



2024 Annual Enrollment Guide

Oct. 23 – Nov. 3, 2023



Rhode Island
Energy™
a PPL company



Dear Colleagues –

Providing comprehensive, competitive benefits and wellness programs to our employees is essential. PPL is proud to offer benefit plans that offer options and flexibility that best fit your individual needs.

During Annual Enrollment, you can select the benefit plans that work best for you and your family. This year, PPL worked to benchmark and review our benefits to ensure we are competitive and offer benefits that meet the needs of our current and future employees. As a result, you will notice new offerings, as well as changes in plans and vendors. I encourage you to review these materials closely, as well as the information available through our benefit administrator, Alight.

To help you plan and make the best decisions for your personal situations, this digital guide includes:

- **A detailed description** of your benefit options.
- **Resources** to help you choose the best plan for you and your family.
- **Contact information** for your benefit administrators.
- Information on **Healthy for Life**, an enterprise-wide wellness program we will be rolling out in 2024.

To enroll in our benefits, you must log in to Alight from Oct. 23 through Nov. 3 and make your selections. Employees who are currently enrolled in benefits but fail to complete elections should refer to page 4 of the guide for important information on “What Happens If You Do Nothing.” If you have previously waived coverage, your coverage for 2024 will be waived as well unless you actively make Annual Enrollment elections.

Look for reminders and additional details on Sky. If, after reviewing the materials, you have questions related to Annual Enrollment, please contact our Benefits team at benefits@pplweb.com.

Sincerely,

Angie Gosman
Executive Vice President and Chief Human Resources Officer

“Providing comprehensive, competitive benefits and wellness programs to our employees is essential. PPL is proud to offer benefit plans that offer options and flexibility that best fit your individual needs.”

– Angie Gosman

Enrolling is Easy and Paperless

You can enroll from work or home by visiting Alight's website beginning Oct. 23. Login directly via Sky or visit www.ybr.com/benefits/ppl.

After making your elections, you will receive a confirmation email from Alight outlining your benefits.

Don't miss the Nov. 3 deadline

All employees are encouraged to participate in Annual Enrollment to make benefit elections by Nov. 3, 2023. After Annual Enrollment, changes to your benefits plan may be made if you have a Qualified Work/Life Event, as described below:

- Birth, adoption, legal guardianship of a dependent child
- Spouse/dependent gaining or losing coverage
- Death of a dependent
- Marriage
- Divorce
- Dependent loss of eligibility

Additional information regarding changes permitted can be found on the Benefits and Wellness page on Sky.

Eligible Dependents

You may elect to enroll any of the following eligible dependents (subject to verification):

- Your legally married spouse or declared domestic partner.
- Your natural, step, adopted child(ren) or child(ren) of a domestic partner under the age of 26.
- A dependent child under the age of 26 placed in your home for whom you have legal guardianship.
- A dependent child who was declared disabled, incapable of self-support, before the age of 26.
- If you add a dependent during annual enrollment, you may be requested to submit documentation to Alight to verify your dependent(s) eligibility under the plan.

Important: What Happens If You Do Nothing

There will be no second opportunity to enroll. If you are currently enrolled in benefits and do not make elections during the enrollment period, you and your dependents currently on the plan:

- Will be defaulted to Employed Spouse/Domestic Partner Surcharge, if applicable.
- Will be defaulted to available medical, dental and vision plans for 2024 as follows:
 - Health Savings Plan or Health Investment Plan, you will enrolled in the HDHP with HSA (without employee contributions).
 - Select Provider Plan to EPO coverage
 - Dental and vision, you will remain in the same level of coverage.
 - Will not be able to change elections to employee optional life and dependent life.
- Will not have access to voluntary benefits.
- Will not be able to make any employee contributions to an HSA, Health Care FSA, or Dependent Day Care FSA.

New for 2024

- **Anthem Blue Cross and Blue Shield (BCBS) as our new plan administrator:** It is important to note that Anthem BCBS offers the same provider network as Capital Blue Cross, therefore **you will be able to maintain your current in-network doctors/providers.** Anthem is the long-time plan administrator for LG&E and KU. Anthem has the capacity to serve the many and various needs of our employees and families across the enterprise.
 - **New cards,** featuring Anthem's name and the Blue Cross Blue Shield icons, will be issued by Jan. 1, 2024. These cards will be mailed to the address listed in HCM; please ensure your address is up-to-date.
- **New plan designs and name changes:** There will be four plan design options, including:
 - A new plan, **PPO**, which has been well-utilized and positively received in Pennsylvania for many years, will have employee premiums that are significantly lower than the current Select Provider Plan coverage.
 - Previous RIE plans, the Health Savings Plan and Health Investment Plan will be discontinued. The following new plans will be offered: HDHP with HSA (High Deductible Health Plan with Health Savings Account) and HDHP Low no HSA. The Select Provider Plan will now be called EPO and will remain available.
- **Employee costs:** Health care costs and insurance premiums continue to rise nationally. PPL is committed to minimizing increases to employees and has made a significant investment to keep 2024 increases as low as possible and within benchmark. View full plan details and premium levels on pages 6-10.
 - **Premium changes:** For 2024, Rhode Island Energy medical plans will primarily range from an approximately \$34 biweekly pay decrease to approximately a \$37 increase.
 - **HDHP deductibles and coinsurance:** To align with the enterprise HDHP, coinsurance will be increasing to 20% and there will be increases to the deductible and out-of-pocket maximum levels. Therefore, while 2024 employee premiums are generally decreasing, overall total 2024 healthcare costs may still increase depending on individual circumstances.
 - **Employed Spouse Surcharge:** The Employed Spouse Surcharge is increasing to \$130 biweekly. This is for individuals who add a full-time working spouse to their PPL medical plan AND that spouse has declined their own employer's medical insurance.
- **Health Savings Account (HSA) contribution amount changes:** The annual employer HSA contribution is decreasing to align with the rest of the enterprise. The decrease will go from \$750 to \$600 for individual coverage and from \$1,500 to \$1,200 for family coverage.



Visit Anthem to:

- Find providers and compare costs
- Verify claim information and check status
- Get help with health care decisions
- Get new or replacement ID cards

Web: anthem.com

Phone: 877-750-6062

- **Coverage for specialty needs:** PPL will offer coverage to meet a variety of specialty needs, including enhanced support for women undergoing cancer treatment such as wig and mastectomy bra coverage, and gender-affirming care services.
- **Fertility coverage:** PPL will offer fertility coverage enterprise-wide at amounts of \$20,000 for medical and \$15,000 for prescription needs (lifetime maximum).

Important Terms

Deductible: This is the amount you are required to pay before the plan will pay any benefits for certain types of services.

Copay: Fixed dollar amount that the participant pays for an office visit. Copays do not apply to the deductible in the PPO or EPO plan.

Coinsurance: After the deductible is met the participant shares in the cost of medical care until the plan's out-of-pocket maximum is met.

Out-Of-Pocket Maximum: The maximum amount the participant would be responsible for paying in a calendar year for covered expenses (includes medical copays, deductibles, and coinsurance).

There are separate out-of-pocket maximums deductibles, copays and coinsurance amounts for in-network and out-of-network services.



How It Works - An Example

The PPO option has copays for certain services – \$40 primary care visits, \$50 specialist visits, \$10 telehealth visits with Anthem's Live Health Online. Copays are flat dollar amounts you pay each time a service is obtained.

For all other covered medical expenses, you first pay 100% of services until the annual deductible is met. For the PPO option, the annual deductible is \$700 per person, but limited to a \$1,500 maximum deductible for a family. Once the deductible has been met, covered medical expenses are paid under "coinsurance" – or cost-sharing. The PPO option pays 80% of covered medical expenses, and you pay the remaining 20% of covered medical expenses.

Once your out-of-pocket costs for covered medical expenses reach the out-of-pocket maximum (\$3,250 per person, but limited to \$6,500 for a family maximum), the PPO option pays 100% of covered medical expenses for the rest of the calendar year. However, because your expenses for your monthly premium amount, and non-precertification penalties do not count toward your out-of-pocket limit in the PPO plan, you would have to continue paying for those expenses even after you have reached your out-of-pocket limit.

Important!

Please note that the family deductibles work differently under the PPO and HDHP options. In the HDHP options the family must meet the family deductible before the plan pays any expenses; however, in the PPO option, each person can satisfy their individual deductible or the whole family can meet the family deductible. Please refer to the summary plan description on the medical plans offered by PPL.



Medical Plans - Compare Your Options

Understanding your benefits before you make your annual election is important. PPL offers four medical plans through Anthem Blue Cross Blue Shield provider network: PPO, High Deductible Health Plan with Health Savings Account (HDHP with HSA) and High Deductible Health Plan Low with no Health Savings Account (HDHP Low no HSA) and EPO.

These plans all include:

- In- and out-of-network benefits *
- No referrals required
- Preventive benefits paid at 100%

* EPO provides in-network benefits only.

Biweekly Full-Time Employee Premiums

	EPO	PPO	HDHP with HSA	HDHP Low no HSA
Single	\$94.84	\$58.15	\$35.96	\$17.24
EE + Spouse	\$214.71	\$133.58	\$86.39	\$37.06
EE + Child/(ren)	\$172.39	\$107.00	\$68.69	\$32.27
Family	\$320.48	\$200.04	\$130.65	\$61.97

* Premium amounts shown above are based on 26 biweekly pays.



	EPO	PPO		HDHP with HSA		HDHP Low no HSA	
	IN-NETWORK	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
Deductible • Individual • Family	\$500/person, \$1,000/family	\$700/person, \$1,500/family	\$2,600/person, \$5,200/family	\$2,000 \$4,000	\$4,000 \$8,000	\$4,000 \$8,000	\$6,000 \$12,000
Employee Coinsurance	10%	20%	30%	20%	40%	35%	50%
Out-of-Pocket Maximum • Individual • Family	\$2,500 \$5,000	\$3,250/person, \$6,500/family	\$5,400/person, \$10,800/family	\$4,000 \$8,000	\$8,000 \$16,000	\$7,500 \$15,000	\$8,000 \$16,000
Preventive Health Care Services (ex. annual well visits, eligible vaccines, eligible cancer screenings)	Covered in full	Covered in full	Not covered	Covered in full	Member pays 40% after deductible	Covered in full	Member pays 50% after deductible
Primary Care Office Visit	\$25 copay	\$40 copay	Member pays 30% after deductible	Member pays 20% after deductible	Member pays 40% after deductible	Member pays 35% after deductible	Member pays 50% after deductible
Specialist Visit (ex. cardiologist, oncologist)	\$50 copay	\$50 copay	Member pays 30% after deductible	Member pays 20% after deductible	Member pays 40% after deductible	Member pays 35% after deductible	Member pays 50% after deductible
Mental Health Care Services	\$50 copay	\$40 copay	Member pays 30% after deductible	Member pays 20% after deductible	Member pays 40% after deductible	Member pays 35% after deductible	Member pays 50% after deductible
Maternity Services	\$25 co-pay first visit, all other care is covered at 100%	\$40 co-pay first visit, all other care Member pays 20% after deductible	Member pays 30% after deductible	Member pays 20% after deductible	Member pays 40% after deductible	Member pays 35% after deductible	Member pays 50% after deductible
Anthem Live Health Online (Virtual Care)	\$10 copay	\$10 copay	N/A	Member pays 20% after deductible or \$55 flat fee	N/A	Member pays 35% after deductible or \$55 flat fee	N/A
Urgent Care Visit	\$50 copay	\$50 copay	\$50 copay	Member pays 20% after deductible	Member pays 20% after deductible	Member pays 35% after deductible	Member pays 35% after deductible
Emergency Room Copay	Member pays 10% after deductible	\$150 copay	\$150 copay	Member pays 20% after deductible	Member pays 20% after deductible	Member pays 35% after deductible	Member pays 35% after deductible
Inpatient Hospital Services	Member pays 10% after deductible	Member pays 20% after deductible	Member pays 30% after deductible	Member pays 20% after deductible	Member pays 40% after deductible	Member pays 35% after deductible	Member pays 50% after deductible
Outpatient Services (ex. MRI, CAT Scans)	Member pays 10% after deductible	Member pays 20% after deductible	Member pays 30% after deductible	Member pays 20% after deductible	Member pays 40% after deductible	Member pays 35% after deductible	Member pays 50% after deductible
Ambulance Services	Member pays 10% after deductible	Member pays 20% after deductible	Member pays 20% after deductible	Member pays 20% after deductible	Member pays 20% after deductible	Member pays 35% after deductible	Member pays 35% after deductible
Occupational/Physical/Speech Therapy (combined maximum limited to 90 visits/year)	\$50 copay for office visit	\$50 copay for office visit	Member pays 30% after deductible	Member pays 20% after deductible	Member pays 40% after deductible	Member pays 35% after deductible	Member pays 50% after deductible
Chiropractic Care (maximum 20 visits/year)	\$50 copay for office visit	\$50 copay for office visit	Member pays 30% after deductible	Member pays 20% after deductible	Member pays 40% after deductible	Member pays 35% after deductible	Member pays 50% after deductible
Eligible Fertility Services Lifetime Maximum	\$20,000 medical and \$15,000 prescription	\$20,000 medical and \$15,000 prescription	\$20,000 medical and \$15,000 prescription	\$20,000 medical and \$15,000 prescription	\$20,000 medical and \$15,000 prescription	\$20,000 medical and \$15,000 prescription	\$20,000 medical and \$15,000 prescription
Employer HSA Funding (Annual) • Individual • Family	N/A	N/A	N/A	\$600 \$1,200	N/A	N/A	N/A

Total Health, Total You

Total Health, Total You is a medical plan enhancement for 2024 that helps you take care of your health, work on lifestyle changes, and connect with specialized health professionals, no matter where you are. The dedicated Health Guides serve as your single point of contact, guiding you in making the most of your benefits so you can feel confident about taking care of your health.

Living healthier is more than just receiving care and treatment when you are sick. Total Health, Total You helps you:

- Take steps to improve your health so small issues do not become more serious.
- Gain peace of mind by understanding what your plan covers, how much services cost, and where you have spent your healthcare dollars.
- Manage and live better with chronic conditions, even working with your providers and specialists to provide seamless support.
- Find high-quality doctors, specialists, or care facilities.
- Deal with the unexpected, like arranging care before or after a surgery or hospitalization.
- If you need extra support, the Health Guide can connect you to a team of health professionals, such as nurses, social workers, dietitians, respiratory therapists, pharmacists, exercise physiologists, and health coaches.

To engage in Total Health, Total You, call (877-750-6062) or chat via the Sydney App.

Health Care Advocacy

ConsumerMedical is now My Medical Ally, a free, third-party, confidential, one-on-one resource that can help you and your family make informed decisions about medical care and treatment. It is available to all medical plan participants and offers:

- Support from a nurse, backed by a doctor and professional researcher.
- Recommendations for top-rated specialists and hospitals in your area and insurance network who have experience with your medical condition.
- Help getting a second opinion when you need one (Cleveland Clinic physician).
- Guidance on how to talk to your doctor and ask the right questions.

Phone: 888-361-3944
Web: mymedicalally.alight.com



Healthy for Life

PPL continues to place a high priority on overall employee safety, health and wellness by offering a host of opportunities to encourage employees to take ownership of their health and well-being.

In 2024, PPL will be introducing Healthy for Life (HFL). Employees who participate in a PPL medical plan, and complete a health check survey during 2024 will earn a premium credit in 2025.

Additionally, employees on the medical plan can receive up to \$75 in incentives per year for completing a health screening. Spouses and partners will have access to the HFL portal which includes access to sleep and nutrition guides, healthy habit trackers and self-guided courses.

More information on these offerings will be available in early 2024.

Employed Spouse/Domestic Partner Surcharge

The spousal/domestic partner surcharge applies if your spouse or domestic partner works full-time and declines their employer's medical coverage to enroll in PPL's medical coverage. The surcharge amount is \$130 per biweekly pay. PPL conducts random audits to ensure employees are paying the surcharge when appropriate. All employees covering a spouse on their medical plan must provide documentation to validate their dependent's status.

High Deductible Health Plan (HDHP) with Health Savings Account (HSA)

The HDHP with HSA plan provides insurance coverage and a **tax-advantaged way to help save for current and future medical expenses**. This type of plan gives you **greater flexibility** and discretion over how you use your health care dollars. Unused HSA funds roll over year to year and accumulated HSA funds can be used for your future medical costs.

What is an HSA?

A Health Savings Account lets you set aside money on a pre-tax basis to pay for qualified medical expenses such as deductibles, coinsurance, prescriptions and more. You own the account and any existing funds, meaning if you leave or retire from PPL, the HSA is still yours.

Important details:

- You **MUST** open an HSA within 60 days of enrolling in the HDHP with HSA to receive your employer contribution. You will receive information from BenefitWallet with more information.
- You are not eligible for an HSA if you are covered by a health plan that is not a qualified HDHP, such as Tricare or your spouse's/parent's medical plan (if it is not an HDHP).
- You may also not open an HSA if you are enrolled in Medicare.
- If your spouse is enrolled in a health FSA through their employer, neither you nor your spouse is HSA eligible.
- PPL contributes \$600 per year for Employee only coverage and \$1,200 for Employee + Spouse, Employee + Child(ren), and Family coverage to active full time regular employees. These amounts are deposited annually into your HSA account. If you join the plan any time after the new year, the PPL contribution is pro-rated based on the months you are enrolled in the HSA.
- Employees can contribute an additional amount on a pre-tax basis up to \$4,150 per year for Individual and \$8,300 for Employee + Spouse, Employee + Child(ren), and Family. If you are age 55 or older, you can contribute an additional \$1,000 per year.
- Your account balance remains in the account and accumulates from one year to the next.
- You may only use HSA funds for IRS tax-qualified dependents.

Visit irs.gov to access IRS Publication 969 for more information on HSA and qualified distributions.

BenefitWallet® 

Web: mybenefitwallet.com
Phone: 866-210-8057



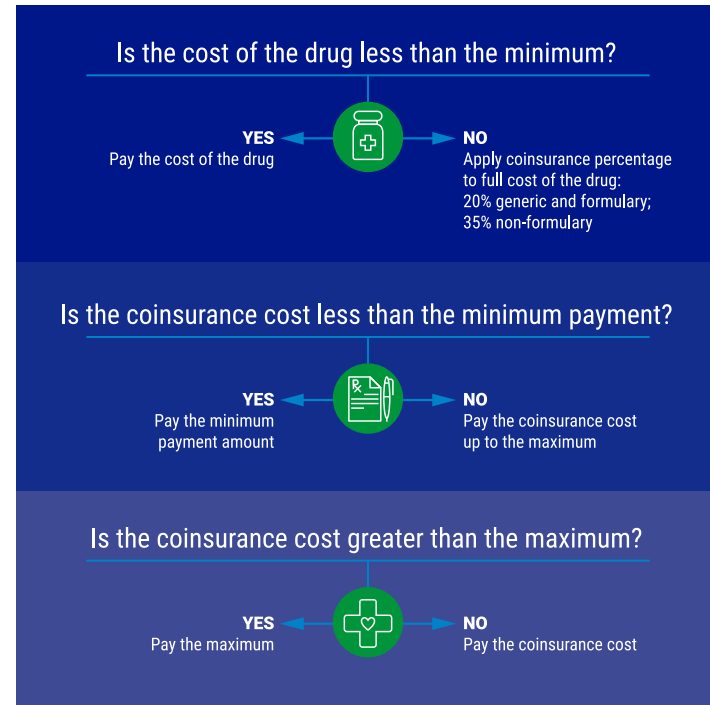
Prescription Coverage - New for 2024



For the EPO and PPO plans, the 2024 prescription plan will move to coinsurance instead of copays for both in-store (retail) and mail-order prescriptions. With coinsurance, you will pay a portion of the prescription price based on the type of medication – generic, brand and/or non-formulary. For the EPO and PPO plans, each medication type includes a minimum and maximum payment amount. You may pay less than the minimum (for example, if the full cost of a drug is less than the minimum), but you'll never pay more than the maximum amount per fill.

Employees enrolled in the HDHP plans – currently named Health Savings Plan and Health Investment Plan – already pay coinsurance for prescription drugs after meeting the deductible.

Example of how PPO coinsurance works:



Prescription Coverage - Compare Your Options

Retail

	EPO and PPO	HDHP with HSA	HDHP Low no HSA
Generic	20% \$10 min, \$20 max	20% after deductible	35% after deductible
Formulary	20% \$30 min, \$60 max	20% after deductible	35% after deductible
Non-formulary	35% \$50 min, \$100 max	20% after deductible	35% after deductible

Mail Order (up to a 90-day supply)

	EPO and PPO	HDHP with HSA	HDHP Low no HSA
Generic	20% \$25 min, \$50 max	20% after deductible	35% after deductible
Formulary	20% \$75 min, \$150 max	20% after deductible	35% after deductible
Non-formulary	35% \$125 min, \$250 max	20% after deductible	35% after deductible



Dental Coverage

PPL offers two dental plans through Delta Dental: Dental and Dental Plus. Both allow for both in- and out-of-network coverage for dental services paid according to the chart below. Benefits are paid based on Delta's Maximum Plan Allowance (MPA). If you use a dental provider outside of the Delta network, payment of benefits will be based on Delta's MPA. If your out-of-network dentist charges more for these allowances, you are required to pay the difference. NOTE: Delta Dental does not issue identification cards. You may download your ID card from the Delta Dental website or call Delta Dental to request ID cards.



New for 2024

- Annual maximum coverage:** The coverage for annual maximum dental costs will remain the same at \$1,500/person for the base Dental plan but will decrease from \$2,500 to \$2,000/person for the Dental Plus plan. Additionally, preventive care (teeth cleaning) will no longer be subject to the annual max.
- Premium changes:** Decreases in dental premiums will range from about \$2 per biweekly pay to \$11 per biweekly pay.
- Adult orthodontia coverage:** New for 2024, the Dental Plus plan will now cover services for adult orthodontia up to \$1,900 lifetime maximum and \$950 annual maximum.

Important Terms

Preventive Care: Includes oral examinations, routine cleanings, periodontal prophylaxes and x-rays.

Basic Restorative Care: Includes fillings, root canal, oral surgery and periodontic-gum treatments.

Major Care: Includes bridges, dentures, crowns, inlays, onlays and cast restorations.



Visit Delta Dental to:

- Search providers
- View claims forms
- Access dental health information
- View/download ID cards

Web: deltadentalins.com
 Phone: 800-932-0783

Dental Plans - Compare Your Options

	Dental	Dental Plus
Annual Deductible • Individual • Family	\$75 \$225	\$50 \$150
Calendar Year Maximum	\$1,500 per person	\$2,000 per person
Preventive Care	Employee pays \$0; Does not count toward annual maximum	Employee pays \$0; Does not count toward annual maximum
Basic Services Coverage	Employee pays 30%	Employee pays 10%
Major Care Services	Employee pays 45%	Employee pays 45%
Orthodontic Care	N/A	Employee pays 50%; \$1,900 lifetime maximum and \$950 annual maximum
Orthodontia Eligibility	N/A	Adults and Children

Biweekly Employee Dental Premiums *

	Dental	Dental Plus
Employee Only	\$2.77	\$7.38
Employee + Spouse	\$5.54	\$14.77
Employee + Child/(ren)	\$5.54	\$14.77
Family	\$8.31	\$22.15

* Based on 26 biweekly pay periods.

Vision Coverage

The vision plan is administered by Vision Service Plan. There are no vision ID cards required; however, you may download your ID card from the VSP website or access ID cards in the VSP app. Just tell your VSP doctor you are a VSP member, and the doctor will handle the rest.



Visit VSP to:

- Find a provider
- View claims
- View/download ID cards

Web: vsp.com
Phone: 800-877-7195

Vision Plans - Compare Your Options

Biweekly Employee Vision Premiums *

	Vision	Vision Plus
Employee Only	\$3.68	\$6.06
Employee + Spouse	\$7.51	\$12.36
Employee + Child/(ren)	\$7.51	\$12.36
Family	\$12.19	\$20.04

* Based on 26 biweekly pay periods.



Your Coverage with a VSP Provider

	Vision	Vision Plus
Frequencies		
Examination	Every Calendar Year	Every Calendar Year
Lenses	Every Calendar Year	Every Calendar Year
Frame	Every Calendar Year	Every Calendar Year
Benefits with a VSP® Provider		
Comprehensive Eye Examination	\$0	\$0
Materials	\$25	\$25
Contact Lens Examination	\$25	\$25
Essential Medical Eye Care	\$20	\$20
Lenses		
Single Vision	\$25	\$25
Bifocal	\$25	\$25
Trifocal	\$25	\$25
Lenticular	\$25	\$25
Allowances (Less \$25 Copay)		
Retail Frame Allowance	\$150	\$150
Featured Frame Brand Allowance	\$170	\$170
Costco Equivalent Frame	\$80	\$80
Elective Contact Lenses	\$150	\$150
EasyOptions		
In addition to the benefits listed, each covered family member can pick one of the upgrades shown in the Easy Options section	N/A	Additional \$100 Frame OR Additional \$50 Elective Contacts OR Progressive Lenses OR Light Reactive Lenses OR Anti-Reflective Coating
Lens Enhancement Out-of-pocket Cost		
Polycarbonate Lenses for Children	Covered in full	Covered in full
Standard Progressives	Covered in full	Covered in full
Non-VSP Provider Allowances		
Examination	\$45	\$45
Single Vision	\$30	\$30
Bifocal	\$50	\$50
Trifocal	\$65	\$65
Frame	\$70	\$70
Elective Contact Lenses	\$105	\$105

Life Insurance

PPL now provides regular, full-time employees basic life insurance through MetLife at no cost in the amount of two times annual base salary. The IRS requires you to pay income tax on the value of any amount exceeding \$50,000. For employees who want to avoid paying this imputed income tax, you may elect \$50,000.

Temporary and Part-time employees are provided with \$10,000 basic life insurance. Regular, full-time employees can elect the following additional amounts of Optional Life Insurance. Those currently with 4-6 times optional life will be grandfathered into these amounts.

- One times annual base salary
- Two times annual base salary
- Three times annual base salary

The combined maximum coverage for company-paid and optional employee life insurance is not to exceed \$2 million. You may increase your current employee, spouse and child life insurance by one increment during open enrollment.

Accidental Death and Dismemberment (AD&D) Insurance Plan:

AD&D now covers you for two times your annual base salary, up to a maximum benefit of \$2 million in case of your accidental death.

Will Preparation is a free service available to employees who enroll in Optional Life. If you elect optional life insurance for yourself, you have access to a free will writing service through MetLife Legal Plan. Call MetLife Legal Plans to set up an appointment with a participating attorney at 800-821-6400 (PPL Group number 26497).



Biweekly Costs for Optional Life Insurance

Employee Age	Biweekly Employee Optional Life Premiums Per \$1,000 of Insurance
Under 25	\$0.022
25-29	\$0.023
30-34	\$0.030
35-39	\$0.031
40-44	\$0.041
45-49	\$0.065
50-54	\$0.106
55-59	\$0.174
60-64	\$0.248
65-69	\$0.390
70-74	\$0.632
75-79	\$0.698
80+	\$0.698

Spouse/Domestic Partner and Child Life Insurance

If you are a regular, full-time employee, you may also purchase life insurance for your spouse/domestic partner and dependent children. The cost of these insurances will be deducted from your biweekly paycheck, on a post-tax basis.

Spouse Life Insurance

Coverage	Annual Cost	Per Pay Cost
\$10,000	\$33.12	\$1.27
\$25,000	\$82.80	\$3.18
\$50,000	\$165.48	\$6.36
\$100,000	\$331.08	\$12.73

Child Life Insurance

Coverage *	Annual Cost	Per Pay Cost
\$2,500 per child	\$4.44	\$0.17
\$5,000 per child	\$8.88	\$0.34
\$10,000 per child	\$17.40	\$0.67
\$20,000 per child	\$52.90	\$2.04

* Coverage is for each dependent child. The cost is the same regardless of the number of children covered.

Alight Maintains All Life Insurance Beneficiary Information

You may review or update your life insurance beneficiary at any time by going online at www.ybr.com/benefits/ppi or by contacting Alight Customer Service at 855-775-6080.



Flexible Spending Accounts

Flexible Spending Accounts (FSAs) provide you with an opportunity to use before-tax dollars to pay for certain health care and dependent day care expenses.

Health Care FSA (HCFSA)

This account can help you pay for eligible out-of-pocket health care expenses. Qualified expenses include medical, dental and vision plan deductibles and copays, eyeglasses, and other eligible expenses not covered by your medical, dental and vision plans. You may use the money in your account to pay for eligible expenses for yourself or your eligible dependents.

You can elect to put from \$50 to \$3,050 a year into your HCFSA. Any unused amounts in your HCFSA will be forfeited.

The first time you enroll in a HCFSA, you will receive a debit card from BenefitWallet for your HCFSA. Your debit card will be pre-loaded with your annual election, allowing you to use it to make qualified purchases at your doctor's office, dentist and pharmacy or at your vision care provider. Retain your debit card from year to year. **You are required to retain receipts as proof of your qualified purchase and may be required to provide these receipts to BenefitWallet at any time during the plan year.** Refer to IRS Publication 502 (irs.gov) for a listing of covered services considered tax deductible by the IRS.

If you are enrolled in the High Deductible Health Plan with Health Savings Account, you are only eligible to enroll in a limited Health Care FSA, which is required by the IRS to be used only for dental and vision expenses. This "limited" account does not provide debit cards. Changes cannot be made to your annual elections unless there is a Qualified Work/Life Event as defined by the IRS.

Dependent Day Care FSA (DCFSA)

The DCFSA can help you pay for eligible day care expenses while you (and your spouse, if you're married) work full time. This account is NOT to reimburse health care expenses for your dependents. Qualified expenses include day care providers (babysitters included), summer/holiday camps and adult care providers. For more details, refer to IRS Publication 503 (irs.gov). You must submit the Federal ID number (or Social Security Number) of your day care provider to receive reimbursement. Changes cannot be made to your annual election unless there is a Qualified Change in Status Event as defined by the IRS.

You can elect to put from \$104 to \$5,000 (\$2,500 if married, filing separately) a year into your DCFSA. Any unused amounts in your DCFSA will be forfeited.



Visit BenefitWallet to:

- Verify eligible expenses
- View or file a claim
- View account balances

Web: mybenefitwallet.com

Phone: 866-210-8057



Health Care FSA Claims must be incurred from 1/1/24 – 3/15/25 and submitted by 6/30/25.

Any unused amounts in your FSA will be forfeited. Enrollment does not carry over from year-to-year. Each year if you wish to have an FSA, you must make an election during annual enrollment. For FSA account information go to mybenefitwallet.com

Dependent Day Care FSA Claims must be incurred from 1/1/24 – 12/31/24 and submitted by 6/30/25.

Life Solutions

Life Solutions, previously the Employee Assistance Plan, is now offered through Corporate Counseling Associates (CCA). You do not need to enroll in Life Solutions to be covered by the plan; you automatically receive access to Life Solutions.

New for 2024

- **New vendor:** In 2024, Corporate Counseling Associates (CCA) will become the enterprise-wide provider of Life Solutions. CCA was the existing EAP provider to Rhode Island Energy under National Grid and was selected due to their high level of customer service and knowledge of the utility industry.
- **Increased number of counseling sessions:** The number of covered sessions with a mental health professional is being increased from six to eight sessions, per household member, per topic. Again, these sessions are provided to our employees and their family members at no cost.
- **On-site mental health professional:** To provide ongoing, individual support for PPL employees and their family members in need, a new full-time mental health professional will be hired for 2024. This individual will be available for eligible medical plan participants enterprise-wide for in person or virtual care.



Web: ccainc.com Company Code: PPL
APP: CCA@YourService

Life Solutions through CCA provides 24/7, free professional consultation, referrals and counseling for any topic that matters to you and your household.

CCA offers:

- Telephonic or face to face counseling (eight free sessions per topic, per year, per person in your household).
- Resources for emotional health, family and caregiving, personal health and career development.
- Support in times of crisis and connection with a counselor.
- Resources for supervisors and managers.
- Referrals to services in your local area for childcare, eldercare, daily living, legal and financial needs.
- A robust website featuring skill-building content, free seminars, legal and financial tools and more.



Voluntary Benefits



Your PPL medical plan may pay for a portion of the costs of your treatment but there might be out-of-pocket expenses not covered. MetLife pays cash to help with expenses for a covered injury or sickness.

Type of Benefit	Coverages
Hospital Indemnity Insurance	PPL offers group supplemental Hospital Indemnity insurance from MetLife so you have the added financial resources to help with medical costs or ongoing living expenses in the event that you or a covered family member is hospitalized.
Critical Illness Insurance	In the event of a critical illness, PPL offers voluntary supplemental insurance through MetLife to help assist with those related costs. (pre-existing conditions will not be covered)
Accident Insurance	In the event of a covered accident, the plan pays cash benefits to help with the costs associated with out-of-pocket expenses and bills—expenses that your medical plan may not take care of. But it doesn't stop there. The group Accident Advantage Plus plan from MetLife means that your family has access to added financial resources to help with the cost of follow-up care as well.

The MetLife Legal Plans provides you, your spouse and dependents with fully covered legal services from attorneys experienced in estate planning documents, civil suits, adoption, and much more. Sign up for a convenient payroll deduction of \$16 a month and potentially save hundreds over typical attorney fees.



Protect your identity with all of the tools offered by [Allstate Identity Protection](#). The plan offers Credit Protection Services, Advanced Identity Monitoring, Tools and an Advanced Customer Care Call Center all for an affordable monthly fee. Sign up for a convenient payroll deduction starting at \$8.50 per month.

Purchasing Shares of PPL Stock

Employees of PPL Corporation are eligible to participate in the PPL Corporation Direct Stock Purchase and Dividend Reinvestment Plan. Employees may elect automatic payroll deduction investment in PPL Stock. You can enroll at any time during the year. There is no discount on the stock price.

New participants must agree to the terms of the Plan prior to investing. You may view the Plan prospectus on the Benefits & Wellness section of Sky under Savings & Retirement Benefits or obtain a copy by contacting the PPL Treasury Department via email at invserv@pplweb.com or by calling EQ Shareowner Services, the Plan Administrator, at 800-345-3085.

How to Enroll

The employee must complete a PPL Employee Investment Plan Authorization Form (Form 5207 or Form 5209, available on Sky) and return the completed form to the PPL Treasury Department.





Rhode Island
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a PPL company

Important Disclaimer: *This enrollment guide describes the basic features of the company's benefit plans, how they operate, and how you can get the most benefit from the plans. This enrollment guide is only a summary; if there is a conflict between the official, complete benefit plan documents and this enrollment guide, the official plan documents will control unless otherwise required by law.*