

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 deductible Individual / Family	\$2,500 / \$5,000
Annual out-of-pocket maximum for certain services Individual / Family	\$4,000 / \$8,000
Lifetime maximum	None
Professional services	YOU PAY
Routine preventive physical exams	\$0
Primary care	20% after Deductible
Specialty care	20% after Deductible
Well-child preventive care visits	\$0
Family planning visits	\$0
Scheduled prenatal care visits and first postpartum visit	\$0
Routine vision exams (refractive)	20%
Routine hearing tests	\$0
Physical, occupational, and speech therapy visits (up to 60 visits combined, per Calendar year)	20% after Deductible
Outpatient services	
Outpatient surgery and certain other outpatient procedures	20% after Deductible
Allergy injection visits	20% after Deductible
Allergy testing visits	20% after Deductible
X-rays and lab tests	20% after Deductible
Hospitalization services, per admission	
Room and board, surgery, anesthesia, X-rays, lab tests, and drugs	20% after Deductible
Emergency health coverage	
Emergency Department visits (copay waived if admitted)	20% after Deductible
Urgent care	20% after Deductible
Ambulance services	
Ambulance services (per trip)	20% after Deductible
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)	20% after Deductible
Participating pharmacies brand (30-day supply)	20% after Deductible
Mail-order generic (up to 90-day supply, 100-days in CA)	20% after Deductible
Mail-order brand (up to 90-day supply, 100-days in CA)	20% after Deductible

Mental health services	
Inpatient psychiatric hospitalization, per admission	20% after Deductible
Outpatient individual visits	20% after Deductible
Outpatient group visits	20% after Deductible
Chemical dependency services	
Inpatient detoxification, per admission	20% after Deductible
Outpatient individual visits	20% after Deductible
Outpatient group visits	20% after Deductible
Home health services	
Home health care (up to 100 visits per Calendar year)	20% after Deductible
Other	
Skilled nursing facility care (up to 100-days per Calendar year)	20% after Deductible
Hospice care	20% after Deductible

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.