Truist Financial Corporation Employee Benefit Summary
Kaiser Permanente Exclusive Provider Organization (EPO)
Effective Date: January 1, 2026 – December 31, 2026

The services described below are covered only if all the terms and conditions in the *Summary Plan Description* are satisfied.

PLAN FEATURES	
Annual out-of-pocket maximum for certain services Individual / Family	$1,500 / $3,000
Lifetime maximum	None
Professional services	**YOU PAY**
Routine preventive physical exams	$0
Primary care	$25
Specialty care	$25
Well-child preventive care visits	$0
Family planning visits	$0
Scheduled prenatal care visits and first postpartum visit	$0
Routine vision exams (refractive)	$25
Routine hearing tests	$0
Physical, occupational, and speech therapy visits (up to 60 visits combined, per Calendar year)	$25
Outpatient services	
Outpatient surgery and certain other outpatient procedures	$25
Allergy injection visits	$25
Allergy testing visits	$25
X-rays and lab tests	$0
Hospitalization services, per admission	
Room and board, surgery, anesthesia, X-rays, lab tests, and drugs	$500
Emergency health coverage	
Emergency Department visits (copay waived if admitted)	$50
Urgent care	$25
Ambulance services	
Ambulance services (per trip)	$0
Infertility services Covered by Progyny	
Contact Progyny for information about your Fertility coverage 844-930-3295	
Prescription drug coverage (most drugs covered in accord with formulary guidelines)	
Participating pharmacies generic (30-day supply)	$10
Participating pharmacies brand (30-day supply)	$20
Mail-order generic (up to 90-day supply, 100-days in CA)	$20
Mail-order brand (up to 90-day supply, 100-days in CA)	$40
Mental health services	
Inpatient psychiatric hospitalization, per admission	$500
Outpatient individual visits	$25
Outpatient group visits	$12

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Chemical dependency services	
Inpatient detoxification, per admission	$500
Outpatient individual visits	$25
Outpatient group visits	$12
Home health services	
Home health care (up to 100 visits per Calendar year)	$0
Other	
Skilled nursing facility care (up to 100-days per Calendar year)	$500
Hospice care	$0

This chart is a summary. It does not explain maximums, exclusions, or limitations, nor does it list all benefits and cost sharing. For a complete description of your Plan, please refer to the *Summary Plan Description.*

Your health benefits are self-insured by your employer, union, or Plan sponsor. Kaiser Permanente provides only administrative services for the Plan and is not an insurer of the Plan or financially liable for health care benefits under the Plan.