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

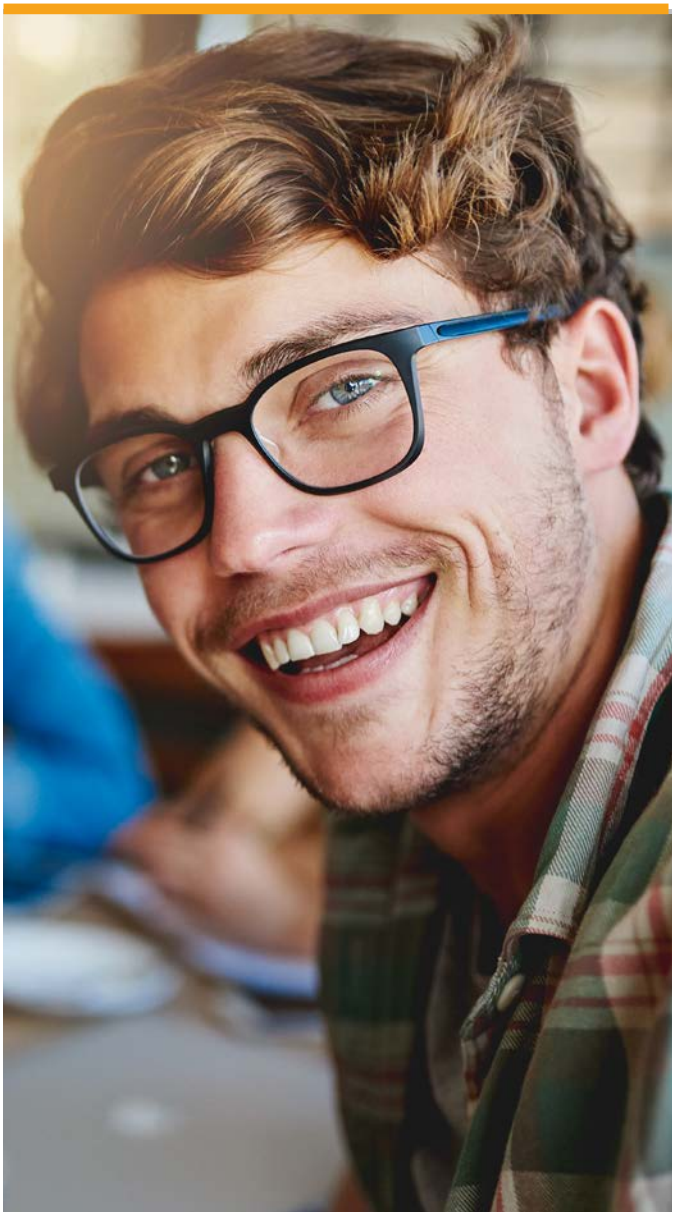
$1,000 for family coverage*

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**.

Medical Benefits (cont.)

HIGH DEDUCTIBLE PLAN (HDP)

The HDP does not use copays. You pay 100% of the allowable cost for network services—including office visits, urgent care, prescription drugs, emergency room visits and other covered expenses—until your deductible is met. Once the deductible is met, you pay a portion of the costs as coinsurance.

The deductibles are another big difference between this plan and the PPO plan:

- $1,700 individual (single) deductible
- $3,400 family deductible*

* If you cover any family member, the entire network family deductible must be met before any family member can move to coinsurance. The HDP network family deductible is met when the combined eligible expenses for you and/or any covered family members reach $3,400. Even if one family member reaches the $1,700 deductible, that member cannot move to coinsurance until the full $3,400 family deductible is met.

OPTING OUT OF A MEDICAL PLAN

You may be able to opt out of your employer's medical plan if you submit the following to your Human Resources department before the enrollment deadline:

- Valid proof of other comparable medical plan coverage that meets minimum essential coverage rules under the Affordable Care Act (ACA), confirmed by your employer
- A completed "certification of other coverage" form

Participation or continuation of any employer contribution program is at the discretion of the employer. Coverage obtained through the Health Care Marketplace (Exchange) is not eligible for employer opt-out contributions.