

2026-2027 BENEFIT GUIDE

December 2026 – November 2027

***Your* benefits, *your* story**

Benefits to fit your unique situation.

PRAIRIE Community Bank



A NOTE FROM LEADERSHIP:

We strive to provide you and your family with a comprehensive and valuable benefits package that enables you to have a better life. We invite you to review the information in this booklet to gain a better understanding of how these benefits can support you and your family.

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Disclaimer

This Enrollment Guide is for general informational purposes only and is based on employer and carrier provided information summarized from plan materials. It does not constitute legal, tax, or benefits advice. While reasonable efforts have been made to ensure accuracy, errors or omissions may occur. In all cases, the applicable plan documents, insurance contracts, and policies control and will prevail over this Guide. This is a high level summary and does not include all terms, conditions, limitations, or exclusions. Benefits and claim determinations are subject to the governing plan documents and carrier decisions. For questions, contact Human Resources or the applicable carrier. This document is intended for internal use and may not be distributed outside the organization without permission.

Created by TrueNorth Companies, LC for Prairie Community Bank



WHAT'S CHANGING?

Every year, Prairie Community Bank reviews the benefit package offering to ensure you and your family have access to benefits that best fit your needs. Changes listed below will be in effect December 1, 2026 through November 30, 2027.

Medical

- In addition to medical plans offered in 2025-2026, a new medical plan G539BCE Blue Choice Preferred PPO will be available for the 2026-2027 plan year.

Additional Coverages:

- New! Accident Insurance
  - This year you will have the opportunity to purchase Accident Insurance. This coverage is administered by Principal
- New! Critical Illness Insurance
  - This year you will have the opportunity to purchase Accident Insurance. This coverage is administered by Principal



BENEFITS ELIGIBILITY

Who is eligible to participate?

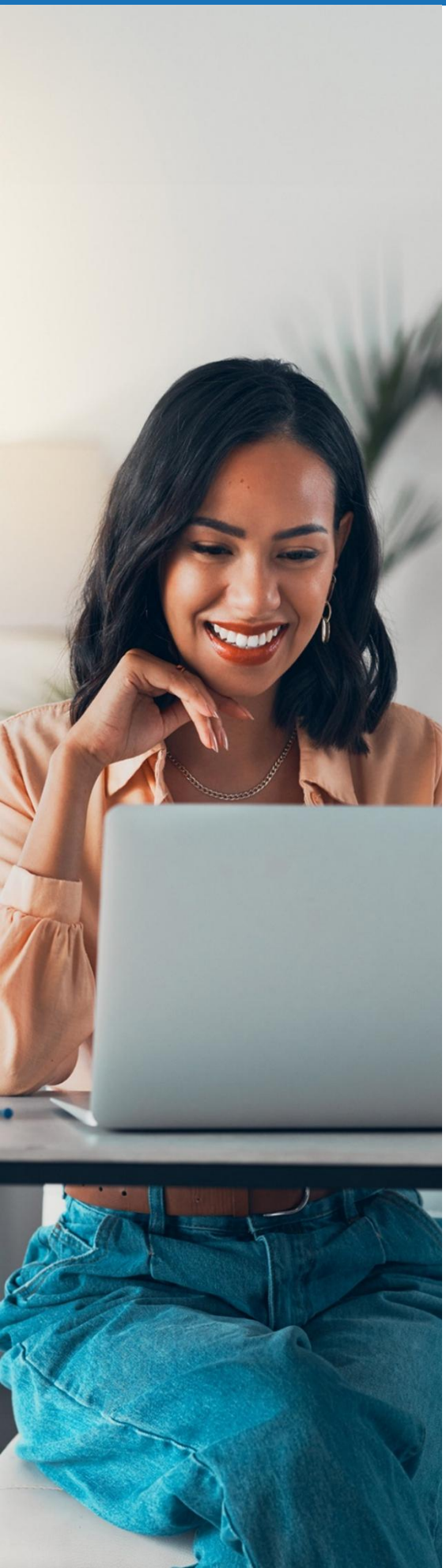
- Full-time employees working an average of 30 hours per week
- Your legal spouse
- Your unmarried dependent child (natural, adopted or step) up to age 26

When does coverage start?

- New Hire coverage starts 1st of the month following 60 days

When can I enroll in or make changes to benefits?

- **New Hires:** Must submit your elections prior to the last day of the month before your effective date.
- **Open Enrollment**: Occurs annually with an effective date of December 1
- **Qualified Life Events:** Must notify Human Resources with 30 days of the event. Coverage goes into effect on the date of event. Some examples of qualified events include:
    - Gain or loss of eligibility for another employer's coverage
    - Marriage
    - Divorce or legal separation
    - Birth of your child, adoption or placement for adoption
    - Death
    - Change in employment status that impacts your eligibility for benefits
    - Child support order
    - New entitlement or loss of Medicare or Medicaid (60 days to notify HR)



YOUR ENROLLMENT BLUEPRINT

Steps to successfully enroll in your benefits:

STEP 01

EVALUATE YOUR OPTIONS

- Review available benefit options for the year.
- Use carrier resources and tools to make decisions.

STEP 02

ENROLL IN YOUR BENEFITS

- Prairie Community Bank
- Be mindful of your enrollment deadline!

STEP 03

NEED HELP DECIDING?

Contact TrueNorth's TrueAdvocate Team

Phone: 888-655-9980

Email: trueadvocate@truenorthcompanies.com

MEDICAL & RX

Administered by Blue Cross Blue Shield of Illinois

The medical insurance benefit that uses a network of providers, hospitals, and pharmacies to provide employees and their families access to quality healthcare and protection against the cost of illness or injury.

Use In-Network Providers for the best value! Visit www.bcbsil.com to search for providers.

IN-NETWORK BENEFITS	S531PPO Silver	B535PPO Bronze	P506PSN Platinum HMO	G539BCE Blue Choice Preferred
Network	PPO	PPO	BAV	BCE
Preventive Care	100% Covered	100% Covered	100% Covered	100& Covered
	*Preventive Care is defined by the Affordable Care Act (ACA) Visit HealthCare.gov to access a list of covered preventive services by gender and age			
Office Visit Copay	$50 Telemed $50 Primary $75 Non-Primary $80 Urgent Care	No charge after deductible	$15 Primary $45 Non-Primary $45 Urgent Care	$50 Telemed $50 Primary $75 Non-Primary $75 Urgent Care
Emergency Room	$500 Copay + 30% Coinsurance	$250 Copay + Deductible	$300 Copay	$500 Copay + Coinsurance
Rx Copay	$5 Generic $60 Generic Non-Preferred $110 Brand $250 Specialty	No charge after deductible	$5 Generic $60 Generic Non-Preferred $110 Brand $250 Specialty	$10 Generic $20 Generic Non-Preferred $60 Brand $350 Specialty
Deductible	$5,100 Single $15,300 Family	$7,300 Single $14,600 Family	$0 Single $0 Family	$2,100 Single $6,300 Family
Coinsurance	You pay 30%	You pay 0%	You pay 0%	You pay 10%
Out of Pocket Maximum	$9,200 Single $18,400 Family	$7,300 Single $14,600 Family	$1,750 Single $5,250 Family	$6,000 Single $18,000 Family

Per Pay Rates (Twice-Monthly Deductions)	S531PPO Silver	B535PPO Bronze	P506PSN Platinum HMO	G539BCE Blue Choice Preferred
Employee	$2.50	$2.50	$2.50	$2.50
Employee + Spouse	$526.94	$493.21	$402.75	$462.76
Employee + Child(ren)	$448.28	$419.60	$342.72	$393.72
Employee + Family	$972.72	$910.31	$742.97	$853.98



VIRTUAL DOCTOR VISITS - Telemed

Telemed benefits apply only when services are accessed through the plan's designated telemed vendor; virtual visits with your own personal provider are processed as standard office visits and are not considered telemed.

HOW CAN I USE TELEMED?

- Reach out to your designated Telemed vendor to register and schedule your virtual visit
- If you do not have a designated Telemed vendor, reach out to your personal provider (deductible/copays may apply)
- You can utilize your smartphone, tablet, or computer/laptop

WHEN CAN I USE TELEMED?

- You don't have time to wait a week to see a doctor
- If you're considering the ER or urgent care center for a non-emergency issue
- You don't want to infect (or be infected by) another person
- On vacation, on a business trip, or away from home
- For short-term prescription refills

GET THE CARE YOU NEED

Request a medical consultation anytime and anywhere you need it for:

- Urgent care issues like colds, coughs, allergies, sore throat and stomach aches
- Recurring conditions like migraines or urinary tract infections
- Skin conditions
- Prescription management

Website: 888-676-4204
Phone Number: www.bcbsil.com/find-care/find-virtual-care

DENTAL

Administered by Principal

Dental care is an important part of your overall health. This plan provides you with no-cost, in-network preventive care, as well as coverage for basic care and major procedures.

Dental Network: Principal PPO Network
Use In-Network Providers for the best value! Visit www.principal.com to search for providers.

SERVICES	IN-NETWORK
Preventive Services	100% covered
Deductible	$50 Single / $150 Family
Annual Benefit Maximum	$1,000 per person per year
Basic Services	You pay 20% coinsurance (after deductible)
Major Services *	You pay 50% coinsurance (after deductible)
Orthodontic ** For dependent children up to age 19	You pay 50% coinsurance (after deductible), Up to a lifetime maximum of $1,000

Per Pay Rates (Twice-Monthly Deductions)	IN-NETWORK
Employee	$0.50
Employee + Spouse	$21.46
Employee + Child(ren)	$38.21
Employee + Family	$63.68

VISION

Administered by Principal

Enroll in vision coverage to save money on eligible vision care expenses, such as eye exams, glasses and contact lenses.

Vision Network: VSP Network
Use In-Network Providers for the best value!
Visit www.vsp.com to search for providers.

SERVICES	IN-NETWORK
Exam 1 every 12 months	$10 copay
Eyeglasses	
Frames 1 every 24 months	$130 allowance and 20% discount off the balance
Lenses 1 every 12 months	Single Lined-$25 copay Bifocal Lined-$25copay Trifocal-$25 copay Lenticular-$25 copay
Contacts	**Please note:** Contact lenses are in place of lenses and frame.
Elective Contacts 1 every 12 months	$130 allowance
Medically Necessary 1 every 12 months	$25 copay
Contact Lens Fitting & Evaluation 1 every 12 months	$60 copay

Per Pay Rates (Twice-Monthly Deductions)	
Employee	$4.76
Employee + Spouse	$9.52
Employee + Child(ren)	$9.05
Employee + Family	$14.22

LIFE / AD&D

Administered by Principal

Life insurance provides your named beneficiary(ies) with a benefit in the event of your death. Accidental Death and Dismemberment (AD&D) insurance provides specified benefits to you in the event of a covered accidental bodily injury that directly causes death or dismemberment (i.e., the loss of a hand, foot or eye).



Designate Your Beneficiary(ies)

Designate your beneficiary(ies) and review them annually to ensure they are up to date.

BASIC LIFE / AD&D (COMPANY-PAID)

This benefit is provided at NO COST to you.

	BENEFIT
Employee	1 times Base Annual Salary up to $125,000 Minimum $30,000

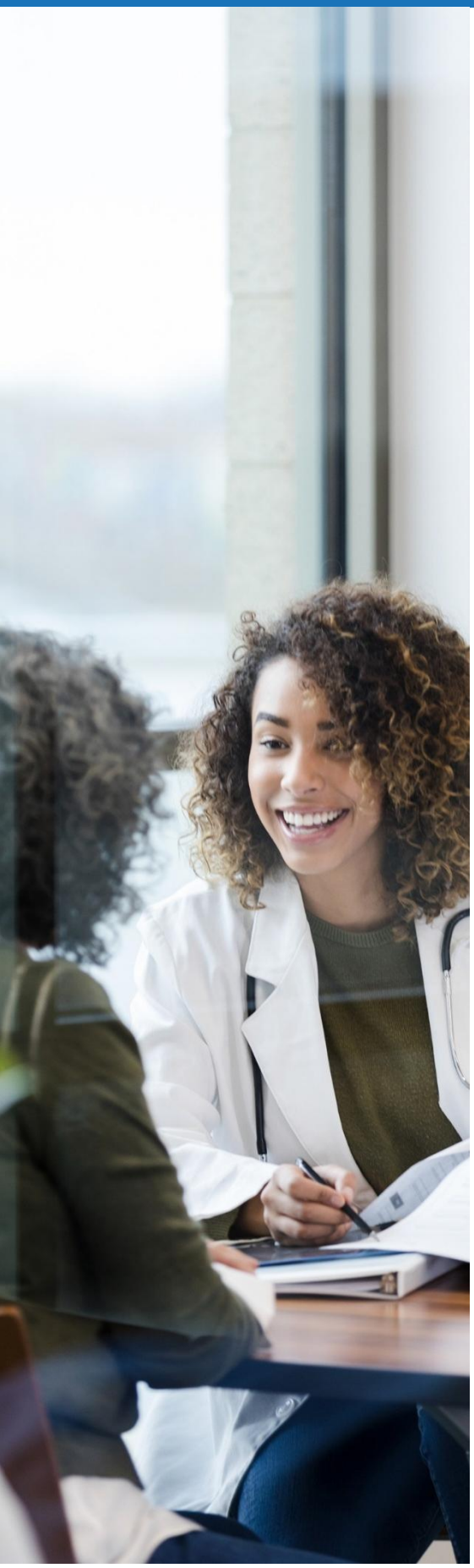
SUPPLEMENTAL BASIC LIFE / AD&D (EMPLOYEE-PAID)

You may enhance your life benefit by purchasing supplemental insurance. Cost is based on your age and coverage amount elected.

	BENEFIT
Employee	Increments of $10,000 up to $300,000 **Guaranteed Issue:** $100,000
Spouse*	Increments of $5,000 up to the lesser of $100,000 or 100% of employee benefit **Guaranteed Issue:** $25,000
Children*	$5,000 or $10,000 Note: coverage may vary for children under 1 year of age.

Age reductions may apply. Refer to the benefit plan document.
**Employee coverage must be purchased in order to elect Spouse or Child Coverage.*

Evidence of Insurability (EOI): If you elect coverage after your new hire election period or request coverage over the Guaranteed Issue amount, your coverage will require an additional approval from the insurance company. Coverage will not take effect until approved by the carrier.



DISABILITY

Administered by Principal

Short-term and long-term disability insurance provides you benefits to replace part of your lost income when you become unable to work due to a covered injury or illness.

BENEFITS*	SHORT-TERM Employer Paid	LONG-TERM Employer Paid
Coverage amount	60% of weekly income up to $1,000	60% of monthly income up to $8,000
Accident benefits begin	Day 1	Day 46
Illness benefits begin	Day 8	Day 46
Maximum payment period	7 weeks	Social Security Normal Retirement Age (SSNRA)
Pre-existing conditions	N/A	3 months / 12 months look back

ADDITIONAL PROTECTION

ACCIDENT

Stay ahead of the medical and out-of-pocket expenses that add up so quickly after an accident. When you have a covered accident, you can receive cash benefits to use however you see fit. Coverage typically includes ambulance services, emergency room visits, intensive care unit confinement, etc.

ACCIDENT BENEFIT	
Benefit	See benefits payable in your Principal Benefits Summary
Employee AD&D	$25,000
Spouse AD&D	$12,500
Child(ren) AD&D	$6,250
Covered Losses	% of benefit
Wellness Benefit	$150

Monthly Rates	
Employee	$10.61
Employee + Spouse	$18.21
Employee + Child(ren)	$18.19
Employee + Family	$29.39

CRITICAL ILLNESS

Typically pays a lump-sum benefit directly to you at the time a covered illness (such as a stroke or heart attack) occurs or is diagnosed. When you are sick, the last thing you want to think about is your finances. You can typically use the money for everyday expenses like mortgage payments, utility bills or childcare.

CRITICAL ILLNESS BENEFIT	
Invasive Cancer **Heart Attack** **Stroke**	100% 100% 100%
Wellness Benefit	$50

BENEFIT ELECTION OPTIONS	
EE	$5,000 increments up to $50,000 **Guarantee Issue:** $30,000
SP	$2,500 increments up to $25,000, not exceeding 50% of EE benefit **Guarantee Issue:** $15,000
CH	25% of EE benefit

Rates are based on coverage level and age at the time of election.

This is not an exclusive list of coverages. Please refer to your Summary of Benefits and Coverages for additional details.

CRITICAL ILLNESS RATES

PRAIRIE COMMUNITY BANK

Critical Illness - employee

Estimated employee monthly premium amounts
End of rate guarantee period: 11/30/2027

Benefit amount	24 & under	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70 & over
$5,000	$1.11	$1.62	$2.36	$2.73	$3.69	$5.17	$7.40	$10.08	$14.30	$20.02	$29.18
$10,000	$2.21	$3.24	$4.72	$5.45	$7.38	$10.34	$14.80	$20.16	$28.59	$40.04	$58.35
$15,000	$3.32	$4.86	$7.08	$8.18	$11.07	$15.51	$22.20	$30.24	$42.89	$60.06	$87.53
$20,000	$4.42	$6.48	$9.44	$10.90	$14.76	$20.68	$29.60	$40.32	$57.18	$80.08	$116.70
$25,000	$5.53	$8.10	$11.80	$13.63	$18.45	$25.85	$37.00	$50.40	$71.48	$100.10	$145.88
$30,000	$6.63	$9.72	$14.16	$16.35	$22.14	$31.02	$44.40	$60.48	$85.77	$120.12	$175.05
$35,000	$7.74	$11.34	$16.52	$19.08	$25.83	$36.19	$51.80	$70.56	$100.07	$140.14	$204.23
$40,000	$8.84	$12.96	$18.88	$21.80	$29.52	$41.36	$59.20	$80.64	$114.36	$160.16	$233.40
$45,000	$9.95	$14.58	$21.24	$24.53	$33.21	$46.53	$66.60	$90.72	$128.66	$180.18	$262.58
$50,000	$11.05	$16.20	$23.60	$27.25	$36.90	$51.70	$74.00	$100.80	$142.95	$200.20	$291.75

Critical Illness - spouse

Estimated spouse monthly premium amounts
End of rate guarantee period: 11/30/2027

Benefit amount	24 & under	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70 & over
$2,500	$0.55	$0.81	$1.18	$1.36	$1.85	$2.59	$3.70	$5.04	$7.15	$10.01	$14.59
$5,000	$1.11	$1.62	$2.36	$2.73	$3.69	$5.17	$7.40	$10.08	$14.30	$20.02	$29.18
$7,500	$1.66	$2.43	$3.54	$4.09	$5.54	$7.76	$11.10	$15.12	$21.44	$30.03	$43.76
$10,000	$2.21	$3.24	$4.72	$5.45	$7.38	$10.34	$14.80	$20.16	$28.59	$40.04	$58.35
$12,500	$2.76	$4.05	$5.90	$6.81	$9.23	$12.93	$18.50	$25.20	$35.74	$50.05	$72.94
$15,000	$3.32	$4.86	$7.08	$8.18	$11.07	$15.51	$22.20	$30.24	$42.89	$60.06	$87.53
$17,500	$3.87	$5.67	$8.26	$9.54	$12.92	$18.10	$25.90	$35.28	$50.03	$70.07	$102.11
$20,000	$4.42	$6.48	$9.44	$10.90	$14.76	$20.68	$29.60	$40.32	$57.18	$80.08	$116.70
$22,500	$4.97	$7.29	$10.62	$12.26	$16.61	$23.27	$33.30	$45.36	$64.33	$90.09	$131.29
$25,000	$5.53	$8.10	$11.80	$13.63	$18.45	$25.85	$37.00	$50.40	$71.48	$100.10	$145.88

Note: Proof of good health/evidence of insurability is required to apply for benefit amounts greater than those highlighted above.
Note: Children are automatically covered for 25% of the employee's benefit for no additional cost.

If your age changes to a different rate band during the guarantee period, your premium will change to reflect the new rate band effective on the next policy anniversary date.



ADDITIONAL PROTECTION

EMPLOYEE ASSISTANCE PROGRAM (EAP)

You have access to easy, **convenient and confidential** experienced clinicians and professional staff **24 hours a day**.

The Employee Assistance Program (EAP) is **available to all employees and members of your household**, whether you are enrolled in a medical plan or not.

The EAP can help with challenges like:

- mental wellness
- financial planning
- retirement planning
- stress & anxiety
- substance abuse
- and more

100% CONFIDENTIAL SUPPORT:

- Addictive Behaviors
- Alcohol Abuse
- Anger Management
- Anxiety
- Caregiver Support
- Dependent Care Issues
- Depression
- Drug Use and Abuse
- Family/Marital Problems
- Financial Issues
- Grief and Loss
- Legal Problems
- Organization Change
- Relationship Concerns
- Stress-Related Concerns
- Work-Life Balance

CONTACT THE EMPLOYEE ASSISTANCE PROGRAM:

Phone: 844-869-2365
Website: www.guidanceresources.com
Company Code: PrincipalCore

RESOURCES

Coverage	Carrier/Plan Sponsor	Phone & Website
Physical & Mental Health		
Medical	BCBSIL Group ID: 797064	800-810-2583 www.bcbsil.com
Telemedicine	MDLive BCBSIL	888-676-4204 www.bam.com
Dental	Principal Group ID: 1134604-10001	800-986-3343 www.principal.com
Vision	Principal Group ID: 1134604-10001	800-986-3343 ww.vsp.com
Life Insurance	Principal Group ID: 1134604-10001	800-896-3343 www.principal.com
Disability Insurance	Principal Group ID: 1134604-10001	800-896-3343 www.principal.com
Additional Protection		
Employee Assistance Program	Principal ComPsych Guidance Resources	800-662-4504 www.guidanceresources.com
Accident	Principal Group ID: 1134604-10001	800-245-1522 www.principal.com
Critical Illness	Principal Group ID: 1134604-10001	800-245-1522 www.principal.com

BENEFITS VOCABULARY

WELCOME TO YOUR BENEFITS!

To better understand your coverage, it's helpful to be familiar with **benefits vocabulary**. Take a moment to review these terms, which may be referenced throughout this guide.

Balance Bill – When a health care provider bills a patient for the difference between what the patient's health insurance chooses to reimburse and what the provider chooses to charge.

Copay – A fixed dollar amount you pay the provider at the time of service; for example, a $25 copay for an office visit or a $10 copay for a generic prescription.

Coinsurance – The percentage paid for a covered service, shared by you and the plan. Coinsurance can vary by plan and provider network. Review the plans carefully to understand your responsibility. You are responsible for coinsurance until you reach your plan's out-of-pocket maximum.

Deductible – The amount you pay each calendar year before the plan begins paying benefits. Not all covered services are subject to the deductible; for example, the deductible does not apply to preventive care services.

Emergency Room Care – Care received at a hospital emergency room for life- threatening conditions.

In-Network Care – Care provided by contracted doctors within the plan's network of providers. This enables participants to receive care at a reduced rate compared to care received by out-of-network providers.

Out-of-Network Care – Care provided by a doctor or at a facility outside of the plan's network. Your out-of-pocket costs may increase and services may be subject to balance billing.

Out-of-Pocket Maximum – The maximum amount you pay per year before the plan begins paying for covered expenses at 100%. This limit helps protect you from unexpected catastrophic expenses.

Premium – The complete cost of your plans. You share this cost with your employer and pay your portion through regular paycheck deductions.

Preventive Care – Routine health care including annual physicals and screenings to prevent disease, illness, and other health complications. In-network preventive care is covered at 100%.

Urgent Care – Urgent care is not the same as emergency care. Visit urgent care for sudden illnesses or injuries that are not life-threatening.

Urgent care centers are helpful when care is needed quickly to avoid developing more serious pain or problems.

Preferred generic drugs – Generic drugs have the same active ingredients and work the same way as the brand-name drugs they copy. They usually cost less than the brand-name versions.

Preferred brand drugs – These drugs are included in a plan's list of covered drugs and may not have a generic version. They cost more than generic drugs but less than non-preferred brand drugs.

Specialty drugs – These drugs are used to treat ongoing health conditions and can be costly. They often require special handling and may have to be ordered through a specialty pharmacy.

MEC Plan – Minimum Essential Coverage. A MEC plan is health insurance that meets the federal government's standard for coverage.

BENEFITS 101

Deductible

Amount you pay for healthcare **BEFORE** your insurance starts to pay.

Coinsurance (aka Cost Share)

A **percentage** of the cost of care you are responsible to pay for **AFTER** you have met the deductible.

Co-Payment (aka Copay)

Fixed amount of money you pay each time you or your dependents receive care.

Out of Pocket Maximum (OPM)

Greatest amount of money you can spend on healthcare for the year.

- Does not include premiums or costs that your insurance plan does not cover.



DEDUCTIBLE

COINSURANCE

COPAYMENT

Out of Pocket Maximum



Do You Have Questions About Your Benefit Programs and Aren't Sure Who to Contact?

THE TRUENORTH TRUEADVOCATE TEAM IS HERE TO HELP!

You can contact one of our Advocates
Monday – Friday from 7:30 am – 5:00 pm CT

Our team can assist with:

- Benefit coverage questions
- Ordering an ID card
- Claim questions and explanation of benefits
- Finding a form
- Provider search
- Choosing a plan that works for you

(888) 655-9980

trueadvocate
@truenorthcompanies.com

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