



2024 - 2025 Summary of Benefits

(Plan Year 12/1/2024 - 11/30/2025)

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 (24 pay periods)	Employee Only \$199.92 Employee & Spouse \$502.33 Employee & Child(ren) \$447.35 Family \$749.76	
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 (24 pay periods)	Employee Only \$150.03 Employee & Spouse \$397.57 Employee & Child(ren) \$352.56 Family \$600.09	
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	Kaiser Permanente
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2024 - 2025 Summary of Benefits

(Plan Year 12/1/2024 - 11/30/2025)

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

Option #3	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 (24 pay periods)	Employee Only \$366.23 Employee & Spouse \$851.57 Employee & Child(ren) \$763.33 Family \$1,247.44	
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	
BENEFITS	IN-NETWORK	OUT-OF-NETWORK
Deductible	\$50 (3 x Family) Waived for Preventive	\$50 (3 x Family) Waived for Preventive
Preventive Services	100% Covered	100% Covered
Basic Services	80% Covered	80% Covered
Major Services	50% Covered	50% Covered
Orthodontics	Not Covered	
Annual Benefit Max	\$2,000 (per person)	
Payroll Deductions Bi-Weekly	Employee Only \$19.59 Employee & Spouse \$39.89 Employee & Child(ren) \$42.78 Family \$62.37	
ELIGIBILITY	Full-time employees are eligible on the 1st of the month following 2 months of employment.	
COMPANY CONTRIBUTION	Coleman PowerSports does not contribute to the dental, as this is a voluntary plan.	
CARRIER CONTACT	(800) 942-0854 www.metlife.com	

Group Life Insurance	MetLife Life & AD&D	
BENEFITS	Group # 05592728	
	<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>	
Basic Life Insurance	\$15,000 Flat	
AD&D	\$15,000 Flat	
Payroll Deductions Bi-Weekly	\$0.00	
ELIGIBILITY	Full-time employees are eligible on the 1st of the month following 2 months of employment.	
COMPANY CONTRIBUTION	100% Company Paid if enrolled in medical, 100% Employee Paid if not enrolled in medical.	
CARRIER CONTACT	(800) 942-0854 www.metlife.com	