

Plan Year: December 1, 2025 – November 30, 2026

OPTION A: HSA

OPTION B: COPAY

IN-NETWORK – Meritain, using the Aetna network

DEDUCTIBLE

Individual / Family	\$2,000 / \$4,000*	\$2,000 / \$4,000
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*If enrolled as a family, the individual deductible does not apply, and one member can satisfy the full deductible

MAXIMUM OUT-OF-POCKET

Individual / Family	\$6,350 / \$12,700	\$6,350 / \$12,700
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PREVENTIVE CARE

Preventive Care – Annual Well Check, Immunizations, and Other Related Services	\$0
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FACILITY VISITS

Teladoc	\$0 after deductible	\$10 copay
Primary Care	\$0 after deductible	\$30 copay
Specialist	\$0 after deductible	\$50 copay
Urgent Care	\$0 after deductible	\$75 copay
Emergency Room	\$0 after deductible	\$150 copay
Inpatient Hospital	\$0 after deductible	\$0 after deductible
Outpatient Surgery (surgical center / hospital)	\$0 after deductible	\$250 copay for surgical center / \$500 copay after hospital deductible
Imaging or Procedure through KISx Card	\$0 after reimbursement	\$0

OUTPATIENT DIAGNOSTIC SERVICES

Laboratory (independent / facility owned)	\$0 after deductible	\$30 copay / \$50 after deductible
CT/PET Scan, MRI	\$0 after deductible	\$0 after deductible

PRESCRIPTIONS – SmithRx

Tier 1 – Generic	\$7 after deductible	\$4 copay
Tier 2 – Preferred Brand	\$55 after deductible	\$45 copay
Tier 3 – Non-Preferred Brand	\$80 after deductible	\$70 copay
Tier 4 – Specialty**	Covered at 100% after deductible	Covered at 100%/\$0 copay

OUT-OF-NETWORK - Refer to Summary of Benefits and Coverage

OPTION A: HSA MATCHING CONTRIBUTION: Scenic Ridge provides a 25% match on your contribution up to \$500 for an individual and up to \$1,000 for all other tiers. For example, if you contribute \$2,000 into your HSA, Scenic Ridge will contribute \$500 for a total contribution of \$2,500 into your HSA.

OPTION B: COPAY PLAN REIMBURSEMENT: To help reduce your deductible expenses, Scenic Ridge will reimburse \$500 of the individual plan deductible after the first \$1,500 is paid by the employee. On the family plan, Scenic Ridge will reimburse \$1,000 after the employee pays the first \$3,000. For example, if you are enrolled as an employee only, you will pay the first \$1,500 of your deductible, and Scenic Ridge will reimburse you the remaining \$500.

WEEKLY COST FOR MEDICAL & PRESCRIPTION COVERAGE

Employee Only	\$18.55	\$32.32
Employee + Spouse	\$100.86	\$129.56
Employee + Child(ren)	\$96.38	\$123.65
Employee + Family	\$153.21	\$191.37

By successfully participating in the wellness program, you'll earn a wellness credit that lowers your weekly costs.

**May require a small manufacturer's copay.