



2026 EMPLOYEE BENEFITS SUMMARY

Full-time employees are eligible to participate in the following programs. This is a summary for benefits in effect from July 1, 2026 – June 30, 2027.

HOW DO I ENROLL?

Enroll Online

- Go to www.employeenavigator.com to enroll
- Company ID: PCMCD

Visit mypcmcsdbenefits.com to

- Learn about the benefit changes for 2026
- Watch a recorded benefit presentation
- Access plan documents

Dr on Demand:

Talk to a Doctor any time!

1-800-997-6196

www.drondemand.com



**AVAILABLE TO ALL FULL-TIME EMPLOYEES
WHO ARE ENROLLED IN MEDICAL!**

Dr on Demand gives you access 24 hours, 7 days a week to a US board certified doctor through the convenience of phone, video, or mobile app visits. Set up your account today so when you need care now a Teladoc doctor is just a call or click away.

MEDICAL & PRESCRIPTION DRUG: WELLMARK

800-524-9242 | www.wellmark.com
POS Network

With Wellmark, you get access to one of the largest networks in the United States. Your network is the Wellmark POS Network. To ensure your transition goes smoothly, ensure you verify your doctor is in-network. Go to www.wellmark.com Click Find a provider and search your health plan.

IN-NETWORK BENEFITS	PLAN A COPAY	PLAN B HDHP
Annual Deductible Single / Family	\$1,250 / \$2,500	\$2,500 / \$5,000
Coinsurance	20% after deductible	0% after deductible
Out of Pocket Maximum	\$2,500 / \$5,000	\$2,500 / \$5,000
Preventive Care	100% covered in-network	100% covered in-network
Dr on Demand / Physician / Specialist / Urgent Care	\$10 / \$20 / \$40 / \$25	Deductible Applies
Emergency Room	20% coinsurance	Deductible Applies
Inpatient / Outpatient	20% coinsurance	Deductible Applies
Prescription Drug Tier 1 / 2 / 3 / Specialty	Rx OPM: \$2,000 / \$4,000 \$10 / \$35 / \$55 / \$125	Deductible Applies
MONTHLY RATE		
Employee	\$94.25	\$0.00
Family	\$1,399.67	\$1,164.05

DENTAL

800-544-0718 | www.deltadentalia.com

IN-NETWORK BENEFITS	PPO	PREMIER
Annual Deductible (Single / Family)	\$15 / \$45	\$25 / \$75
Calendar Year Benefit Maximum	\$1,000	
Preventive & Diagnostic Care	100% Covered	
Routine & Restorative Care	10% after deductible	20% after deductible
Endodontic & Periodontal Services	20% after deductible	20% after deductible
Major Services	50% after deductible	
Orthodontic Services (Up to Age 19)	50% \$2,000 lifetime maximum	
RATES	EE	FAM
MONTHLY	\$0.00	\$70.35

INCOME PROTECTION

800-356-9601 | www.madisonlife.com

LIFE AND AD&D: Your employer provides a benefit in Life and Accidental Death and Dismemberment insurance at no cost to you.

DISABILITY: A disability can be of the biggest financial risks you face. Your work income will end, but your living expenses will continue. Make sure you protect your income by choosing the disability coverage you need. Short-Term & Long-Term Disability are available to purchase. Pre-existing condition exclusions do apply.

VOLUNTARY BENEFITS

866-949-6036 | Life policy

866-813-7192 x3 | Critical Illness, Accident, Hospital
trustmarkbenefits.com/claims

PERMANENT LIFE: Offers you and your family long-term financial security with coverage that lasts a lifetime.

403(B) RIC PROGRAM

866-460-4692 option 1

<https://das.iowa.gov/RIC/403b/basics>

You can save for retirement by participating in PCM's 403b plan offered through the Iowa Retirement Investors' Club (RIC). You may participate by making pre-tax or post-tax contributions to one of the RIC investment providers. To contribute, you must open an account with one of the RIC investment providers and submit the 403b salary reduction form to the payroll office. Provider information is available on the RIC website.

VISION

855-214-6777 | www.avesis.com

IN-NETWORK BENEFITS	VISION
Eye Exam	\$10 copay 1 time / 12 months
Lenses	\$15 copay 1 time / 12 months
Frames	\$130 allowance 1 time / 24 months
Contact Lens (instead of Glasses)	\$130 allowance 1 time / 12 months
RATES	EE EE + SP EE + CH FAM
MONTHLY	\$12.23 \$23.47 \$25.58 \$32.95

HSA & FSA

800-300-9691 | www.isolvedbenefitservices.com

HSA: If you are enrolled in a qualified HDHP, you can contribute to a Health Savings Account, pre-tax, every paycheck. You can use these funds on qualified healthcare expenses. If you leave PCM, you keep the money. Please see communications on the benefits portal for additional eligibility requirements.

FSA: A Flexible Spending Account also allows you to contribute pre-tax dollars, without the need to be enrolled on a HDHP. These funds are available for qualified healthcare expenses. Funds in this account will be forfeit if they are not used by the end of the plan year. Dependent Care also available!

VOLUNTARY BENEFITS

866-813-7192 x3 | Critical Illness, Accident, Hospital
trustmarkbenefits.com/claims

CRITICAL ILLNESS: Helps protect your finances from the expense of a serious health problem, such as a stroke or heart attack. This plan provides a lump-sum benefit directly to you at the first diagnosis of a covered condition.

ACCIDENT: Accident coverage will pay benefits to you for treatments and injuries sustained as the result of a covered accident. These benefits are paid directly to you.

QUESTIONS? CONTACT TRUEADVOCATE

888-655-9980 | 5:30am – 3:00pm PT

trueadvocate@truenorthcompanies.com

Our team can assist with:

- Benefit coverage questions
- Ordering an ID card
- Claim questions and research
- Finding a form
- Finding a provider
- Choosing a plan that works for you



In support with our partners at TrueNorth, we are happy to provide you with support for all of your benefit-related needs.