



2025 U.S. Benefits Enrollment Guide

Enrollment Dates: November 25 to December 4, 2024
Revised October 2024



What's in this guide

The information contained in this enrollment guide will help you determine the best benefit options for you and your family.

3 Introduction

- 3 How your benefits program works
- 4 Benefits program
- 4 Eligibility
- 4 Paying for your benefits
- 4 When coverage begins and ends
- 5 When can I change my benefits?

6 Open enrollment for the 2025 Benefits Program

- 6 Benefits for living a well-balanced life
- 6 Your action item checklist
- 7 Enroll online
- 7 What happens to my benefits if I don't enroll?
- 7 Who do I email with benefit enrollment questions?

8 Changes to Your Benefits Program

- 8 What's new for 2025?
- 8 What's the same?
- 8 Health Insurance Marketplaces – you have a choice

9 Core Employee Benefits

- 9 Medical Insurance Options
- 12 Appealing a Claim or Coverage for a Procedure
- 13 High Deductible Health Plan Option
- 16 Open Access Plan Option
- 17 Medical Opt-Out Benefit
- 18 Prior Authorization and Step Therapy
- 18 Telehealth
- 19 Flexible Spending Accounts
- 21 Dental Insurance
- 22 Vision Insurance

23 Employer-Sponsored Benefits and Services

- 23 Basic Life Insurance
- 23 Accidental Death & Dismemberment (AD&D) Insurance
- 23 Disability Income Benefits
- 24 Employee and Family Assistance Program
- 24 Medical Experts

25 Voluntary Benefits

- 25 Optional Life Insurance

26 Your 2025 Costs

28 Provider Contacts



Introduction

Your benefits program is an important and valuable part of your total rewards at Capital Power. It provides specific paid benefits as well as a range of benefit options to choose from to meet your unique needs and the needs of your dependents.

The program offers coverage that helps you:

- ✓ Take charge of your health.
- ✓ Access appropriate treatment in the event of illness or injury.
- ✓ Receive financial benefits in the case of accident or death.
- ✓ Maintain income if you become disabled.
- ✓ Support your physical, mental, financial and social well-being.

How your benefits program works

The Capital Power Benefits Program is designed to provide you with options and choices. Your core benefits include medical, dental and vision insurance. As a Capital Power employee, you are also automatically protected by employer-sponsored benefits including Basic Life insurance, Accidental Death & Dismemberment insurance, and Short-Term and Long-Term Disability income benefits. Other benefits you have access to at no cost include the Employee and Family Assistance Program (EFAP), travel assistance, and a range of counseling and support services.

You have three choices for medical insurance:

- High Deductible Health Plan (HDHP) with Health Savings Account (HSA)
- Open Access Plan (OAP), or
- Elect to opt out, with proof of alternate coverage.

The options treat deductibles and co-pays differently and have different premium levels, enabling you to choose the one that's right for you and your family. Refer to the [Medical Insurance Options](#) section of this guide for more information on your choices.

Opt-Out benefit

If you do not require medical insurance because you are covered under another insurance program, you can choose to receive the annual opt-out benefit of \$3,600, which is treated as taxable income. You must re-certify that you have alternate coverage every year during open enrollment to receive the opt-out benefit.

Did you know...

You have the option to enroll in a **Flexible Spending Account (FSA)**, through which you can set aside pre-tax dollars for eligible health and dependent care expenses. See [page 19](#) for details.

Capital Power offers **Dental and Vision Insurance** that covers routine check-ups and help cover the cost of additional services you may need, such as such as orthodontia, glasses and contacts. See [pages 21 and 22](#) for details.

If you decide you need extra financial protection, you can choose to purchase **optional life insurance** for you, your spouse and your children. See [page 25](#) for details.

Benefits program

Core Employee Benefits	Employer-Sponsored Benefits and Services	Voluntary Benefits
<div> Cost shared between Capital Power and employee</div> <div><ul style="list-style-type: none">• Medical Insurance<ul style="list-style-type: none">- High Deductible Health Plan with HSA Option- Open Access Plan Option- Opt-Out Benefit• Dental Insurance• Vision Insurance</div>	<div> 100% Company-paid</div> <div><ul style="list-style-type: none">• Basic Life Insurance• Accidental Death & Dismemberment Insurance• Short-Term Disability• Long-Term Disability• Employee and Family Assistance Program</div>	<div> 100% Employee-paid</div> <div><ul style="list-style-type: none">• Flexible Spending Accounts• Optional Life Insurance</div>

Eligibility

To be eligible for the Capital Power Benefits Program:

- ✓ **You must be:**
 - a permanent, full-time employee residing in the United States, or
 - a permanent, part-time employee residing in the United States who works at least 30 hours per week.
- ✓ **Your dependents must be residents in the United States. Dependents may include:**
 - Your legally married spouse or domestic partner.
 - Children who are:
 - Your natural, adopted or stepchild(ren)
 - Under age 26
 - Unmarried, of any age, and incapable of self-sustaining employment by reason of mental or physical disability and depends on you for support, or
 - Your domestic partner’s children who are not your children and who depend on you for support

Paying for your benefits

Capital Power covers the majority of the cost of all medical premiums and subsidizes out-of-pocket costs for the High Deductible Health Plan option by contributing to a Health Savings Account. You will pay out of pocket for the employee share of your annual medical premium, as well as for any expenses up to the annual out-of-pocket limit.

If you would like additional optional insurance benefits, you can purchase optional life insurance through payroll deductions.

When coverage begins and ends

Coverage begins

- ✓ If you are a new employee, coverage begins on the first day of the month following the start date of your eligible employment (except for optional life insurance, which starts on the approval date from the insurer).
- ✓ If your dependent (other than a newborn child) is in hospital when you first enroll, coverage begins on the date they return home from the hospital.



ENROLLING AS A NEW HIRE

As a new Capital Power employee, you will need to enroll in **Workday** within 15 days of your hire date. You will receive an email and Workday task on your start date with all the information you will need to enroll.

If you have questions about enrollment, please email usbenefits@capitalpower.com.

If you don't enroll as a new hire, you will receive the default coverage, which is employee only coverage, as follows:

- ✓ Medical insurance: High Deductible Health Plan with HSA option.
- ✓ Dental insurance: Opted out.
- ✓ Vision insurance: Opted out.
- ✓ You automatically receive Basic Life and Basic AD&D insurance, Short-Term and Long-Term Disability coverage, and access to the Employee and Family Assistance Program.

Change voluntary benefits at any time

Optional insurance and HSA deferrals can be changed at any time. Optional insurance changes may require proof of health (Evidence of Insurability) and approval from the provider before being effective.

When can I change my benefits?

During open enrollment

- ✓ Changes take effect on the first day of the benefit year (which runs from January 1 to December 31), except for optional life insurance, which takes effect when approved by the insurer.

Making tax-effective choices

- ✓ If you enroll in a Flexible Spending Account (FSA), you can set aside pre-tax dollars for eligible health and dependent care expenses.
- ✓ If you choose the High Deductible Health Plan (with HSA) option for medical insurance, Capital Power will contribute pre-tax dollars to an HSA in your name at the start of the benefit year as a lump sum, which you can use at any time, tax-free, to pay for eligible

Within 30 days following a qualifying life event

Qualifying life events include:

- ✓ Marriage or after 12 consecutive months in a domestic partner relationship.
- ✓ Divorce, legal separation or the end of a domestic partner relationship.
- ✓ Adding a dependent child to your family through birth or adoption.
- ✓ Your spouse becomes eligible for coverage or loses their coverage.
- ✓ The death of your spouse.
- ✓ Your child is no longer an eligible dependent and the number of your eligible dependents decreases from "employee and family" or "employee and child(ren)" to "employee plus spouse" or "employee only" coverage.

Refer to the [U.S. Employee Benefits - Quick Reference Guide](#) for more information on qualifying life events.

Coverage ends

- ✓ At the end of the month following the date your employment with Capital Power ends, except for life and optional insurance, which end on your date of termination.
- ✓ For dependents, coverage ends when your coverage ends or on the date they no longer qualify as eligible dependents.
- ✓ On termination of medical, dental and vision coverage, you will have 60 days to election continuation of coverage through COBRA, administered by WEX.

health care expenses. Or, leave the balance in the account and earn tax-free investment income within the HSA.

- ✓ If you have medical insurance elsewhere and choose the opt-out benefit, this benefit is treated as taxable income.
- ✓ Optional insurance can be purchased using after-tax income via payroll deduction.



Open enrollment for the 2025 Benefits Program

Capital Power provides an employee benefits program that helps you stay healthy, feel secure and maintain work/life balance. Our program represents a significant part of your total compensation.

Benefits for living a well-balanced life

As a Capital Power employee, your health and well-being are important to us. That's why our benefits program, a cornerstone of our Total Rewards program, helps ensure you and your loved ones live a well-balanced life. When choosing your benefits coverage, take charge of your health: keep in mind what fits your and your family's needs and consider steps you can take to create balance for your mental, physical, financial and social health.

Important dates

November 25 to December 4

Open enrollment for Capital Power benefits for 2025

January 1, 2025

Benefits coverage period begins

Your action item checklist

Note: You can choose different dependents for medical, dental, vision and optional life insurance plans.

- ✓ **Medical:** Enroll in individual and/or dependent coverage and decide whether to:
 - Choose the High Deductible Health Plan with a Health Savings Account option (and decide on your HSA contribution amount, keeping in mind that Capital Power's HSA contribution depends on how many dependents you enroll in medical insurance),
 - Choose the Open Access Plan option, or
 - Opt out and receive a \$3,600 opt-out benefit (proof of medical coverage elsewhere required).
- ✓ **Dental:** Enroll in individual and/or dependent coverage, or opt-out.
- ✓ **Vision:** Enroll in individual and/or dependent coverage, or opt-out.
- ✓ **Flexible Spending Accounts (FSA):** Choose how much you will contribute to your FSA(s) in 2025, if anything. Read more about eligibility requirements in the Flexible Spending Accounts section of this guide.
- ✓ **Basic Life Insurance and AD&D Insurance:** Add or review your beneficiary/ies to ensure they are up to date and reflect your wishes.
- ✓ **Optional Life Insurance:** Enroll in individual and/or dependent coverage (subject to approval), update your beneficiaries, or opt-out.

Enroll online

Go to [Workday](#) between Monday, November 25, 2024, and Wednesday, December 4, 2024 to enroll.

Remember to:

- ✓ Choose your medical, dental, vision and optional life insurance coverage (subject to approval), or opt out.
- ✓ Make Health Savings Account selections for 2025, if you choose the High Deductible Health Plan option.
- ✓ Make Flexible Spending Account selections for 2025.
- ✓ Update beneficiary information on your Basic Life and Accidental Death & Dismemberment insurance.

The coverage you select will take effect on January 1, 2025 and will be effective until December 31, 2025. When selecting a higher level of optional insurance than what is currently approved, your coverage will remain unchanged until the higher amount is approved. Additional levels of optional insurance are effective on the day you are approved for coverage by the insurer.

Outside open enrollment, you may only change coverage due to a qualifying life event, and you must do so within 30 days of the event. We encourage you to review all your benefits and make your selections wisely. Optional insurance and HSA elections (if eligible) can be updated at any time.

What happens to my benefits if I don't enroll?

If you do not make any updates during open enrollment, and:

- If you are currently enrolled in the Health Savings Account option (High Deductible Health Plan with HSA), your benefits will default to the same coverage for 2025.
- If you are currently enrolled in the Open Access Plan option your benefits will default to the same coverage for 2025.
- If you are currently opting out of medical coverage your benefits will default to the Open Access Plan as employee only coverage.
- If you currently contribute to HSA or FSA accounts your contributions will be zeroed out.
- All other benefits will remain the same as 2024.

During this open enrollment, you will make benefit selections that will be effective from January 1 to December 31, 2025.



Who do I email with benefit enrollment questions?

Email the Capital Power - Wellbeing Team at usbenefits@capitalpower.com.





Changes to your Benefits Program

What's new for 2025?

For the 2025 benefit year, premiums for all plans except medical will remain unchanged. There is a minor change in the deductibles and out of pocket maximums for the High Deductible Health Plan.

High Deductible medical plan

- ✓ Overall premium costs have increased by 12.4%
- ✓ Deductibles and out of pocket maximums are changing for the 2025 plan year.

Open Access medical plan

- ✓ Overall premium costs have increased by 16.96%.

FSA/HSA employee allocations

- ✓ 2024 employee allocations for the Flexible Spending Account (FSA) and the Health Savings Account (HSA) will be set to zero as part of the 2025 open enrollment.
- ✓ If you choose to contribute to an applicable FSA or HSA in 2025, you must do so during open enrollment.
- ✓ **IMPORTANT!** If you choose the High Deductible medical plan, **you must enroll in the HSA to initiate the 2025 employer allocation.**

What's the same?

- ✓ Insurance providers will remain the same.
- ✓ Capital Power's annual contribution to the HSA will remain the same and be deposited at the start of the benefit year.
- ✓ The Health Care FSA (HCFSA) maximum has increased to \$3,300 per year.
- ✓ The Dependent Care FSA (DCFSA) maximum will remain at \$5,000 per household (\$2,500 if you are married and file taxes separately).
- ✓ Your dental, vision and optional life insurance rates will remain the same.

Health Insurance Marketplaces – you have a choice

- ✓ You have the option to compare Capital Power's coverage with plans available through the health insurance marketplace at healthcare.gov. If you choose Marketplace coverage, you can enroll beginning November 1, 2024 for coverage starting in 2025. **Note: you are not eligible for a Premium Tax Credit if you have employer coverage available.**



Core Employee Benefits

Medical Insurance Options

Provider: Cigna

You have two choices for medical coverage:

HDHP option

Medical Insurance
High Deductible Health Plan (HDHP)

OAP option

Medical Insurance
Open Access Plan (OAP)

+**Health Savings Account (HSA)**
A tax-advantaged, portable savings account

For full details, please refer to the [Summary of Benefits and Coverage \(SBC\)](#) documents found on the Cigna Healthcare Education site.

Unless you are planning to opt out of Capital Power’s medical plan, you will choose either the High Deductible Health Plan (HDHP) or the Open Access Plan (OAP). Both provide traditional medical insurance that covers prescription drugs.

The HDHP option offers several advantages that might be a better fit for you than the OAP option, but it’s important to understand your own medical insurance needs before making your choice. For example, an HSA is a tax-advantaged savings account that remains yours, no matter where you work. If you select the HDHP option, Capital Power contributes the full amount to your HSA at the start of the benefit year. You can choose to contribute as well, up to specified limits, and use it when you want to – your balance never expires and there are no HSA forfeitures.

Premiums and the treatment of co-pays and deductibles differ between the two options.



Example: An employee with family coverage would have the following premiums and deductibles in 2025, depending on which medical insurance option is chosen:

	Employee share of annual premium	Annual deductible (in-network)	Capital Power HSA contribution (in 2025)	Prescription drug co-pay
HDHP option with HSA	\$4,418.63	\$9,600	\$3,000 (Deposited to your HSA at the start of the year and accessible right away)	Pay for all drugs out of pocket until you reach deductible, then the plan pays 90%
OAP option	\$6,865.36	\$2,500	N/A	Pay for all drugs with co-pay only

Choose which option works for you

Your choice will depend on what makes the most financial sense for you and your family. The HDHP and OAP options have different deductibles, out-of-pocket maximums and monthly premiums and operate differently in the way co-pays and expenses apply toward the deductibles.

Here are a few of the differences between each option:

High Deductible Health Plan option	Open Access Plan option
Lower employee premiums, with higher deductibles.	Higher employee premiums, with lower deductibles.
In most cases, you cover your deductible first, co-insurance will apply until you have met the out-of-pocket maximum. For example, you pay the full cost of prescription drugs up to your deductible, then the plan pays 90% after the deductible. The money in your HSA can be used for prescription drug costs.	For most expenses, you cover co-pays first then satisfy your deductible. For prescription drugs, you only pay the co-pay and there is a separate out-of-pocket limit of \$500 individual and \$1,000 family (in-network only).
You can open a Dependent Care Flexible Spending Account (DCFSA); however, you cannot use a Health Care Flexible Spending Account (HCFSA) for medical expenses as you will have your Health Savings Account (HSA).	You can participate in a Health Care Flexible Spending Account (HCFSA) as well as a Dependent Care Flexible Spending Account (DCFSA).
Capital Power contributes \$1,000 to your HSA each year for employee only coverage and \$3,000 for all other coverage levels. You have the option to contribute additional funds to your HSA up to the legislated maximums: <ul style="list-style-type: none">• Your HSA balance can earn interest tax-free and can be invested.• You can roll over your HSA balance if you don't use it all in a single year.• Use your HSA balance to pay for medical expenses tax-free now or in the future – if you leave Capital Power, take your HSA with you.• You can use the HSA for any out-of-pocket costs associated with your medical, dental or vision coverage, which includes your deductible. After the age of 65, you can use your account for any expense, medical or otherwise.	Capital Power does not contribute.

If you and your covered dependents have typically low medical and prescription costs, under the High Deductible Health Plan option your medical premiums would be lower, but you would pay the full cost of all prescription drugs until you reach the annual deductible. After reaching the deductible, you would pay only the co-insurance whenever you fill a prescription. You can use the money that you and Capital Power deposit into your HSA to help cover out-of-pocket expenses.

In comparison, if you have high or frequent prescription drug costs, you may find the Open Access Plan option more cost effective, as you will only pay the co-pay each time you fill a prescription.

How your medical insurance works with each option

This chart gives a side-by-side look at the amounts payable under the High Deductible Health Plan option or the Open Access Plan option when you use in-network and out-of-network providers for each option.

Medical insurance	High Deductible Health Plan option (HDHP + HSA)		Open Access Plan option (OAP)	
	In-network	Out-of-network	In-network	Out-of-network
Deductible				
• Individual*	\$3,300	\$6,600	\$1,250	\$2,500
• Family*	\$9,600	\$19,200	\$2,500	\$5,000
Out-of-pocket maximum (includes deductible)				
• Individual*	\$3,400	\$6,800	\$4,000	\$6,000
• Family*	\$10,000	\$20,000	\$12,000	\$18,000
Prescription drugs out-of-pocket maximum				
• Individual*	Included in maximum above	Included in maximum above	\$500	Not applicable
• Family*			\$1,000	
Physician visit	80% covered after deductible	60% covered after deductible	\$25 co-pay; \$50 specialist	60% covered after deductible
Preventive care	100% covered (no co-pay, no deductible)	60% covered after deductible (Labs and x-rays: 100%, no co-pay, no deductible)	100% covered (no co-pay, no deductible)	60% covered after deductible
Hospitalization	80% covered after deductible	60% covered after deductible	80% covered after deductible	60% covered after deductible
Emergency room	100% covered after deductible		\$150 co-pay	
Prescription drugs (Retail/mail order)				
Generic**	100% for preventive care drugs, 90% covered after deductible for all others.	Not covered	Co-pay: \$10 / \$20	Not covered
Preferred***			\$20 / \$40	
Non-preferred†			\$35 / \$70	
Specialty§			\$150 / N/A	

* Per covered individual.

** **Generic:** Drug will be the lowest cost alternative, resulting in the lowest tier co-pay.

*** **Preferred:** Drug will be on Cigna's formulary list. Drugs on this list will result in the middle tier co-pay.

† **Non-preferred:** Drug will NOT be on the formulary list, resulting in the highest tier co-pay.

§ **Specialty:** Specialty medications are typically high-cost drugs that are used to treat complex conditions.

Remember, you get the most out of your medical plan by using an in-network provider. To see if your provider participates in the Cigna network – or to find one who does – log in to your plan member account at myCigna.com to see a directory of providers.

Which services are subject to the deductible?

Below is a chart that shows examples of what is subject to the deductible and what is paid by your account based on the medical insurance option you select. Many services only require a co-pay at the time of service.

Medical care provided	High Deductible Health Plan option			Open Access Plan option	
	Subject to deductible?	Co-pay applies?	HSA eligible?	Subject to deductible?	Co-pay applies?
In-network primary care office visit	Yes	No	Yes	No	Yes
In-network specialist office visit	Yes	No	Yes	No	Yes
Emergency room facility charge	Yes	No	Yes	No	Yes
In-network lab work performed in an outpatient facility	Yes	No	Yes	Yes	No
In-network inpatient hospital stay	Yes	No	Yes	Yes	No
Prescriptions	Yes	No	Yes	No	Yes (In network only)

When you see an in-network provider:

- Your provider will file all claims directly with Cigna. If you chose the High Deductible Health Plan option and you want to use your HSA to cover your expenses, present your HSA debit card at the time of payment.
- Cigna will review the claim submitted by the hospital or other provider and make any payment directly to them. This payment is based on the benefits in your health plan.
- You will receive an Explanation of Benefits that breaks down how much of the bill you are responsible for. You might have a deductible to cover, in which case the provider will bill you directly.

If your provider is out-of-network

If your provider is not currently in Cigna’s network, you can send your provider’s name, title, address, phone number and email address to usbenefits@capitalpower.com. Cigna will be asked to review your provider to find out whether they meet the in-network criteria. It is up to the provider whether they join Cigna’s network.

Discount Prescription Program

Details about Cigna’s Healthy Rewards Discount Prescription Program are available by logging in to your account at myCigna.com.

TIPS TO HELP YOU SAVE MONEY

Whenever you have urgent medical needs, consider whether the services of an Urgent Care center are appropriate – Urgent Care is much less costly than a visit to the emergency room. You can also reduce benefits costs by getting prior authorization from Cigna (Capital Power’s medical insurance provider) for certain drugs and procedures to ensure the plan will cover them.

More information about prior authorization is available in the [Prior Authorization and Step Therapy](#) section of this guide. By making smart choices, you can keep costs down for you and the benefits program, which will ultimately keep the program sustainable into the future.

Appealing a claim or coverage for a procedure

If Cigna denies coverage for a claim or procedure for you or one of your covered dependents, you must ask your doctor to phone Cigna at 1.888.693.3297. Your doctor will conduct a peer-to-peer review by speaking to a doctor at Cigna to determine the most effective treatment or drug for your condition.



Reminder

You have access to the same in-network providers regardless of which medical insurance option you select.

High Deductible Health Plan Option

Provider: Cigna (HSA OAP Plan–HSA OAP)



The High Deductible Health Plan (HDHP) has a higher deductible and lower monthly premium than the Open Access Plan. You pay more of your health care costs yourself before the insurance starts to pay its share. To offset these expenses, our HDHP is combined with a Health Savings Account (HSA), allowing you to pay for certain medical expenses with money that’s free from federal taxes.

You may open and contribute to an HSA as long as you are not covered by any other health plan outside Capital Power (including your spouse’s Health Care Flexible Savings Account), not enrolled in Medicare A/B or TRICARE, and not claimed as a dependent on another individual’s tax return.

If you choose this option:

- Capital Power will contribute pre-tax dollars as a lump sum at the start of the year to a Health Savings Account (HSA) in your name. If you are a new hire, your HSA deposit will be prorated based on your hire date.
- You may also contribute to your HSA to put additional money aside for unexpected medical expenses now or in the future.
- Use the money in your HSA to pay for qualified health care, dental and vision expenses, including your deductible and co-insurance, for yourself and covered dependents. Or leave the balance in your HSA for as long as you wish – you’ll pay no tax on any investment income within the account.
- You can also use the HSA to pay for eligible medical expenses not covered by your medical insurance.
- If you opt out of coverage, change jobs or retire, you can take your HSA with you.

Contributions

 Capital Power’s contributions	 Your contributions
Capital Power will deposit the company contribution into your HSA as a lump sum at the start of the benefit year. The deposit amount depends on how many dependents are covered under your medical insurance.	You may choose to contribute to your HSA via payroll deduction, which will be deposited bi-weekly through normal pay.

Your contributions and Capital Power’s contributions count toward the Internal Revenue Service (IRS) HSA 2025 contribution limit. In the following table, we have calculated the maximum contribution you can make to your HSA in 2025 to remain within the IRS limits.

HSA Contributions and Maximums for 2025

Coverage level	Capital Power’s contribution Lump-sum deposit	Maximum employee contribution	Combined HSA contribution limit*
Employee	\$1,000	\$3,300	\$4,300
Employee + spouse	\$3,000	\$5,550	\$8,550
Employee + child(ren)	\$3,000	\$5,550	\$8,550
Employee + family	\$3,000	\$5,550	\$8,550

* This limit is set by the Internal Revenue Service (IRS) each year. The limit includes employee and employer contributions.

It is your responsibility to remain within your IRS contribution limit. Capital Power does not monitor your contributions to ensure you remain within the limit. For more information about IRS restrictions around HSAs, visit the [HSA Bank](#) for more information.

Catch-up contributions

If you are age 55 or older, you may make an additional \$1,000 contribution each year to save for expenses during retirement. If your spouse has an HSA, your combined contributions (minus the catch-up contributions) must not exceed the 2025 family contribution limit of \$9,550.

Using your HSA

You will receive an HSA debit card from Cigna to pay for eligible expenses; you have the option to purchase an HSA checkbook as well.

Use the money in your HSA tax-free for qualified out-of-pocket expenses you incur any time after the date your HSA was established – this year or in future years. Don’t worry about using the full contribution amount in your HSA in a single year; your HSA dollars roll over from year to year.

If you use the account for non-eligible expenses, you will be subject to a 20% penalty if you are under age 65, and you will owe income tax on the expenses. After the age of 65 you can use the account for anything medical or otherwise on a before-tax basis.

Any HSA dollars you use for eligible medical expenses will count toward your annual medical insurance deductible. The dollars you do not use remain in your account and earn interest tax-free.

COMMON HSA-ELIGIBLE EXPENSES

- Office visits
 - Surgery, lab work, radiology
 - Prescription drugs
 - Dental and orthodontia
 - Vision
 - Personal long-term care insurance premiums
- Visit myCigna.com for a full list of eligible expenses.

Tax savings

The HSA is tax-advantaged in several ways:

1. You won’t pay tax on money you or Capital Power contribute to your HSA.
2. Any interest or investment income you earn in the account grows tax-free.
3. Withdraw your account balance at any time tax-free to pay for eligible expenses.

Example: Gabrielle has a gross income of \$70,000. She has no dependents and receives \$1,000 from Capital Power in 2025 in her HSA. She decides to contribute \$3,330 in 2025 to maximize her combined HSA contribution limit of \$4,300, which is set by the IRS. By the end of 2025, she earned \$170 in investment income and interest in her account, which she decides to withdraw tax-free at the end of the year to pay for medical expenses. The example below shows how contributing to an HSA can provide Gabrielle with more spendable income:

	Without HSA	With HSA
Gross income	\$70,000	\$70,000
Total employee HSA contributions (tax-free)	\$0	– \$3,330
Gross taxable income	\$70,000	\$66,670
Estimated taxes on gross taxable income: Federal, State, FICA (assume 20%)	– \$14,000	– \$13,334
After-tax earnings	\$56,000	\$56,666
Investment earnings within HSA (tax-free)	\$0	+ \$170
Overall spendable income	\$56,000	\$56,836
Increase in spendable income with HSA	None	\$836

Log in to myCigna.com to access an HSA calculator to determine your tax savings and potential future value of your HSA based on the contributions you make today. Retain all your expense receipts in case you are audited by the IRS.

About HSA Bank and your account

If you choose the High Deductible Health Plan option for your medical coverage, you will receive a welcome package from HSA Bank with more information.

Your account with HSA Bank will have many of the features of a standard bank account: you will receive regular account statements, and a monthly fee of \$2.25 will be deducted from your balance. This fee is waived if your monthly balance exceeds \$3,000.

Log in to myCigna.com to make online transactions, upload and save receipts, and to access a life stage modeling tool, an online library of videos and education materials, an interactive FAQ, and IRS and tax resources.

Earning interest and investing your HSA balance

HSA Bank offers two self-directed investing platforms for investing your HSA balance: TD Ameritrade for stocks, bonds and mutual funds, and Devenir for mutual funds. Some fees apply.

For more information about opening an investment account, log in to myCigna.com.

The table on the right shows the annual deductible amount you are responsible for in meeting annual deductibles.

HDHP with HSA option deductible chart	Individual	Family
Medical insurance annual in-network deductible	\$3,300	\$9,600
Medical insurance annual out-of-network deductible	\$6,600	\$19,200

Embedded Deductibles

The High Deductible Health Plan option comes with an embedded family deductible. The embedded deductible helps you save on expenses. It gives each family member their own individual deductible, which is lower than an overall family deductible. Individual family members must satisfy a \$3,300 deductible before they move into co-insurance. With the embedded deductible, every member must meet their own individual deductible (to a maximum of 3 individuals) to meet the family deductible.

Example:

Lisa covers herself, her husband and their son. So far this year, Lisa and her husband have not had any medical expenses.

Their son is an avid soccer player, and he experiences an injury that requires surgery. In total, their son’s in-network medical expenses reach \$7,300.

Because the plan has an embedded deductible, their son has a deductible of \$3,300. This is the individual deductible amount. Lisa only pays \$3,300 **rather than paying the full, family deductible** before the plan starts to pay co-insurance.

Once she pays the initial \$3,300, the plan pays 80%, and she pays 20% of the remaining costs.

The plan also has an embedded out-of-pocket maximum of \$3,400 per individual. So, after Lisa’s son’s expenses meet the deductible, she only pays \$100 more before his expenses meet the individual out-of-pocket maximum.

Plus, she can use the company-sponsored family HSA contribution of \$3,000 to help cover the costs. Here’s how her son’s expenses add up:

Total medical cost of \$7,300

Lisa pays the first \$3,300 and satisfies the embedded deductible: \$4,000 is the remaining balance.

Calculation of Lisa's portion:
 $\$4,000 \times 20\% = \800

The \$3,300 deductible plus \$800 co-insurance puts Lisa over the \$3,400 out-of-pocket maximum, so Lisa is only responsible for \$100 of the \$800.

Lisa has \$3,000 from Capital Power in her HSA. She chooses to reimburse herself for the \$3,000 deductible not covered by co-insurance.

Lisa is only out \$100!

Lisa saves thousands of dollars because of the embedded deductible. Without it, she would have had to pay the full \$7,300 up front (minus Capital Power’s HSA contribution if she chose to use it).

Open Access Plan Option

Provider: Cigna (Open Access Plus Plan–OAP)

The Open Access Plan (OAP) has higher monthly premiums and lower deductibles than the High Deductible Health Plan (HDHP), however, there are no additional offsets such as the HSA.

With this plan, you will have to pay your deductible before the plan begins to pay for covered health care costs. Once you meet your deductibles, you pay your co-pay or co-insurance (a portion of the charges).

The chart below shows the amount you are responsible for in meeting annual deductibles.

OAP option deductible chart	Individual	Family
Medical insurance annual in-network deductible	\$1,250	\$2,500
Medical insurance annual out of network deductible	\$2,500	\$5,000

Embedded deductibles

The Open Access Plan option comes with an embedded family deductible. With the embedded deductible, you save on expenses. It gives each family member their own individual deductible, which is lower than an overall family deductible. Once the deductible is met for an individual, the plan will begin to pay 80% and the individual will be responsible for 20% until the out-of-pocket maximum for medical has been satisfied. With the embedded deductible, every member must meet their own individual deductible (to a maximum of 2 individuals) to meet the family deductible.

REMINDER

- Once an individual meets their in-network individual deductible:
- The plan pays 80%, and the member pays 20% until their individual out-of-pocket maximum for medical has been satisfied.
 - Once the individual in-network out-of-pocket maximum has been met, the plan pays 100% for all medical services the rest of the plan year, outside of prescription drugs. Prescription drugs have a separate out-of-pocket maximum.



Example:

Ken has family coverage; he covers himself, his wife, and his daughter on the Open Access Plan (OAP) option. While Ken’s wife and daughter have had minimal claims this year, Ken ends up seeing a specialist several times for consultations and surgery.

With the OAP option, Ken must satisfy his own individual in-network deductible of \$1,250. Once Ken has met his \$1,250 deductible, the plan begins to pay 80% of the claims and Ken is responsible to pay 20% until he has hit his individual out-of-pocket maximum for medical.

Once Ken has reached his out-of-pocket maximum, any further medical in-network costs he incurs would be covered 100% by the plan for the remainder of the plan year, except for prescription drugs. Prescription drugs have a separate out-of-pocket maximum on this plan.

Note: Ken’s family members will need to meet the remaining portion of the in-network deductible until the family amount has been met. Once that happens, co-insurance will begin to pay.

URGENT CARE CENTER VERSUS EMERGENCY ROOM – WHERE TO GO?

As a general rule, if your condition is a true emergency in that it is life-threatening, trauma-related, requires x-rays or requires a surgical procedure, go to the emergency room (ER) immediately or dial 911.

However, because ER visits can be expensive (around three times the cost of a visit to Urgent Care), some conditions can be better suited to an Urgent Care center.

If your condition is non-life threatening and you don't have time to visit your doctor, you can visit an Urgent Care center for help with fever, flu, cold, cough, sore throat, vomiting, diarrhea, stomach pain, cuts and severe scrapes, minor injuries and burns, sports injuries and more.

Medical Opt-Out Benefit

No Coverage Option for medical and prescription drug coverage

Capital Power offers an incentive payment if you choose “No Coverage” under the medical plan. If you make this election, your opt-out benefit will be added to your paycheck in equal amounts over the course of the year.

You must provide proof of medical insurance elsewhere.

The annual opt-out benefit is \$3,600 and is treated as taxable income.



Reminder

You must re-certify every year during open enrollment to receive the opt-out benefit.

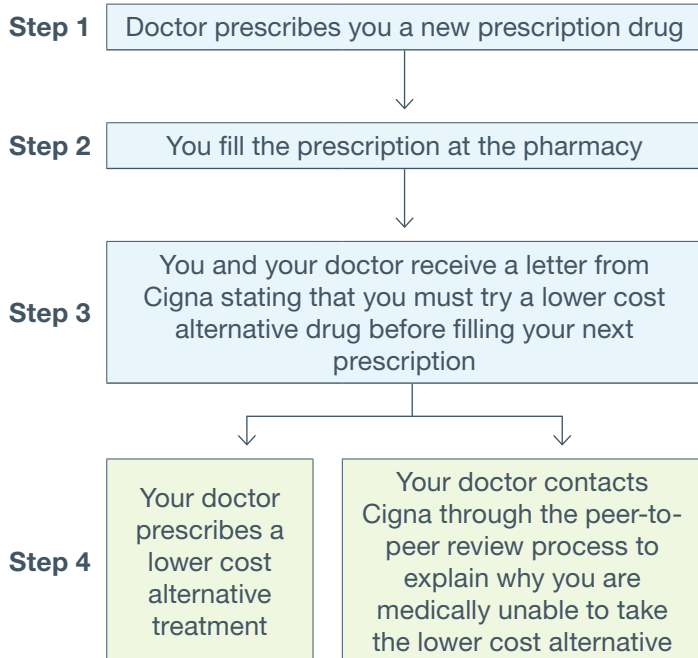


Prior Authorization and Step Therapy

Prior authorization is a cost control process, supported by Capital Power, in which certain drugs and procedures require Cigna's approval before the cost of a treatment or procedure is covered by the medical plan. This enables Cigna to review your treatment before they will cover it to ensure it is medically necessary and appropriate for your condition.

Cigna also operates a program that helps keep costs down for everyone: Step Therapy. This is a program that requires less expensive prescriptions, most often generic drugs, are tried before more expensive options are explored, unless it's medically necessary to start with a more expensive alternative.

Step Therapy Process



If your doctor prescribes one of the medications included in the program, you will be able to fill your prescription initially. However, you and your doctor will receive a mailed letter saying you need to try a less expensive alternative the next time your prescription is filled, unless there is a medically relevant reason why the less expensive alternative cannot be taken.

While it may not be the process you are accustomed to, this extra step helps ensure you and Capital Power only pay for medically necessary prescriptions, which allows Capital Power to keep costs sustainable and to continue offering the coverage you receive today. Without these provisions, the benefits program would soon become unaffordable for you and Capital Power.

As an example, if you are prescribed one of the Step Therapy drugs, you will try the most cost-effective, appropriate medications available (typically, generics or lower-cost brands) before more expensive brand-name versions are approved for coverage.

The program includes medications used to treat the following medical conditions:

- ADHD
- Allergies
- Breathing problems
- Bladder problems
- Depression
- Emerging therapies
- Heartburn/ulcer
- High blood pressure
- High cholesterol
- Mental health
- Osteoporosis
- Pain (narcotic and non-narcotic pain relievers)
- Skin conditions
- Sleep disorders

Whenever you fill a prescription for a medication included in this program, you and your doctor will receive a letter from Cigna describing the steps you need to follow before you refill your medication. If your doctor believes an alternative medication isn't right for you for medical reasons, they can request that you seek Cigna's prior authorization of your doctor's prescribed drug for medications included in the Step Therapy program.

To find out if your prescribed medication is part of the Step Therapy program, log in to [myCigna.com](https://mycigna.com) and navigate to the prescription drug list. You will see an (ST) symbol next to all Step Therapy medications.

It's a good idea to check with Cigna before you have a medical procedure to ensure it is covered. However, if the prescribed drug or treatment is denied, you can appeal it – ask your doctor to contact Cigna (1.888.693.3297) to conduct a peer-to-peer review of your treatment plan with a physician from Cigna to determine the most effective treatment or drug for your condition.

If you require assistance with an appeal, please email the Capital Power Wellbeing Team at usbenefits@capitalpower.com.

Telehealth

If you are enrolled in one of the medical insurance options, you automatically receive access to MDLIVE, a service that provides convenient, 24/7 remote medical advice 365 days a year from a board-certified doctor by phone or online video chat. Doctors at MDLIVE are available to talk to you – no matter where you are located – about common conditions such as fevers, cold and flu, infections, allergies, pink eye, urinary tract infections and more. MDLIVE doctors can give you a diagnosis and prescribe medications if needed.

To access medical advice through MDLIVE, call 1.888.726.3171 or visit mdlive.com/cignaselect. You can also download the MDLIVE app to visit with a doctor using your mobile device.

Flexible Spending Accounts

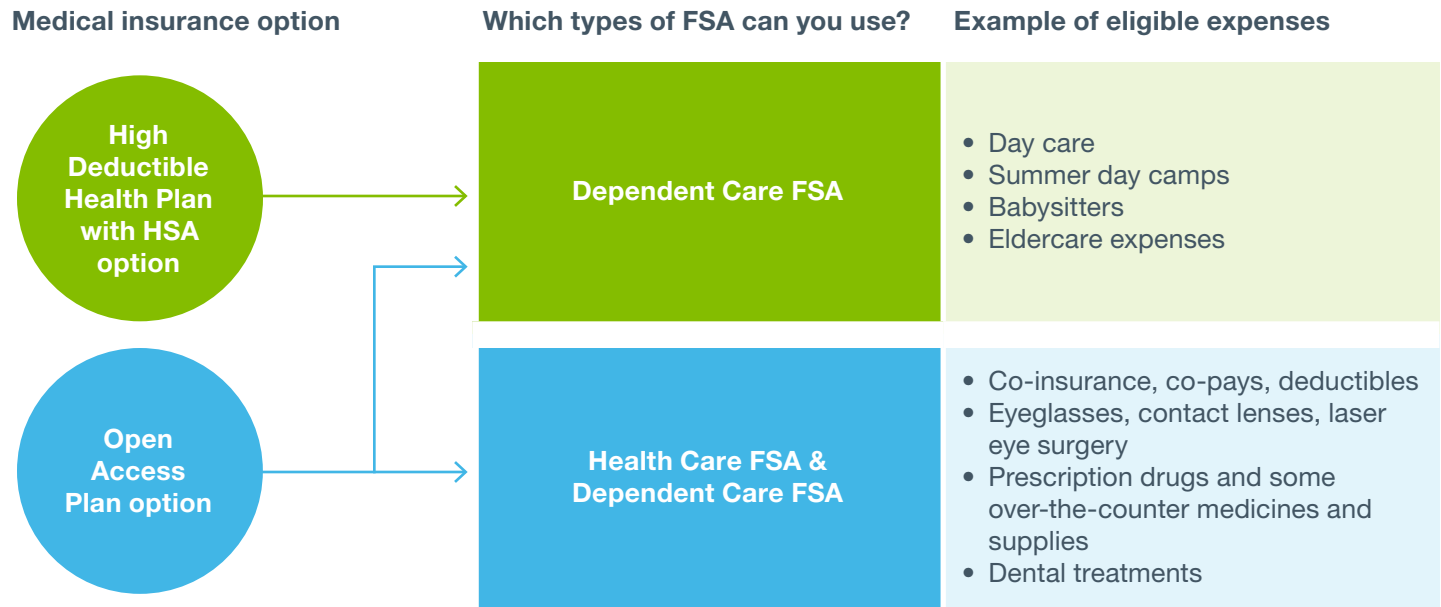
Provider: Inspira Financial

Flexible Spending Accounts (FSAs) enable you to set aside money on a pre-tax basis for eligible expenses. Two types of FSA are available: a Health Care Flexible Spending Account (HCFSA), which you can use for eligible medical, dental and vision care expenses, and a Dependent Care Flexible Spending Account (DCFSA) for eligible expenses related to childcare and eldercare.

Eligibility

You may contribute to a DCFSA.

Your eligibility for a HCFSA depends on which medical insurance option you choose. If you choose the HSA option, you will not be able to use the FSA for medical expenses due to IRS restrictions.



For a full list of eligible expenses, visit [inspirafinancial.com](https://www.inspirafinancial.com)

Select your FSA contribution amount for 2025

The amount you choose to contribute is taken out of your paycheck in equal amounts each pay period. The maximum HCFSA election is \$3,330 per year; the maximum DCFSA election is \$5,000 per household per year. If your spouse contributes to a DCFSA and you file separate tax returns, the maximum you can each contribute to a DCFSA will be \$2,500 to avoid IRS penalties. Money in an FSA does not rollover every year

– any unused FSA amounts are forfeited at year end. You have access to the full amount of your election from January 1 each year – you don’t have to wait until your contributions have reached that amount to be able to use the balance in your account.

Your only opportunity to make elections for your FSA is during open enrollment – you may not change your elections during the benefit year. Any changes will be effective January 1 of the new plan year.

How Flexible Spending Accounts (FSA) help you save money

Below are examples to show how others use two different types of FSAs.



Example

Janet has a gross income of \$100,000. She chose the **High Deductible Health Plan with HSA** option for her medical insurance, which means she is eligible to open a DCFSA. She has a child in daycare. Janet plans to contribute the maximum \$5,000 to her DCFSA because her daycare expenses are eligible for reimbursement from the DCFSA.

The table below shows how contributing to a DCFSA can provide Janet with more spendable income:

	Without DCFSA	With DCFSA
Gross income	\$100,000	\$100,000
DCFSA contributions (tax-free)	\$0	– \$5,000
Gross taxable income	\$100,000	\$95,000
Estimated taxes: Federal, State, FICA (assume 20%)	– \$20,000	– \$19,000
After-tax earnings	\$80,000	\$81,000
Increase in spendable income		\$1,000

The example below applies to the HCFSA, but the concept is similar for the DCFSA. This example is for illustrative purposes only. Every situation varies and it is recommended you consult a tax advisor for all tax advice.



Example

Jason has a gross income of \$100,000. He chose the **Open Access Plan** option for his medical insurance, which means he is eligible to open a HCFSA. He wears contact lenses, takes daily prescription medication and plans to have routine medical and dental checkups throughout the year. Jason plans to contribute the maximum \$2,850 to his HCFSA because his expenses are eligible for reimbursement from the HCFSA.

The table below shows how contributing to a HCFSA can provide Jason with more spendable income:

	Without DCFSA	With DCFSA
Gross income	\$100,000	\$100,000
DCFSA contributions (tax-free)	\$0	– \$2,850
Gross taxable income	\$100,000	\$97,150
Estimated taxes: Federal, State, FICA (assume 20%)	– \$20,000	– \$19,430
After-tax earnings	\$80,000	\$80,570
Increase in spendable income	None	\$570

By contributing \$2,850 to his HCFSA, Jason has \$570 more spendable income because any contributions to the HCFSA (and the DCFSA) are made before tax is deducted.

The [Inspira Savings Calculators](#) can help you calculate unreimbursed health and dependent care expenses to help you determine your FSA contributions.



Important

FSAs are a “use it or lose it” benefit – meaning if you did not use the funds in your FSA while you are actively employed by Capital Power, or by the end of the plan year, you will forfeit any remaining funds that are in your account. For additional information, call Inspira at 844-729-3539 or log into your account.



Dental Insurance

Provider: Guardian

Capital Power offers dental insurance that covers routine check-ups and additional services needed for your health. There has been no change to the plan's coverage, and Capital Power continues to share the cost of dental premiums with you to keep our plan sustainable. You have the option to elect Employee, Employee plus Spouse or Employee plus Family coverage, or to opt out of dental coverage.

To find out if your provider is in the Dental Guard Preferred Network or to find one that is, call 1.800.627.4200 or go to guardiananytime.com and click on "Find a Provider," which is located on the homepage.

Benefit	In-network Dental Guard Preferred Network	Out-of-network*
Annual deductible	\$50 for each covered person (\$150 maximum per family)	\$100 for each covered person (\$300 maximum per family)
Preventive services (Exams, cleanings, x-rays)	100%	100%
Preventive services (Deductible waived)	Yes	No
Basic services (Fillings, simple extractions)	100%	80%
Major services (Root canals, crowns)	60%	50%
Annual maximum benefit	\$2,000	\$1,250
Orthodontia	50%, up to \$1,500 lifetime maximum	

* Out-of-network benefits are paid based on Maximum Plan Allowance (MPA) and you may be responsible for the difference between the provider's usual fee and the MPA.



Vision Insurance

Provider: Guardian – Vision Service Plan

Eye care not only helps you see better, but routine check-ups can detect early signs of many different illnesses, including diabetes. There has been no change to the plan’s coverage. Capital Power continues to share the cost of vision premiums with you to keep our plan sustainable. You have the option to pay a monthly premium, or to opt out of vision coverage.

Capital Power offers eye care benefits through the Guardian Vision Service Plan, which includes routine vision exams, lenses, frames and contact lenses.

Benefit	In-network	Out-of-network
Eye exam (every 12 months)	\$10 co-pay	Up to \$50
Frames (every 24 months)	\$25 co-pay; \$150 allowance; 20% discount over \$150	Up to \$48
Lenses (every 12 months)	\$25 co-pay for single, bifocal and trifocal lenses	Up to \$48 for single lenses, \$67 for bifocal lenses and \$86 for trifocal lenses
Contacts (every 12 months, in lieu of frames and lenses)	Up to \$150	Up to \$120

Guardian Vision Discount Program

Provider: Vision Service Plan (through Guardian)

If you are enrolled in Capital Power’s vision insurance with Guardian, you are also eligible to receive discounts on vision care services from a vision provider under contract with the VSP preferred provider organization. You will be responsible for paying the entire discounted fee directly to the VSP network provider. The average discounts are 20% off eye exams and eyewear materials. Contacts and laser surgery have average discounts of 5% to 15%.

To find a VSP network provider, call VSP member services at 1.800.877.7195, or visit vsp.com and click on “Find a Doctor,” which is located on the homepage.

Remember, this is a discount program only.





Employer-Sponsored Benefits and Services

Provider: Guardian

You automatically receive the following employer-sponsored benefits, starting the day you meet eligibility for the Capital Power benefits program.

The following benefits are provided at no cost to you:

Basic Life Insurance

Basic Life Insurance is provided at two times your annual base salary, up to a \$500,000 maximum benefit.

Accidental Death & Dismemberment Insurance

Accidental Death and Dismemberment (AD&D) insurance is provided at two times your annual base salary, up to a \$500,000 maximum benefit.

Disability Income Benefits

Capital Power provides full-time employees with Short- and Long-Term Disability income benefits and pays the full cost of this coverage. In the event you become

disabled from a non-work-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 is coordinated with other disability benefits you may be receiving, such as state-mandated programs and federal, state and local government programs.

	Short-Term Disability	Long-Term Disability
Benefits begin	1 st day of a non-work accident 8 th day of illness	After 90 days
Benefit duration	13 weeks from date of disability	Until Social Security normal retirement age
Percentage of income replaced	100%	66⅔%
Maximum benefit	90-day coverage	\$15,000 per month

Employee and Family Assistance Program

Provider: ComPsych

You are automatically eligible for the ComPsych Resource Guidance Employee and Family Assistance Program (EFAP). With ComPsych, you have access to expert support services to help you and your family with a variety of day-to-day life issues such as childcare, stress management, financial planning and much more.

You are entitled to five face-to-face counseling visits per family member, per year, with a doctoral psychologist or other behavioral health EFAP professional. You are eligible for unlimited phone counseling through a toll-free number, 1.800.96.HELPS (1.800.964.3577), and variable resources to help with any life challenges you might be facing.

Medical Experts

Provider: Teladoc

Your Capital Power Operations benefits include access to Teladoc Medical Experts. Their world-renowned specialists are here if you have doubts about a medical diagnosis, treatment option, or need for surgery.

Our doctors are here when you need them most. They can confirm or recommend a change in your diagnosis or treatment for conditions like back and joint pain, cancer, chronic disorders, and much more. It's easy to use, completely confidential, and provided at no cost to you and your eligible dependents.

Use Teladoc services when you or your eligible dependents:

- Are unsure about a diagnosis or need help deciding on a treatment option.
- Need guidance on treatment for a mental health condition that is not improving.
- Need help finding a local expert who specializes in your condition.
- Would like expert guidance when faced with a serious surgery.






Voluntary Benefits

Optional Life Insurance

Provider: Guardian


Now is the time to review your personal life insurance needs and add or make changes to your supplemental life insurance. If you want to supplement your Basic Life insurance benefits you may purchase additional coverage. If you participate in this benefit, you pay the full cost of supplemental coverage through convenient payroll deductions.

Note: If during this year's open enrollment period, or at anytime during the year, you wish to purchase Optional Life insurance for the first time or increase any existing Optional Life insurance above \$50,000 for your yourself, or in any amount for your spouse, your application will be pending Guardian's approval of applicable Evidence of Insurability (EOI), otherwise known as proof of good health.

 **Employee:** Coverage can be purchased for yourself in units of \$25,000 (to a maximum of \$500,000).


When you first enroll as a new employee, you can get insurance up to the guaranteed issue amount of \$150,000 – without providing EOI, also known as evidence of good health. Any additional coverage above \$150,000 requires evidence of good health.

When you enroll later, or increase your coverage, you will be required to complete an EOI form.

 **Spouse:** Coverage can be purchased for your spouse in units of \$25,000 to a maximum of 100% of your employee coverage (to a maximum of \$250,000).

When you first enroll as a new employee, your spouse would be able to get insurance up to the guaranteed issue amount of \$50,000 – without providing EOI, also known as evidence of good health. Any additional coverage above \$50,000 requires evidence of good health.

When you enroll later, or increase your coverage, you will be required to complete an EOI form.

 **Children:** Coverage can be purchased for your dependent child(ren) (age 14 days to 23 years; 25 if full time student) for \$10,000.

No EOI is required.



Your 2025 Costs

Medical – High Deductible Health Plan (HDHP) Option (with Health Savings Account)

Coverage Option	Employee premiums bi-weekly	Capital Power premiums bi-weekly	Total bi-weekly premiums	Capital Power HSA annual contribution
Employee	\$55.21	\$325.56	\$380.77	\$1,000
Employee + spouse	\$115.60	\$681.65	\$797.25	\$3,000
Employee + child(ren)	\$108.44	\$639.42	\$747.85	\$3,000
Employee + family	\$169.95	\$1,002.10	\$1,172.05	\$3,000

Medical – Open Access Plan (OAP) Option

Coverage Option	Employee premiums bi-weekly	Capital Power premiums bi-weekly	Total bi-weekly premiums
Employee	\$84.08	\$377.91	\$462.00
Employee + spouse	\$177.64	\$798.41	\$976.05
Employee + child(ren)	\$174.84	\$785.83	\$960.68
Employee + family	\$264.05	\$1,186.78	\$1,450.84

Dental

Coverage Option	Employee premiums bi-weekly	Capital Power premiums bi-weekly	Total bi-weekly premiums
Employee	\$3.46	\$14.74	\$18.20
Employee + spouse	\$7.71	\$32.88	\$40.59
Employee + child(ren)	\$11.35	\$48.37	\$59.71
Employee + family	\$11.35	\$48.37	\$59.71

Vision

Coverage Option	Employee premiums bi-weekly	Capital Power premiums bi-weekly	Total bi-weekly premiums
Employee	\$0.68	\$2.92	\$3.60
Employee + spouse	\$1.16	\$4.92	\$6.08
Employee + child(ren)	\$1.18	\$5.02	\$6.20
Employee + family	\$1.86	\$7.94	\$9.81

Employee and Spouse Optional Life Insurance

Per \$1,000 of coverage

Age band	Monthly Employee Rates	Monthly Spouse Rates
<30	\$0.05	\$0.05
30–34	\$0.06	\$0.06
35–39	\$0.08	\$0.08
40–44	\$0.10	\$0.10
45–49	\$0.17	\$0.17
50–54	\$0.26	\$0.26
55–59	\$0.41	\$0.41
60–64	\$0.73	\$0.73
65–69	\$1.33	\$1.33
70–and older	\$2.19	Coverage ends at age 70

Optional Child Life Insurance

Rate is \$0.50 per month for \$10,000 coverage per covered child

Rates are guaranteed for one year.

BENEFIT DEDUCTIONS

Your employee premiums are deducted from your paycheck over 26 pay periods. To view your total costs log into [Workday](#) and click Menu > Benefits > View-Benefit Elections.



Provider Contacts

Benefit or Service	Provider	Website / Email	Phone
Capital Power Wellbeing Team Primary contact for: <ul style="list-style-type: none"> • Online enrollment • Claim issues • Questions on life events • Verification of benefits • Verification of coverage • General benefit questions 	Capital Power	CPC Intranet - Pay, Benefits & Wellbeing Email: usbenefits@capitalpower.com	
Medical, HSA and Prescription Group # 00614085	Cigna (and HSA Bank)	myCigna.com hsabank.com/Cigna	Cigna 1.866.494.2111 HSA Bank 1.800.992.3200 HSA Bank after hours 1.800.357.6246
Dental, Vision, Life, AD&D and Disability Insurance Group # 387665	Guardian	guardiananytime.com	1.800.627.4200
Flexible Spending Accounts	Inspira Financial	inspirafinancial.com	1.844.729.3539
Employee and Family Assistance Program <ul style="list-style-type: none"> • Organization Web ID: COM589 • Company name: Capital Power 	ComPsych Guidance Resources	guidanceresources.com	1.800.964.3577
Medical Experts	Teladoc	Teladoc.com	1.800.835.2362



About this guide: This guide describes the benefit plans available to you as an employee of Capital Power Corporation. The details of these plans are contained in the official Plan Documents, including some insurance contracts. This guide is meant only to cover the major points of each plan. It does not contain all of the details that are included in your Summary Plan Description (SPD) (as described by the Employee Retirement Income Security Act). If there is ever a question about one of these plans, or if there is a conflict between the information in this guide and the formal language of the Plan documents, the formal wording in the Plan Documents will govern. Please note that the benefits described in this guide may be changed at any time and do not represent a contractual obligation on the part of Capital Power Corporation.

Produced: October 2024