$354.60 Employee & Child \$313.69 Family \$538.71 | |
| ELIGIBILITY | Full-time employees are eligible on the 1st of the month following 2 months of employment. | |
| COMPANY CONTRIBUTION | PowerRide contributes \$150 towards each employee | |
| CARRIER CONTACT | 800-772-7902 www.kaiserpermanente.org | |

| Group Medical Plan Option #3 | Kaiser Permanente Group # 23152-2 Plan Name: Flexible Choice G VA Signature | |
|--|--|---------------------|
| BENEFITS | IN-NETWORK (Kaiser / PHCS PPO) | OUT-OF-NETWORK |
| Deductible (Calendar Year) | Kaiser: None / PPO: \$500 (2x family) | \$1,000 (2x family) |
| Coinsurance | Kaiser: 100% / PPO: 20% | 20% |
| Out-of-Pocket Max | Kaiser: \$2,250 / PPO: \$3,000 (2x family) | \$6,000 (2x family) |
| Primary Physician / Specialist | Kaiser: \$30/\$40 / PPO: \$45/\$55 | Deductible + 40% |
| Lab, Pathology, Diagnostic Testing | Kaiser: No Charge / PPO: Deductible + 20% | Deductible + 40% |
| Urgent Care | Kaiser: \$30 / PPO: \$45 | Deductible + 40% |
| Emergency Room | \$100 | Deductible + 40% |
| Hospital | Kaiser: \$100 / PPO: Deductible + 20% | Deductible + 40% |
| Rx Card | Kaiser Pharmacy: Deductible \$0 / Generic \$10 / Brand Name \$30 / Non-Formulary \$55 Non Kaiser Pharmacy: Deductible \$0 / Generic \$25 / Brand Name \$50 / Non-Formulary \$75 | |
| Bi-Weekly Payroll Deductions <i>(24 pay periods)</i> | Employee Only \$326.12 Employee & Spouse \$767.34 Employee & Child \$687.12 Family \$1,127.22 | |
| ELIGIBILITY | Full-time employees are eligible on the 1st of the month following 2 months of employment. | |
| COMPANY CONTRIBUTION | PowerRide contributes \$150 towards each employee | |
| CARRIER CONTACT | 800-772-7902 www.kaiserpermanente.org | |

| Voluntary Dental Plan | Met Life Dental | |
|-------------------------------------|---|--|
| | Group #05592728 Plan Name: Met Life PPO | |
| BENEFITS | IN-NETWORK | OUT-OF-NETWORK |
| <i>Deductible</i> | <i>\$50 (3 x Family) Waived for Preventive</i> | <i>\$50 (3 x Family) Waived for Preventive</i> |
| <i>Preventive Services</i> | <i>100% Covered</i> | <i>100% Covered</i> |
| <i>Basic Services</i> | <i>80% Covered</i> | <i>80% Covered</i> |
| <i>Major Services</i> | <i>50% Covered</i> | <i>50% Covered</i> |
| <i>Orthodontics</i> | <i>Not Covered</i> | |
| <i>Annual Benefit Max</i> | <i>\$2,000 (per person)</i> | |
| <i>Payroll Deductions Bi-Weekly</i> | <i>Employee Only \$19.59</i> <i>Employee & Spouse \$39.89</i> <i>Employee & Child(ren) \$42.78</i> <i>Family \$62.37</i> | |
| ELIGIBILITY | <i>Full-time employees are eligible on the 1st of the month following 2 months of employment.</i> | |
| COMPANY CONTRIBUTION | <i>Coleman PowerSports does not contribute to the dental, as this is a voluntary plan.</i> | |
| CARRIER CONTACT | <i>(800) 942-0854 www.metlife.com</i> | |

| Group Life Insurance | MetLife Life & AD&D | |
|-------------------------------------|--|--|
| | Group # 05592728 | |
| BENEFITS | <i>Life Insurance is available to all employees on a Voluntary basis. It is a benefit for those enrolling in the group medical plan. The premium is paid for by Coleman PowerSports if you enroll in the medical plan.</i> | |
| <i>Basic Life Insurance</i> | <i>\$15,000 Flat</i> | |
| <i>AD&D</i> | <i>\$15,000 Flat</i> | |
| <i>Payroll Deductions Bi-Weekly</i> | <i>\$0.00</i> | |
| ELIGIBILITY | <i>Full-time employees are eligible on the 1st of the month following 2 months of employment.</i> | |
| COMPANY CONTRIBUTION | <i>100% Company Paid if enrolled in medical, 100% Employee Paid if not enrolled in medical.</i> | |
| CARRIER CONTACT | <i>(800) 942-0854 www.metlife.com</i> | |

This is only a summary of your benefits package. Please refer to your product specific summary plan description for details.