Medical Benefits

CHOOSING THE MEDICAL PLAN THAT IS RIGHT FOR YOU

Understanding how much you can expect to pay
Your out-of-pocket costs and your deductible—the amount you must pay each year before the plan begins to pay—will be different, depending on the plan you choose.

PPO

With this plan, you pay a fixed copay for many services, which counts toward your out-of-pocket costs. Copays do not count toward the deductible.

NETWORK DEDUCTIBLES

For 2026, your deductible for services in the network is:

$500 for individual (single) coverage

$1,000 for family coverage*

OUT-OF-NETWORK-DEDUCTIBLES

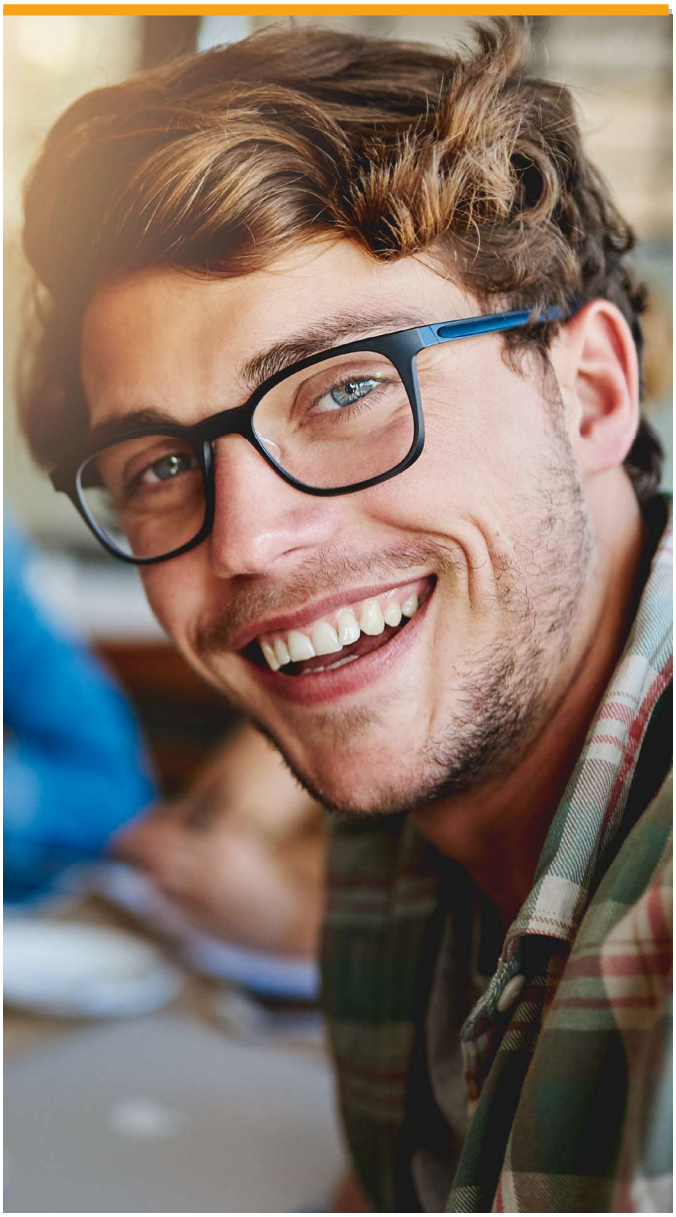
The individual out-of-network deductible applies to each enrolled family member and does not have a family deductible limit:

$1,000 for each individual (single)

Unlimited for family coverage

*If you cover family members, the network family deductible is met when the combined eligible network expenses for you and/or your covered family members reach $1,000. If one family member reaches $500 but the combined family deductible of $1,000 has not been met, the member who met the $500 deductible can move to coinsurance until one more family member reaches the deductible. If no family member reaches the $500 deductible but the combined family deductible is met, all family members move to coinsurance.

Need more details? Visit **pebcinfo.com**.



PPO Plan Quick Reference Guide

Refer to plan documents for limitations and additional information.

PPO Medical Plan		
Feature	**Your Network Cost**	**Your Out-Of-Network Cost** PLUS You Pay Charges Exceeding Plan Payment
Annual deductible	$500 individual/$1,000 family	$1,000 each person
Coinsurance (after the annual deductible is met)	20% after deductible	40% after deductible
Annual coinsurance maximum	$2,500 individual/$5,000 family	No limit
Annual out-of-pocket maximum (OOP)	$3,000 individual/$6,000 family Plan pays 100% after annual OOP	No limit
Physician Services		
Preventive Care	$0—Plan pays 100%	40% after deductible
Office visits	$15 Primary Care Physician (PCP)/$25 specialist	40% after deductible
24/7 Virtual Visits (MDLIVE)	$0—Plan pays 100%	$0 deductible does not apply
Telehealth	$15 PCP/$25 specialist	40% after deductible
Hospital visits	20% after deductible	40% after deductible
Urgent care visit	$35 copay	40% after deductible
Maternity Services		
Routine Prenatal Care	$0—Plan pays 100%	40% after deductible
Delivery and Newborn Care in hospital (routine)	20% after deductible	40% after deductible
Infertility services: 5 artificial insemination visits	20% after deductible (excludes in vitro and drug coverage)	40% after deductible (excludes in vitro and drug coverage)
Additional Services		
Inpatient hospital	20% after deductible	40% after deductible
Outpatient surgery	20% after deductible	40% after deductible
Hospital emergency care services (treated as network)	$300 copay + 20% after deductible; copay waived if admitted	$300 copay + 20% after deductible; copay waived if admitted
Mental Health Services		
Outpatient visits	$15 visit	40% after deductible
Inpatient	20% after deductible	40% after deductible