



2026

Employee Benefit Guide

Effective July 1, 2026



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CONTACT INFORMATION

BENEFIT PLANS

Medical Plans

Select Health

(800) 538-5038

<https://www.selecthealth.org/>

Select Health Provider Search:

<https://selecthealth.sapphirecareselect.com/>

Dental and Vision Plans

EMI Health

(801) 270-2880

www.emihealth.com

EMI Health Provider Search:

<https://emihealth.com/emi/members/provider-search.aspx>

Gap Plan

AmWINS

1 (800) 476-4491

www.webtpa.com

Life and Disability Insurance

The Hartford

(860) 547-5000

www.thehartford.com

PLAN MANAGEMENT

HR Contact

Pinnacle Canyon Academy

Melissa Jeppson

(435) 613-8102

jeppsonm@pantheremail.com

Customer Service Support

BIG Benefits

www.BIG-Benefits.com

707 W 700 S, Suite 204

Woods Cross, UT 84087

(801) 292-0841

(801) 299-8365 fax

For assistance with Enrollments, Changes & Claims:

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COBRA Administrator

Direct Care Administrators

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Note: This publication is only a partial summary of benefits and is provided for informational purposes only. It does not describe all the policies, procedures and limitations of the summarized plans. For complete information regarding the benefits, plan provisions and/or limitations refer to the insurance carrier's Master Plan Document. In the event of a discrepancy or conflict between the information contained in this publication and the benefit plan provisions, the Master Plan Document and insurance contracts will prevail. No rights shall accrue to you and/or your dependents because of any statement, error or omission in this publication.

Notices & Disclosures: As an employee and participant in the employee benefit program(s), you and your beneficiaries may have various rights and privileges related to these programs. Laws governing health care require us to provide you with these notifications. For individuals who elect to waive coverage, some of these notices will not apply. See plan administrator for further details.

Welcome to the Benefit Guide. Our commitment to you is to provide the best value, benefits, and services available.

The benefits provided by Pinnacle Canyon Academy are an important part of your compensation package. This guide is intended to give an overview of the benefit options available to you and help you make informed choices that best suit your needs.

ELIGIBILITY

Coverage begins for enrolled eligible employees on the **1st of the month following 30 days of employment**. To obtain benefits you must satisfy the following:

- You must be a full-time employee working 30 hours or more per week
- If eligible, you may enroll your spouse and dependent children on the offered benefit plans
- Dependent children are eligible if less than 26 years of age
- Your dependent children of any age, if they depend on you for support due to a physical or mental disability (documentation required)

OPEN ENROLLMENT

The medical, dental, and vision plan year is from July 1, 2026, through June 30, 2027. The next open enrollment period will be held in June.

During open enrollment, you may enroll in or make changes to your benefit programs. Open enrollment is the only time that you may add or change benefits during the plan year unless you have a qualifying life event. Make sure that you understand the offerings and enroll yourself and your eligible dependents in the programs that you would like for the upcoming plan year.

ONLINE ENROLLMENT

ALL Eligible Employees must provide plan elections and/or waivers online by completing the following steps:

- ◇ Go to www.employeenavigator.com/benefits/
- ◇ Click on new user registration. Create a username and password. Company identifier is: "Pinnacle-Canyon"
- ◇ Login with newly created username and password
 - ◆ Click on "Start Benefits"
 - ◆ Verify your personal and family information and make changes if needed. It is VERY important to enter an email address as this is how all future benefits communication will take place
 - ◆ Complete all personal information to ensure eligibility requirements are met
 - ◆ Review the benefits and select your coverage
 - ◆ Review and verify elections made for the coming year
 - ◆ Click "Click to Sign" to confirm benefit elections

QUALIFYING CHANGES

A qualifying event allows you a **30 day** special enrollment period to complete and submit a change request to update your benefits outside of the open enrollment period:

- You get married, divorced or legally separated
- You add a child through birth, adoption or change in custody
- Your spouse or child dies
- You or eligible dependents lose eligibility for coverage under another group plan, Medicaid or state child health plan (CHIP)
- You or eligible dependents becomes eligible for premium assistance with respect to the cost of coverage under our group health plan through either a Medicaid plan under Title XIX (such as Utah's Premium Partnership) or under a state child health plan (CHIP) under Title XXI of the Social Security Act.

Summary of Material Modifications

The Employee Retirement Income Security Act (ERISA) requires that Pinnacle Canyon Academy notify employees each time a material change is made to the health and welfare plan. The changes described in this document affect your benefits and should be kept with your benefit materials for future reference. Please refer to the Summary Plan Descriptions or Certificate of Coverage Booklets for more information regarding the benefits listed herein.

- Medical Plans: new carrier and rate changes — See page 4 for details
- Dental Plan: no changes
- Vision Plan: no changes

Select Health	6000 Level Funded Plan	TRANSAMERICA Gap Coverage
Satisfies Affordable Care Act for Employees		Included at no additional cost and most out-of-pocket cost for accidents, injuries, and illnesses as detailed on page 5
Provider Lookup: https://selecthealth.sapphirecareselect.com/	In-Network Benefits Access to BOTH Value and MED+	
Preventive Care Services Office Visits Adult & Pediatric Immunizations Minor Diagnostic Tests	Covered 100%	No Benefit
Office Visits Primary Care Provider Telemedicine - WellVia* Specialist Physician Rehabilitation (20 Outpatient Visits Per Year) ♦ Urgent Care	You Pay \$25 No Cost \$75 \$75 \$75	Gap Pays No Benefit No Benefit No Benefit No Benefit Pays up to \$8000 for accidents
Prescriptions ♦ 30 Day Supply Mail Order	Generic / Pref / Non-Pref \$20 / \$50 / 30% \$20 / \$100 / 30%	Gap Pays No Benefit
Deductible (Individual / Family)	\$6,000 / \$12,000	Pays up to \$8,000 for outpatient and up to \$8,000 for inpatient
Out of Pocket Maximum Includes Copays, Coinsurance & Deductible	\$8,000 / \$16,000	
Diagnostic Lab / X-Ray Services Minor Major ♦	Covered 100% 30% After Ded	Pays up to \$8,000 for covered claims See B) Out-Patient on page 5 See B) Out-Patient on page 5
Hospital Services ♦ Outpatient Inpatient Maternity	30% After Ded 30% After Ded 30% After Ded	Pays up to \$8,000 Pays up to \$8,000 Pays up to \$8,000
Emergency Room	\$300	Pays up to \$8,000 for accidents AND for illnesses, if admitted
Mental Health Services ♦ Office Visits Inpatient / Outpatient	\$25 30% After Ded	No Benefit No Benefit
Durable Medical Equipment ♦	30% After Ded	No Benefit
Out-of-Network Benefits ** Deductible (Individual / Family) Coinsurance Out of Pocket Maximum (Individual / Family)	\$10,000 / \$20,000 50% After Ded \$20,000 / \$40,000	Pays up to \$8,000 for covered outpatient claims and up to \$8,000 for covered inpatient claims

♦ Pre-service authorization may be required

* WellVia for EMI Health gives you access to a U.S. board-certified doctor over the phone anytime, anywhere.

** Member pays balance of billed charges above In-Network Rate. Out-of-

Cost Per Pay Period (24/year)	6000 LF Plan & GAP		
	Employee Cost	Employer Cost	Total Cost
Employee	\$35.13	\$316.14	\$351.27
EE+Spouse	\$74.04	\$666.39	\$740.43
EE+Child(ren)	\$62.74	\$564.62	\$627.36
Family	\$109.00	\$980.96	\$1,089.96

AmWIN — Gap Coverage

- Gap policies reimburse costs for covered In-Patient hospitalization & most Out-Patient procedures
- Gap policies are true guaranteed issue policies with no waiting periods or pre-existing conditions, including maternity & scheduled surgical procedures
- Out-patient claims such as MRIs, CT scans, etc. that would otherwise be paid by the plan participant as part of their deductible are covered by the GAP policy as detailed below:

Transamerica Gap Insurance - TransConnect®	
A) In-Patient	\$8,000 In-Patient
Covers in-patient hospital stays, in-patient procedures, in-patient physician charges, and even routine nursery care for dependent newborns.	
Claim example - You owe	\$8,000.00
Gap plan pays/reimburses	\$8,000.00
Your net cost of the claim	\$0.00
<i>NOT COVERED: Anything related to Mental Health Hospitalization or Drug and Alcohol treatments</i>	
B) Out-Patient	\$8,000 Out-Patient
Covers MRI's, PET/CT scans, ultrasounds, echo-cardiograms, surgical procedures in a Dr's office, surgery & radiological diagnostic testing in a facility & radiation/chemotherapy. Also covers the ER or Urgent Care for accident or injuries only.	
Claim example - You owe	\$3,500.00
Gap plan pays/reimburses	\$3,500.00
Your net cost of the claim	\$0.00
<i>NOT COVERED: Lab, ER for illness, sleep apnea or studies, physical therapy, observation or medical equipment</i>	
C) Ambulance Benefit - Accident Only	Plan will pay up to \$2,500 per calendar year for ambulance expenses due to an accident or for an illness resulting in hospitalization.
ABOVE IS A BRIEF DESCRIPTION OF THE COVERAGE. For benefits, limitations, exclusions and provisions, please refer to the policy or certificate.	

Procedure for using the Gap Coverage:

- Method 1:** Present your AmWINS card at the time of service in a facility/hospital and the provider will bill AmWINS directly.
- Method 2:** Wait to receive the explanation of benefits from your Major Medical Carrier AND the bill from the Provider and submit both to:

AmWINS Claims Website: www.webtpa.com

To File a Claim Online: Visit www.webtpa.com, click Login and then member login. Click Continue on the lower right hand side of the screen and click Create an account. From there follow the prompts to create your account to file claims, view your claims status and more.

Should you need assistance with obtaining Gap payment, contact AmWINS at 1-800-476-4491

Employee Premium Cost - Per Pay Period (24/yr)	
	\$8,000 IP / \$8,000 OP
EE Only	Included with Medical Rates
EE+Spouse	
EE+Child(ren)	
Family	

EMI	Premier PPO
Provider Lookup: emihealth.com/ProviderSearch	In-Network Out-of-Network *
Deductible	You Pay
Individual / Family	\$50 / \$150
Maximum Annual Benefit	Plan Pays
Includes Preventive, Basic & Major Services	\$1,500
Preventive Services	Covered 100% Covered 100%
Routine Exams, Cleaning, Fluoride & Bitewing X-Rays	
Basic Services	80% AD 80% AD
Fillings, Simple Extractions, Emergency Pain, etc.	
Major Services	50% AD 50% AD
Crowns, Bridges, Dentures, etc. **	
Periodontics & Endodontics	Covered as Major
Orthodontics (up to age 18)	Orthodontic Lifetime Maximum \$1,500 Covered 50%

* All Services are subject to EMI Health Maximum Allowable Charge (MAC). When using a Non-participating Provider, the insured is responsible for all fees in excess of the Maximum Allowable Charge (MAC)

** Limitations may apply; See carrier plan document for detailed plan terms, limitations, and exclusions.

AD = After Deductible

Cost - Per Pay Period (24/year)			
	Employee Cost	Employer Cost	Total Cost
Employee Only	\$1.87	\$16.79	\$18.65
EE + 1 Dependent	\$3.97	\$35.73	\$39.70
Family	\$7.72	\$69.44	\$77.15

VSP Administered by EMI	Vision Plan	
Network Provider Lookup: emihealth.com/ProviderSearch	In-Network	Out-of-Network Reimbursement*
WellVision Exam	\$10 Copay	Up to \$65
Frames	\$130 Allowance	Up to \$115
Lenses	\$10 Copay	Up to \$30 / \$50 / \$65 / \$100
Single Vision / Bifocal / Trifocal / Lenticular		
Lens Enhancements	No Cost \$95-\$105 Copay \$150-\$175 Copay No Cost / \$35 Copay \$17 Copay \$16 Copay	Included in Lens Allowances
Standard Premium Custom Progressive Lenses Polycarbonate (Child / Adults) Scratch Resistant Coating UV Protection		
Contact Lens <i>(instead of glasses)</i>	\$130 Allowance	Up to \$115
Conventional		
Laser Correction	Up to \$500 in Savings	N/A
Frequency	Once Every 12 Months	
Exam, Lenses, Frame or Contacts		

Any item listed as a discount is a merchandise discount only and not an insured benefit. Discounts vary by providers; see provider for details.

* When going Out-of-Network members will be responsible for 100% of payment at the provider office and will have to file a claim with VSP. Out-of-Network benefit may not be combined with promotional items. Online purchases at approved providers only.

Cost - Per Pay Period (24/year)			
	Employee Cost	Employer Cost	Total Cost
Employee Only	\$0.34	\$3.06	\$3.40
EE + 1 Dependent	\$0.66	\$5.90	\$6.55
Family	\$1.05	\$9.41	\$10.45

The Hartford — Life, AD&D and Disability Coverage

Basic Life Coverage (No cost to you): \$ 50,000

Basic Accidental Death and Dismemberment (No cost to you): \$ 50,000

Employee Voluntary Supplemental Life Coverage:

- You have the option to purchase Supplemental Life insurance coverage in increments of \$ 10,000 to a maximum of \$500,000 or 5x your annual earnings, whichever is less.
- *If voluntary supplemental life is elected at an employee's first enrollment after his/her date of hire, he/she is eligible for \$100,000 of guaranteed issue coverage regardless of health (\$25,000 for spouse). For all other enrollment circumstances, a Personal Health Application and evidence of good health will be required.*

Dependent Supplemental Life Coverage:

- You may also elect coverage on the lives of your Spouse and/or Dependent Children. To qualify, children must be unmarried and under the age of 22. Also, unmarried children who are disabled may be eligible if certain conditions are met.
- **Spouse Benefit Amount:** Increments of \$5,000 to a maximum of \$100,000.
- **Child Benefit Amount:** Children age 15 days to 6 Months are eligible for \$500; children 6 Months to 22 years are eligible for \$10k

Coverage Reductions: Coverage will reduce by 35% at the person's attainment of age 65. Coverage will be reduced by 50% at the person's attainment for age 70.

See Employee Navigator for Premiums

Short Term Disability (No cost to you):

Weekly Benefit: 60% of your earnings up to \$2,000

Covers accidents & Sickness; Coverage begins on the 8th calendar day with a maximum duration of 12 weeks.

Long Term Disability (No cost to you):

Gross Benefit: 60% of your monthly pre-disability earnings up to \$10,000

Coverage begins after 90 days of disability. If you become disabled prior to age 60, the maximum benefit period will be social security normal retirement age. If you become disabled at age 60 or above, the maximum benefit period will be based on your age at the time of disability.

*This summary is a brief description of the key features of the insurance plan. It is not a certificate of insurance or evidence of coverage. For a comprehensive list of exclusions, limitations, and any applicable benefit offsets, please refer to the Certificate of Insurance. The Certificate also provides all requirements necessary to be eligible for coverage and benefits.



Trucordia