

Benefit Builder Standard Plans

with Angle Health for 2027

Traditional Plan Designs

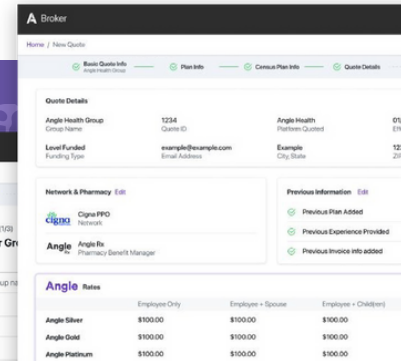
Actual benefits, limitations and exclusions are set forth in the summary of plan description issued to members. These plans are subject to change and should not be considered final or bindable. SBCs and SOBs for the corresponding plans should be reviewed along with employer specific proposal

Benefit	500 20% Copay Plan	1000 20% Copay Plan	2000 20% Copay Plan	3000 20% Copay Plan	4000 20% Copay Plan	5000 20% Copay Plan	7000 30% Copay Plan	8000 20% Copay Plan	9200 0% Copay Plan
Actuarial Value	91%	89%	83%	80%	77%	75%	71%	70%	70%
Deductible (Individual)	\$500	\$1,000	\$2,000	\$3,000	\$4,000	\$5,000	\$7,000	\$8,000	\$9,200
Out-of-Pocket Maximum (Individual)	\$1,500	\$2,000	\$4,000	\$5,000	\$6,000	\$7,000	\$9,200	\$9,200	\$9,200
Telemedicine via Doctor on Demand	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Coinsurance	20%	20%	20%	20%	20%	20%	30%	20%	0%
Primary Care	\$10	\$10	\$20	\$20	\$25	\$25	\$25	\$25	\$25
Specialist	\$30	\$30	\$50	\$50	\$75	\$75	\$75	\$75	\$75
Inpatient (Deductible Applies)	20%	20%	20%	20%	20%	20%	30%	20%	0%
Tier 1 Rx	\$10	\$10	\$20	\$20	\$20	\$20	\$20	\$20	\$20
Tier 2 Rx	\$30	\$30	\$60	\$60	\$60	\$60	\$60	\$60	\$60
Tier 3 Rx	\$60	\$60	\$85	\$85	\$85	\$85	\$85	\$85	\$85
Tier 4 Rx (Deductible Applies)	20%	20%	20%	20%	20%	20%	30%	20%	0%
Independent Laboratory Services	\$10	\$10	\$20	\$20	\$25	\$25	\$25	\$25	\$25
X-Rays and Diagnostic Imaging	20%	20%	20%	20%	20%	20%	30%	20%	0%
Advanced Imaging (MRI, CT & PET)	20%	20%	20%	20%	20%	20%	30%	20%	0%
Urgent Care	\$50	\$50	\$75	\$75	\$85	\$85	\$75	\$75	\$75
ER Facility (Deductible Applies)	\$200	\$200	\$250	\$250	\$300	\$300	30%	20%	0%

High Deductible Plan Designs

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Benefit	1750 0% HDHP	3500 0% HDHP	3500 20% HDHP	4000 20% HDHP	5000 0% HDHP	7000 0% HDHP	8000 0% HDHP
Actuarial Value	86%	77%	73%	70%	72%	67%	64%
Deductible (Individual)	\$1,750	\$3,500	\$3,500	\$4,000	\$5,000	\$7,000	\$8,000
Out-of-Pocket Maximum (Individual)	\$1,750	\$3,500	\$5,000	\$7,000	\$5,000	\$7,000	\$8,000
Telemedicine via Doctor on Demand	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Coinsurance	0%	0%	20%	20%	0%	0%	0%
Primary Care	0%	0%	20%	20%	0%	0%	0%
Specialist	0%	0%	20%	20%	0%	0%	0%
Inpatient/Outpatient (Deductible Applies)	0%	0%	20%	20%	0%	0%	0%
Tier 1 Rx	0%	0%	20%	20%	0%	0%	0%
Tier 2 Rx	0%	0%	20%	20%	0%	0%	0%
Tier 3 Rx	0%	0%	20%	20%	0%	0%	0%
Tier 4 Rx (Deductible Applies)	0%	0%	20%	20%	0%	0%	0%
Independent Laboratory Services	0%	0%	20%	20%	0%	0%	0%
X-Rays and Diagnostic Imaging	0%	0%	20%	20%	0%	0%	0%
Advanced Imaging (MRI, CT & PET)	0%	0%	20%	20%	0%	0%	0%
Urgent Care	0%	0%	20%	20%	0%	0%	0%
ER Facility (Deductible Applies)	0%	0%	20%	20%	0%	0%	0%



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Value Plans

Actual benefits, limitations and exclusions are set forth in the summary of plan description issued to members.

Benefit	\$5000 0% Copay Plan	\$7500 0% Copay Plan	\$9200 0% Copay Plan
Actuarial Value	78%	73%	70%
Deductible (Individual)	\$5,000	\$7,500	\$9,200
Out-of-Pocket Maximum (Individual)	\$5,000	\$7,500	\$9,200
Telemedicine via Doctor on Demand	\$0	\$0	\$0
Coinsurance	0%	0%	0%
Primary Care	\$25	\$25	\$25
Specialist	\$50	\$50	\$50
Inpatient/Outpatient (Deductible Applies)	0%	0%	0%
Tier 1 Rx	\$10	\$10	\$10
Tier 2 Rx	\$40	\$40	\$40
Tier 3 Rx	0%	0%	0%
Tier 4 Rx (Deductible Applies)	0%	0%	0%
Independent Laboratory Services	0%	0%	0%
X-Rays and Diagnostic Imaging	0%	0%	0%
Advanced Imaging (MRI, CT & PET)	0%	0%	0%
Urgent Care	\$50	\$50	\$50
Emergency Room (Deductible Applies)	0%	0%	0%

Value Plans Ideal For

- Meets MVP (Minimum Value)
- Rate sensitive groups
- Low-wage earning demographic
- Carve outs
- Low-participation groups

Key Benefits

- Copays for everyday healthcare needs
- \$0 Copay telemedicine
- Care navigation and advocacy RX
- Patient assistance programs

3-Tier Direct Contract Plans (NOMI)

**** Limited markets - talk to your Angle representative for availability****

Actual benefits, limitations and exclusions are set forth in the summary of plan description issued to members.

Benefit	Nomi Trad 1000	Nomi Trad 2000	Nomi Trad 3000	Nomi Trad 4000	Nomi Trad 5000	Nomi Trad 7000
Actuarial Value	89%	83%	81%	79%	77%	74%
Deductible (Preferred)	\$0	\$0	\$0	\$0	\$0	\$0
Deductible (National PPO)	\$1,000	\$2,000	\$3,000	\$4,000	\$5,000	\$7,000
Out-of-Pocket Maximum	\$2,000	\$4,000	\$5,000	\$6,000	\$7,000	\$9,200
Telemedicine via Doctor on Demand	\$0	\$0	\$0	\$0	\$0	\$0
Coinsurance (National PPO)	20%	20%	20%	20%	20%	30%
Primary Care (Preferred)	\$0	\$0	\$0	\$0	\$0	\$0
Primary Care (National PPO)	\$10	\$20	\$20	\$25	\$25	\$25
Specialist (Preferred)	\$0	\$0	\$0	\$0	\$0	\$0
Specialist (National PPO)	\$30	\$50	\$50	\$75	\$75	\$75
Inpatient/Outpatient (Preferred)	\$0	\$0	\$0	\$0	\$0	\$0
Inpatient/Outpatient (National PPO) ded applies	20%	20%	20%	20%	20%	30%
Tier 1 Rx	\$10	\$20	\$20	\$20	\$20	\$20
Tier 2 Rx	\$30	\$60	\$60	\$60	\$60	\$60
Tier 3 Rx	\$60	\$85	\$85	\$85	\$85	\$85
Tier 4 Rx (Deductible Applies)	20%	20%	20%	20%	20%	30%
Independent Laboratory Services (Preferred)	\$0	\$0	\$0	\$0	\$0	\$0
Independent Laboratory Services (National PPO)	20%	20%	20%	20%	20%	30%
X-Rays and Diagnostic Imaging (Preferred)	\$0	\$0	\$0	\$0	\$0	\$0
X-Rays and Diagnostic Imaging (National PPO)	20%	20%	20%	20%	20%	30%
Advanced Imaging (MRI, CT & PET) (Preferred)	\$0	\$0	\$0	\$0	\$0	\$0
Advanced Imaging (MRI, CT & PET) (National PPO)	20%	20%	20%	20%	20%	30%
Urgent Care	\$50	\$75	\$75	\$85	\$85	\$75
Emergency Room	\$500	\$500	\$500	\$500	\$500	\$500

