



Summary of Benefits

Jan 1st, 2025 - Dec 31st, 2025

At Motive Power, Inc., we recognize that our employees are at the core of our success. We review our benefits annually to ensure that our benefit offerings continue to meet the needs of our employees. Benefit eligible employees have the opportunity to enroll in our benefit plans first of the month following 60 days from the date of hire or during our annual Open Enrollment. Please review the benefits highlighted in this booklet when making your benefits decisions.

Medical Insurance

Motive Power, Inc. Benefits Program offers: 3 medical plan options through Anthem and 3 from Kaiser. And new this year for those on Anthem, One Medical.

Kaiser HMO Plans requires an assigned Primary Care Physician and all services must be referred/authorized by your PCP (except OBGYN). However, being an Anthem PPO member, you have flexibility to choose from both In-Network and Out-of-Network providers. Please note that medical benefits are paid at a higher level by choosing providers within the Anthem Network.

Compare Kaiser Plans-

Kaiser Group #: 715786
 Customer Service #: 800.464.4000
 Website: www.kp.org



Medical Plan Features	Kaiser Gold 80 HMO 250/35	Kaiser Silver 70 HMO 2900/65	Kaiser Bronze 60 HMO 5800/60
	In-Network Only		
Calendar Year Deductible:			
Per Person	\$250	\$2,900	\$5,800
Per Family	\$500	\$5,800	\$11,600
Annual Out-of-Pocket Max:			
Per Person	\$7,800	\$9,100	\$8,850
Per Family	\$15,600	\$18,200	\$17,700
Preventive Care:			
Physicals/Screenings/Labs	\$0	\$0	\$0
Office Visits / Specialists:	\$35 / \$55	\$65 / \$100	\$60 / \$95 *1st 3 visits ded waived*
Outpatient Lab / X-ray:	\$35 / \$55	\$30 / \$75 after deductible	\$40 / 40% after deductible
Hospital Medical Services:			
Inpatient	\$600/day(5 days) after ded.	45% after deductible	40% after deductible
Outpatient	\$335 after deductible	45% after deductible	40% after deductible
Emergency:	\$250 after deductible	45% after deductible	40% after deductible
Urgent Care:	\$35	\$65	\$60 *1st 3 visits ded waived*
Rx Deductible:	N/A	N/A	\$450 Ind / \$900 Family
Retail Rx:			
Generic	\$15	\$20	\$19
Preferred Brand	\$40	\$100 after deductible	40% after Rx ded (\$500/Rx max)
Non-Preferred Brand	\$40	\$100 after deductible	40% after Rx ded (\$500/Rx max)
Specialty	20% (\$250/Rx max)	45% after deductible (\$250/Rx max)	40% after Rx ded (\$500/Rx max)

This document is intended to serve as a brief overview of benefits offered by Motive Power, Inc.. If there is any difference between this summary document and the details contained in the legal plan documents, the plan documents are always the final authority. Nothing in this document should be construed to reflect an employment contract. Motive Power, Inc. reserves the right to modify any content of this document at anytime.



Anthem Group #: J84148
 Customer Service #: 800.331.1476
 Website: www.anthem.com/ca

Compare Anthem Plans-

Medical Plan Features	Anthem Gold PPO	Anthem Silver PPO	Anthem Bronze PPO
Calendar Year Deductible: Per Person Per Family	\$500 \$1,500	\$1,950 \$3,900	\$6,200 \$12,400
Annual Out-of-Pocket Max: Per Person Per Family	\$7,900 \$15,800	\$9,100 \$18,200	\$8,700 \$17,400
Preventive Care: Physicals/Screenings/Labs	\$0	\$0	\$0
Office Visits / Specialists:	\$30 / \$60	\$55 / \$90	\$40 / \$80 after ded.
Outpatient Lab / X-ray:	\$15	35% after ded.	40% after ded.
Hospital Medical Services: Inpatient Outpatient	20% after ded \$250 + 20% after ded.	35% after ded. \$250 + 35% after ded.	40% after ded. 40% after ded.
Emergency:	\$250 + 20% after ded.	\$350 + 35% after ded.	\$250 + 40% after ded.
Urgent Care:	\$30	\$55	\$40 after ded.
Rx Deductible:	N/A	\$300 Ind / \$600 Family	N/A
Retail Rx: Generic Preferred Brand Non-Preferred Brand Specialty	\$10/\$20 \$50/\$60 \$90/\$100 30%/40% \$250 max script	\$15/\$20 \$70/80 after Rx ded. \$110/\$120 after Rx ded. 30%/40% after Rx ded. \$250 max script	\$20 \$80/\$90 after ded. \$120/\$130 after ded. 30%/40% after ded. \$400/\$500 max script

*Please refer to the benefit summaries for out-of-network benefits.

For those on the Anthem plan, One Medical is available. One Medical is a national primary care practice focused on providing exceptional care that fits into real life. They combine human-centered design, smart use of technology, and 24/7 access to care in a membership-based model. 100% Employer Paid!

- Fast access to in-person care
- 24/7 on-demand virtual care
- Integrated behavioral health
- And more...

one medical

Mutual of Omaha #: TBD
 Customer Service #: 800-927-9197
www.mutualofomaha.com/dental



Dental Insurance

Motive Power, Inc. offers Dental PPO benefit to all benefit-eligible employees and their families through Mutual of Omaha. The PPO design has two levels of benefits available - In Network and Out of Network. Out of Network dental services are subject to reasonable and customary (R & C) fees, which may mean additional costs to you if your dentist charges above the carrier contracted fees for services.

Dental Plan Features	In Network	Out of Network
Dental Network:	Dental PPO	
	In-Network Only	Non-Network
Calendar Year Deductible:	\$0	\$50 per person / \$150 per Family
Calendar Year Maximum:	\$1,500 Per Person	\$1,500 Per Person
Type 1 (Preventive):	100% covered	90% of R&C fees
Type 2 (Basic):	80%	70% of R&C fees
Type 3 (Major):	60%	50% of R&C fees
Orthodontics*	\$1000 Lifetime Max	\$1,000 Lifetime Max

*Dependent Children Only

Categories:

- Preventive - Exams, X-rays, Cleanings
- Basic - Fillings, Endodontics, Periodontics, Extractions
- Major - Onlays, Crowns, Bridges

Deductible does NOT apply to Type 1 Services



Vision Insurance

Mutual of Omaha #: TBD
Locate a provider: <https://www.eyemed.com/en-us>



Motive Power, Inc. now offers you and your dependents total vision care through EyeMed by Mutual of Omaha.

Vision Plan Features	In-Network	Non-Network
Network Type:	EyeMed	
Eye Exams: (every 12 months)	\$10	Up to \$37 maximum allowance
Prescription Glasses: Lenses: (every 12 months)	\$25 in addition to the exam Standard Progressive = \$85 Premium Progressive = \$95 Custom Progressive = \$110+	\$20 - \$64 in addition to the exam Single = Up to \$36 maximum allowance Bifocal or Progressive = Up to \$36 maximum allowance Trifocal = Up to \$36 maximum allowance
Frames: (every 24 months)	Up to \$130 maximum allowance + 20% off of the balance	Up to \$58 maximum allowance
Necessary Contact Lenses: (every 12 months) - Or, In lieu of prescription glasses:	\$0	Up to \$210 maximum allowance

Mutual of Omaha #: TBD
Customer Service #: 800-775-8805
Website: www.mutualofomaha.com

Group Term Life/AD&D Insurance

Motive Power, Inc. offers Basic Term Life Insurance with Accidental Death & Dismemberment feature as part of their benefits program through Mutual of Omaha. Term Life/AD&D insurance provides life insurance coverage with important features such as guaranteed issue, accelerated death benefits and accidental death and dismemberment coverage.

You may elect additional life insurance coverage through their Voluntary Life Insurance Program. And new this year are Voluntary Short Term and Long Term Disability plans!



Life/AD&D Coverage amounts will reduce as below:

Plan Features	Basic Term Life	Voluntary Life	Short Term Disability New	Long Term Disability New
Paid by:	Employer	Employee	Employee	Employee
Benefit Features:	Employee Only: \$50,000	<p><u>Employee:</u> From \$10,000 to \$300,000 (Increments of \$10,000; GI under age 70: \$60,000)</p> <p><u>Spouse:</u> From \$5,000 to \$100,000 (Increments of \$5,000; GI under age 70: \$20,000)</p> <p><u>Child:</u> Age 14 days and younger: \$1,000 Age 14 days or older: Choice of \$5,000, \$10,000, \$15,000 *GI Not Applicable*</p>	<ul style="list-style-type: none"> 60% Maximum benefit of \$2,000 7 day elimination period 12 week duration 	<ul style="list-style-type: none"> 60% Maximum benefit of \$10,000 90 day elimination period Duration - Social Security retirement age with a reduction at age 65

Employee Assistance Program (EAP)

- Provided at no cost
- Includes up to 3 counseling sessions
- Confidential service provided by a third party
- Available 24/7/365

mutualofomaha.com/eap
800-316-2796



Customer Service #: 877.506.1660
www.enrollwithtag.com

Flexible Spending Account

Motive Power, Inc. benefits program also includes an optional benefit that allows you to pay for eligible expenses using tax-free dollars called Flexible Benefits Plan. Money deducted from your paycheck into an FSA is not subject to payroll taxes, resulting in substantial payroll tax savings.

For both types of these accounts, you must submit claims no later than 90 days after the end of the Plan Year.

Health Care Flexible Spending Account: 2025 IRS Contribution Limit - \$3,300

A health care FSA can reimburse you or help you pay for eligible health care expenses not covered by your health plan such as copays, deductibles, eye exams, glasses, dental work, hearing aids, prescriptions, etc.

Day Care Flexible Spending Account:

2025 IRS Contribution Limit for Singles or Married Filing Jointly - \$5,000

2025 IRS Contribution Limit for Married Filing Separate - \$2,500

A dependent care FSA helps reimburse you for the work-related cost of care for a qualifying dependent.

Open Enrollment / Qualifying Events

Open Enrollment is the time of year all benefit-eligible employees have an opportunity to evaluate their insurance needs for themselves and their dependents for the upcoming plan year. You might also think about updating your beneficiary information on any life insurance policies if you've had a life event occur recently.

You may add or remove eligible dependents from your benefits coverage, as appropriate. Please note that if you drop a dependent during Open Enrollment, they are not eligible for COBRA. Open Enrollment is not considered a COBRA qualifying event.

If you do not enroll yourself or your dependents in the company-sponsored plans during this time, you will not be able to enroll in the plans later unless a qualifying event occurs. Qualifying events include: marriage, divorce, death, birth, adoption, loss of coverage through employment changes for you or your spouse (status change or termination), and gaining other coverage.

Please log into the EASE portal to make your benefit elections.



Email or Username
example@motive-power.com

Password [Forgot?](#)
.....

Login

[Log in with mobile phone](#)
Español · 简体中文 · 繁體中文

Resources and Contacts

A benefits website has been created for Motive Power, Inc. employees with direct links to all the carrier websites, plan summaries, and contact information. You can search for in-network doctors and dentists by following the links to directories for each carrier. Many of your general questions can be answered by contacting the carrier directly, or reviewing the plan information located at: <https://mybenefits.cc/motivepower/>

If you have questions regarding your benefits, unresolved claim issues and/or eligibility, please contact your HR representative or your Acrisure Account Manager person noted below.

Your Acrisure Account Manager:

Morgan Gainor
 Ph: 925.592.5135
mgainor@acrisure.com

