

**Disclaimer:** This is only a comparison as required by the Illinois Consumer Coverage Disclosure Act. For detailed benefit information regarding the coverage provided under the **State Farm Insurance Companies Group Medical PPO Plan Option 3E (HRA)**, or to get a copy of the complete terms of coverage, contact Accolade customer service at **1-844-287-3859**, or visit the BlueCross BlueShield of Illinois website at **www.bcbsil.com/statefarm**. This disclosure is not a substitute for actual plan language. In the event of a conflict with this disclosure and the actual plan language, the plan language will control.

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|--------------------------|--------------------------------------------------------------------------------------|
| Employer Name:           | State Farm Mutual Automobile Insurance Company                                       |
| Employer State of Situs: | Illinois, Location of Corporate Headquarters                                         |
| Name of Issuer:          | Not applicable; Self-Insured ERISA Plan                                              |
| Plan Marketing Name:     | Not applicable; Plan is not marketed to any other individual, group, or association. |
| Plan Year:               | 2026                                                                                 |

**Ten (10) Essential Health Benefit (EHB) Categories:**

- Ambulatory patient services (outpatient care you get without being admitted to a hospital)
- Emergency services
- Hospitalization (like surgery and overnight stays)
- Laboratory services
- Mental health and substance use disorder (MH/SUD) services, including behavioral health treatment (this includes counseling and psychotherapy)
- Pediatric services, including oral and vision care (but adult dental and vision coverage aren’t essential health benefits)
- Pregnancy, maternity, and newborn care (both before and after birth)
- Prescription drugs
- Preventive and wellness services and chronic disease management
- Rehabilitative and habilitative services and devices (services and devices to help people with injuries, disabilities, or chronic conditions gain or recover mental and physical skills)

| 2020-2026 Illinois Essential Health Benefit (EHB) Listing (P.A. 102-0630) |                                                                              |              |                            | Employer Plan Covered Benefit?                                                                                                                                                                                                                                                     |
|---------------------------------------------------------------------------|------------------------------------------------------------------------------|--------------|----------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Item                                                                      | EHB Benefit                                                                  | EHB Category | Benchmark Page # Reference |                                                                                                                                                                                                                                                                                    |
| 1                                                                         | Accidental Injury -- Dental                                                  | Ambulatory   | Pgs. 10 & 17               | Yes, subject to Deductible and Coinsurance.                                                                                                                                                                                                                                        |
| 2                                                                         | Allergy Injections and Testing                                               | Ambulatory   | Pg. 11                     | Yes, subject to Deductible and Coinsurance.                                                                                                                                                                                                                                        |
| 3                                                                         | Bone anchored hearing aids                                                   | Ambulatory   | Pgs. 17 & 35               | Yes, subject to Deductible and Coinsurance.                                                                                                                                                                                                                                        |
| 4                                                                         | Durable Medical Equipment                                                    | Ambulatory   | Pg. 13                     | Yes, subject to Deductible and Coinsurance.                                                                                                                                                                                                                                        |
| 5                                                                         | Hospice                                                                      | Ambulatory   | Pg. 28                     | Yes, subject to Deductible and Coinsurance.                                                                                                                                                                                                                                        |
| 6                                                                         | Infertility (Fertility) Treatment                                            | Ambulatory   | Pgs. 23 - 24               | Partially, subject to Deductible and Coinsurance. Limited to only those services for the diagnosis and treatment of infertility; coverage does not include charges resulting from or incurred in connection with in vitro fertilization or other forms of artificial insemination. |
| 7                                                                         | Outpatient Facility Fee (e.g., Ambulatory Surgery Center)                    | Ambulatory   | Pg. 21                     | Yes, subject to Deductible and Coinsurance.                                                                                                                                                                                                                                        |
| 8                                                                         | Outpatient Surgery Physician/Surgical Services (Ambulatory Patient Services) | Ambulatory   | Pgs. 15 - 16               | Yes, subject to Deductible and Coinsurance. Some surgeries may be eligible at no cost through waived deductible and coinsurance if coordinated through the Lantern (formerly SurgeryPlus) program.                                                                                 |
| 9                                                                         | Private-Duty Nursing                                                         | Ambulatory   | Pgs. 17 & 34               | Yes, limitations may apply to these services. Subject to Deductible and Coinsurance. Limited to 40 visits per calendar year.                                                                                                                                                       |

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| 10 | Prosthetics/Orthotics                                                      | Ambulatory          | Pg. 13             | Yes, subject to Deductible and Coinsurance.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| 11 | Sterilization (vasectomy men)                                              | Ambulatory          | Pg. 10             | Yes, subject to Deductible and Coinsurance.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| 12 | Temporomandibular Joint Disorder (TMJ)                                     | Ambulatory          | Pgs. 13 & 24       | Yes, subject to Deductible and Coinsurance.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| 13 | Emergency Room Services<br>(Includes MH/SUD Emergency)                     | Emergency services  | Pg. 7              | Yes, subject to Deductible and Coinsurance. \$200 Copayment per visit (waived if admitted to the Hospital as an inpatient immediately following emergency treatment).                                                                                                                                                                                                                                                                                                                                                                                                                        |
| 14 | Emergency Transportation/ Ambulance                                        | Emergency services  | Pgs. 4 & 17        | Yes, subject to Deductible and Coinsurance.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| 15 | Bariatric Surgery (Obesity)                                                | Hospitalization     | Pg. 21             | Yes, Bariatric Surgery will only be a covered expense when provided through Lantern (formerly Surgery Plus). Obesity diagnosis will be covered, subject to deductible and coinsurance.                                                                                                                                                                                                                                                                                                                                                                                                       |
| 16 | Breast Reconstruction After Mastectomy                                     | Hospitalization     | Pgs. 24 - 25       | Yes, subject to Deductible and Coinsurance.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| 17 | Reconstructive Surgery                                                     | Hospitalization     | Pgs. 25 - 26, & 35 | Yes, subject to Deductible and Coinsurance (only for correcting congenital deformities or conditions resulting from accidental injuries, scars, tumors, or diseases).                                                                                                                                                                                                                                                                                                                                                                                                                        |
| 18 | Inpatient Hospital Services (e.g., Hospital Stay)                          | Hospitalization     | Pg. 15             | Yes, subject to Deductible and Coinsurance.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| 19 | Skilled Nursing Facility                                                   | Hospitalization     | Pg. 21             | Yes, subject to Deductible and Coinsurance. Limited to 100 days per occurrence.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| 20 | Transplants - Human Organ Transplants (Including transportation & lodging) | Hospitalization     | Pgs. 18 & 31       | Yes, subject to Deductible and Coinsurance. Lower out-of-pocket costs when treatment is received at a BCC or BDC+ provider for certain related transplant services. Benefits for lodging up to a maximum of \$50 per day per person; Transportation and lodging are limited to a combined maximum of \$10,000 per transplant at BDC facilities; \$5,000 per transplant for non-BDC facilities.                                                                                                                                                                                               |
| 21 | Diagnostic Services                                                        | Laboratory services | Pgs. 6 & 12        | Yes, subject to Deductible and Coinsurance.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| 22 | Intranasal opioid reversal agent associated with opioid prescriptions      | MH/SUD              | Pg. 32             | Refer to CVS Caremark for pharmacy benefit details.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| 23 | Mental (Behavioral) Health Treatment (Including Inpatient Treatment)       | MH/SUD              | Pgs. 8 -9, 21      | Yes, subject to Deductible and Coinsurance.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| 24 | Opioid Medically Assisted Treatment (MAT)                                  | MH/SUD              | Pg. 21             | Yes, subject to Deductible and Coinsurance. Medication Assisted Treatment (MAT) combines medication with counseling and behavioral therapies to provide comprehensive substance abuse treatment. Counseling would be covered under the medical benefit in conjunction with methadone. Methadone is used for addiction and is typically covered by a medical plan (not through pharmacy coverage) because it is provided in methadone clinics. Refer to CVS Caremark for pharmacy benefit details for the other two medications for treating opioid dependence: buprenorphine and naltrexone. |
| 25 | Substance Use Disorders (Including Inpatient Treatment)                    | MH/SUD              | Pgs. 9 & 21        | Yes, subject to Deductible and Coinsurance.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| 26 | Tele-Psychiatry                                                            | MH/SUD              | Pg. 11             | Yes, subject to Deductible and Coinsurance. Services provided by Accolade Care or Teladoc, including mental health, are provided at \$0 cost share to the member.                                                                                                                                                                                                                                                                                                                                                                                                                            |
| 27 | Topical Anti-Inflammatory acute and chronic pain medication                | MH/SUD              | Page 2 of 3 Pg. 32 | Refer to CVS Caremark for pharmacy benefit details.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |

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| 28 | Pediatric Dental Care                                                         | Pediatric Oral and Vision Care                       | See AllKids Pediatric Dental Document | Dental related services other than those caused by an external accident are not covered.                                                                                                                                                                                                                       |
| 29 | Pediatric Vision Coverage                                                     | Pediatric Oral and Vision Care                       | Pgs. 26 - 27                          | Covers Vision screenings as part of preventive screenings for children and adolescents only.                                                                                                                                                                                                                   |
| 30 | Maternity Service                                                             | Pregnancy, Maternity, and Newborn Care               | Pgs. 8 & 22                           | Yes, subject to Deductible and coinsurance.                                                                                                                                                                                                                                                                    |
| 31 | Outpatient Prescription Drugs                                                 | Prescription drugs                                   | Pgs. 29 - 34                          | Yes, based on three tiers (generic, preferred brand, non-preferred brand drugs) which have a set coinsurance with minimum and maximum dollar amounts; specific drugs are also covered; deductible does not apply to outpatient prescription; out of pocket maximum limits \$2,000 individual / \$4,000 family. |
| 32 | Colorectal Cancer Examination and Screening                                   | Preventive and Wellness Services                     | Pgs. 12 & 16                          | Yes, deductible does not apply. Certain preventive services are covered without cost sharing before deductible is met, if in-network; coinsurance applies if out of network.                                                                                                                                   |
| 33 | Contraceptive/Birth Control Services                                          | Preventive and Wellness Services                     | Pgs. 13 & 16                          | Yes, deductible does not apply. Certain preventive services are covered without cost sharing before deductible is met, if in-network; coinsurance applies if out of network.                                                                                                                                   |
| 34 | Diabetes Self-Management Training and Education                               | Preventive and Wellness Services                     | Pgs. 11 & 35                          | Yes, subject to Deductible and Coinsurance.                                                                                                                                                                                                                                                                    |
| 35 | Diabetic Supplies for Treatment of Diabetes                                   | Preventive and Wellness Services                     | Pgs. 31 - 32                          | Yes, benefits are available for Medically Necessary diabetic supplies.                                                                                                                                                                                                                                         |
| 36 | Mammography - Screening                                                       | Preventive and Wellness Services                     | Pgs. 12, 15, & 24                     | Yes, deductible does not apply. Certain preventive services are covered without cost sharing before deductible is met, if in-network; coinsurance applies if out of network.                                                                                                                                   |
| 37 | Osteoporosis - Bone Mass Measurement                                          | Preventive and Wellness Services                     | Pgs. 12 & 16                          | Yes, subject to Deductible and Coinsurance.                                                                                                                                                                                                                                                                    |
| 38 | Pap Tests/ Prostate- Specific Antigen Tests/ Ovarian Cancer Surveillance Test | Preventive and Wellness Services                     | Pg. 16                                | Yes, deductible does not apply. Certain preventive services are covered without cost sharing before deductible is met, if in-network; coinsurance applies if out of network.                                                                                                                                   |
| 39 | Preventive Care Services                                                      | Preventive and Wellness Services                     | Pg. 18                                | Yes, deductible does not apply. Certain preventive services are covered without cost sharing before deductible is met, if in-network; coinsurance applies if out of network.                                                                                                                                   |
| 40 | Sterilization (women)                                                         | Preventive and Wellness Services                     | Pgs. 10 & 19                          | Yes, subject to Deductible and Coinsurance.                                                                                                                                                                                                                                                                    |
| 41 | Chiropractic & Osteopathic Manipulation                                       | Rehabilitative and Habilitative Services and Devices | Pgs. 12 - 13                          | Yes, limitations may apply to these services. Subject to Deductible and Coinsurance. Limited to 30 visits per calendar year.                                                                                                                                                                                   |
| 42 | Habilitative and Rehabilitative Services                                      | Rehabilitative and Habilitative Services and Devices | Pgs. 8, 9, 11, 12, 22, & 35           | Yes, subject to Deductible and Coinsurance. Limited to 100 visits per benefit period for occupational therapy, speech therapy and physical therapy.                                                                                                                                                            |

*Special Note: Under Pub. Act 102-0104, eff. July 22, 2021, any EHBs listed above that are clinically appropriate and medically necessary to deliver via telehealth services must be covered in the same manner as when those EHBs are delivered in person.*