

Health Insurance for the Modern Employee

2026 Plan Design

EFFECTIVE DATE:

2026

ANG HDHP 5000 5000

Plan ID: BENLFUT9001003

\$5000
Deductible Individual

\$10000
Deductible Family

\$5000
OOPM Individual

\$10000
OOPM Family

Deductible Individual OON	\$10000
OOPM Individual OON	\$11000
Deductible Family OON	\$20000
OOPM Family OON	\$22000
Coinsurance OON	50%
Deductible Embedded	Yes

Rates

Employee Only
Employee + Spouse
Employee + Child(ren)
Employee + Family

Services	Cost Share	Deductible Applies
Primary Care (Office)	0%	✓ Yes
Specialist (Office)	0%	✓ Yes
Virtual Care	0%	No
Preventive Care	\$0	No
Urgent Care	0%	✓ Yes
Emergency Room	0%	✓ Yes
Inpatient Facility	0%	✓ Yes
Generics	0%	✓ Yes
Preferred Brand	0%	✓ Yes
Non-Preferred Brand	0%	✓ Yes
Specialty High-Cost	0%	✓ Yes
International Rx Sourcing	0%	No
Outpatient Professional	0%	✓ Yes
Speech Therapy - OP Prof.	0%	✓ Yes
Physical / Occupational Therapy - OP Prof.	0%	✓ Yes
Independent Laboratory	0%	✓ Yes
Outpatient Facility	0%	✓ Yes
Imaging - OP Facility	0%	✓ Yes
Skilled Nursing Facility	0%	✓ Yes
All Other Covered Services	0%	✓ Yes

ANG HDHP 7000 7000

Plan ID: BENLFUT9001004

\$7000
Deductible Individual

\$14000
Deductible Family

\$7000
OOPM Individual

\$14000
OOPM Family

Deductible Individual OON	\$14000
OOPM Individual OON	\$15400
Deductible Family OON	\$28000
OOPM Family OON	\$30800
Coinsurance OON	50%
Deductible Embedded	Yes

Rates

Employee Only
Employee + Spouse
Employee + Child(ren)
Employee + Family

Services	Cost Share	Deductible Applies
Primary Care (Office)	0%	✓ Yes
Specialist (Office)	0%	✓ Yes
Virtual Care	0%	No
Preventive Care	\$0	No
Urgent Care	0%	✓ Yes
Emergency Room	0%	✓ Yes
Inpatient Facility	0%	✓ Yes
Generics	0%	✓ Yes
Preferred Brand	0%	✓ Yes
Non-Preferred Brand	0%	✓ Yes
Specialty High-Cost	0%	✓ Yes
International Rx Sourcing	0%	No
Outpatient Professional	0%	✓ Yes
Speech Therapy - OP Prof.	0%	✓ Yes
Physical / Occupational Therapy - OP Prof.	0%	✓ Yes
Independent Laboratory	0%	✓ Yes
Outpatient Facility	0%	✓ Yes
Imaging - OP Facility	0%	✓ Yes
Skilled Nursing Facility	0%	✓ Yes
All Other Covered Services	0%	✓ Yes

ANG HDHP 4000 7000

Plan ID: BENLFUT9001006

\$4000 Deductible Individual	\$8000 Deductible Family	\$7000 OOPM Individual	\$14000 OOPM Family
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Deductible Individual OON	\$8000
OOPM Individual OON	\$14000
Deductible Family OON	\$16000
OOPM Family OON	\$28000
Coinsurance OON	50%
Deductible Embedded	Yes

Rates

Employee Only
Employee + Spouse
Employee + Child(ren)
Employee + Family

Services	Cost Share	Deductible Applies
Primary Care (Office)	20.00%	✓ Yes
Specialist (Office)	20.00%	✓ Yes
Virtual Care	0%	No
Preventive Care	\$0	No
Urgent Care	20.00%	✓ Yes
Emergency Room	20.00%	✓ Yes
Inpatient Facility	20.00%	✓ Yes
Generics	20.00%	✓ Yes
Preferred Brand	20.00%	✓ Yes
Non-Preferred Brand	20.00%	✓ Yes
Specialty High-Cost	20.00%	✓ Yes
International Rx Sourcing	0%	No
Outpatient Professional	20.00%	✓ Yes
Speech Therapy - OP Prof.	20.00%	✓ Yes
Physical / Occupational Therapy - OP Prof.	20.00%	✓ Yes
Independent Laboratory	20.00%	✓ Yes
Outpatient Facility	20.00%	✓ Yes
Imaging - OP Facility	20.00%	✓ Yes
Skilled Nursing Facility	20.00%	✓ Yes
All Other Covered Services	20.00%	✓ Yes

ANG TRAD 500 1500

Plan ID: BENLFUT9001007

\$500 Deductible Individual	\$1000 Deductible Family	\$1500 OOPM Individual	\$3000 OOPM Family
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Deductible Individual OON	\$5000
OOPM Individual OON	\$10000
Deductible Family OON	\$10000
OOPM Family OON	\$20000
Coinsurance OON	50%
Deductible Embedded	Yes

Rates

Employee Only
Employee + Spouse
Employee + Child(ren)
Employee + Family

Services	Cost Share	Deductible Applies
Primary Care (Office)	\$10.00	No
Specialist (Office)	\$30.00	No
Virtual Care	\$0	No
Preventive Care	\$0	No
Urgent Care	\$50.00	No
Emergency Room	\$200.00	✓ Yes
Inpatient Facility	20.00%	✓ Yes
Generics	\$10.00	No
Preferred Brand	\$30.00	No
Non-Preferred Brand	\$60.00	No
Specialty High-Cost	20.00%	✓ Yes
International Rx Sourcing	0%	No
Outpatient Professional	20.00%	✓ Yes
Speech Therapy - OP Prof.	\$30.00	No
Physical / Occupational Therapy - OP Prof.	\$30.00	No
Independent Laboratory	\$10.00	No
Outpatient Facility	20.00%	✓ Yes
Imaging - OP Facility	20.00%	✓ Yes
Skilled Nursing Facility	20.00%	✓ Yes
All Other Covered Services	20.00%	✓ Yes

ANG TRAD 1000 2000

Plan ID: BENLFUT9001008

\$1000 Deductible Individual	\$2000 Deductible Family	\$2000 OOPM Individual	\$4000 OOPM Family
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Deductible Individual OON	\$5000
OOPM Individual OON	\$10000
Deductible Family OON	\$10000
OOPM Family OON	\$20000
Coinsurance OON	50%
Deductible Embedded	Yes

Rates

Employee Only
Employee + Spouse
Employee + Child(ren)
Employee + Family

Services	Cost Share	Deductible Applies
Primary Care (Office)	\$10.00	No
Specialist (Office)	\$30.00	No
Virtual Care	\$0	No
Preventive Care	\$0	No
Urgent Care	\$50.00	No
Emergency Room	\$200.00	✓ Yes
Inpatient Facility	20.00%	✓ Yes
Generics	\$10.00	No
Preferred Brand	\$30.00	No
Non-Preferred Brand	\$60.00	No
Specialty High-Cost	20.00%	✓ Yes
International Rx Sourcing	0%	No
Outpatient Professional	20.00%	✓ Yes
Speech Therapy - OP Prof.	\$30.00	No
Physical / Occupational Therapy - OP Prof.	\$30.00	No
Independent Laboratory	\$10.00	No
Outpatient Facility	20.00%	✓ Yes
Imaging - OP Facility	20.00%	✓ Yes
Skilled Nursing Facility	20.00%	✓ Yes
All Other Covered Services	20.00%	✓ Yes

ANG TRAD 2000 4000

Plan ID: BENLFUT9001009

\$2000 Deductible Individual	\$4000 Deductible Family	\$4000 OOPM Individual	\$8000 OOPM Family
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Deductible Individual OON	\$5000
OOPM Individual OON	\$10000
Deductible Family OON	\$10000
OOPM Family OON	\$20000
Coinsurance OON	50%
Deductible Embedded	Yes

Rates

Employee Only
Employee + Spouse
Employee + Child(ren)
Employee + Family

Services	Cost Share	Deductible Applies
Primary Care (Office)	\$20.00	No
Specialist (Office)	\$50.00	No
Virtual Care	\$0	No
Preventive Care	\$0	No
Urgent Care	\$75.00	No
Emergency Room	\$250.00	✓ Yes
Inpatient Facility	20.00%	✓ Yes
Generics	\$20.00	No
Preferred Brand	\$60.00	No
Non-Preferred Brand	\$85.00	No
Specialty High-Cost	20.00%	✓ Yes
International Rx Sourcing	0%	No
Outpatient Professional	20.00%	✓ Yes
Speech Therapy - OP Prof.	\$50.00	No
Physical / Occupational Therapy - OP Prof.	\$50.00	No
Independent Laboratory	\$20.00	No
Outpatient Facility	20.00%	✓ Yes
Imaging - OP Facility	20.00%	✓ Yes
Skilled Nursing Facility	20.00%	✓ Yes
All Other Covered Services	20.00%	✓ Yes

ANG TRAD 3000 5000

Plan ID: BENLFUT9001010

\$3000
Deductible Individual

\$6000
Deductible Family

\$5000
OOPM Individual

\$10000
OOPM Family

Deductible Individual OON	\$6000
OOPM Individual OON	\$10000
Deductible Family OON	\$12000
OOPM Family OON	\$20000
Coinsurance OON	50%
Deductible Embedded	Yes

Rates

Employee Only
Employee + Spouse
Employee + Child(ren)
Employee + Family

Services	Cost Share	Deductible Applies
Primary Care (Office)	\$20.00	No
Specialist (Office)	\$50.00	No
Virtual Care	\$0	No
Preventive Care	\$0	No
Urgent Care	\$75.00	No
Emergency Room	\$250.00	✓ Yes
Inpatient Facility	20.00%	✓ Yes
Generics	\$20.00	No
Preferred Brand	\$60.00	No
Non-Preferred Brand	\$85.00	No
Specialty High-Cost	20.00%	✓ Yes
International Rx Sourcing	0%	No
Outpatient Professional	20.00%	✓ Yes
Speech Therapy - OP Prof.	\$50.00	No
Physical / Occupational Therapy - OP Prof.	\$50.00	No
Independent Laboratory	\$20.00	No
Outpatient Facility	20.00%	✓ Yes
Imaging - OP Facility	20.00%	✓ Yes
Skilled Nursing Facility	20.00%	✓ Yes
All Other Covered Services	20.00%	✓ Yes

ANG TRAD 4000 6000

Plan ID: BENLFUT9001011

\$4000 Deductible Individual	\$8000 Deductible Family	\$6000 OOPM Individual	\$12000 OOPM Family
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Deductible Individual OON	\$8000
OOPM Individual OON	\$12000
Deductible Family OON	\$16000
OOPM Family OON	\$24000
Coinsurance OON	50%
Deductible Embedded	Yes

Rates

Employee Only
Employee + Spouse
Employee + Child(ren)
Employee + Family

Services	Cost Share	Deductible Applies
Primary Care (Office)	\$25.00	No
Specialist (Office)	\$75.00	No
Virtual Care	\$0	No
Preventive Care	\$0	No
Urgent Care	\$85.00	No
Emergency Room	\$300.00	✓ Yes
Inpatient Facility	20.00%	✓ Yes
Generics	\$20.00	No
Preferred Brand	\$60.00	No
Non-Preferred Brand	\$85.00	No
Specialty High-Cost	20.00%	✓ Yes
International Rx Sourcing	0%	No
Outpatient Professional	20.00%	✓ Yes
Speech Therapy - OP Prof.	\$75.00	No
Physical / Occupational Therapy - OP Prof.	\$75.00	No
Independent Laboratory	\$25.00	No
Outpatient Facility	20.00%	✓ Yes
Imaging - OP Facility	20.00%	✓ Yes
Skilled Nursing Facility	20.00%	✓ Yes
All Other Covered Services	20.00%	✓ Yes

ANG TRAD 5000 7000

Plan ID: BENLFUT9001012

\$5000 Deductible Individual	\$10000 Deductible Family	\$7000 OOPM Individual	\$14000 OOPM Family
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Deductible Individual OON	\$10000
OOPM Individual OON	\$14000
Deductible Family OON	\$20000
OOPM Family OON	\$28000
Coinsurance OON	50%
Deductible Embedded	Yes

Rates

Employee Only
Employee + Spouse
Employee + Child(ren)
Employee + Family

Services	Cost Share	Deductible Applies
Primary Care (Office)	\$25.00	No
Specialist (Office)	\$75.00	No
Virtual Care	\$0	No
Preventive Care	\$0	No
Urgent Care	\$85.00	No
Emergency Room	\$300.00	✓ Yes
Inpatient Facility	20.00%	✓ Yes
Generics	\$20.00	No
Preferred Brand	\$60.00	No
Non-Preferred Brand	\$85.00	No
Specialty High-Cost	20.00%	✓ Yes
International Rx Sourcing	0%	No
Outpatient Professional	20.00%	✓ Yes
Speech Therapy - OP Prof.	\$75.00	No
Physical / Occupational Therapy - OP Prof.	\$75.00	No
Independent Laboratory	\$25.00	No
Outpatient Facility	20.00%	✓ Yes
Imaging - OP Facility	20.00%	✓ Yes
Skilled Nursing Facility	20.00%	✓ Yes
All Other Covered Services	20.00%	✓ Yes

ANG HDHP 1700 1700

Plan ID: BENLFUT7001700

\$1700
Deductible Individual

\$3400
Deductible Family

\$1700
OOPM Individual

\$3400
OOPM Family

Deductible Individual OON	\$5000
OOPM Individual OON	\$10000
Deductible Family OON	\$10000
OOPM Family OON	\$20000
Coinsurance OON	50%
Deductible Embedded	No

Rates

Employee Only
Employee + Spouse
Employee + Child(ren)
Employee + Family

Services	Cost Share	Deductible Applies
Primary Care (Office)	0%	✓ Yes
Specialist (Office)	0%	✓ Yes
Virtual Care	0%	No
Preventive Care	\$0	No
Urgent Care	0%	✓ Yes
Emergency Room	0%	✓ Yes
Inpatient Facility	0%	✓ Yes
Generics	0%	✓ Yes
Preferred Brand	0%	✓ Yes
Non-Preferred Brand	0%	✓ Yes
Specialty High-Cost	0%	✓ Yes
International Rx Sourcing	0%	No
Outpatient Professional	0%	✓ Yes
Speech Therapy - OP Prof.	0%	✓ Yes
Physical / Occupational Therapy - OP Prof.	0%	✓ Yes
Independent Laboratory	0%	✓ Yes
Outpatient Facility	0%	✓ Yes
Imaging - OP Facility	0%	✓ Yes
Skilled Nursing Facility	0%	✓ Yes
All Other Covered Services	0%	✓ Yes

ANG HDHP 3400 3400

Plan ID: BENLFUT4003400

\$3400
Deductible Individual

\$6800
Deductible Family

\$3400
OOPM Individual

\$6800
OOPM Family

Deductible Individual OON	\$6600
OOPM Individual OON	\$10000
Deductible Family OON	\$13200
OOPM Family OON	\$20000
Coinsurance OON	50%
Deductible Embedded	Yes

Rates

Employee Only
Employee + Spouse
Employee + Child(ren)
Employee + Family

Services	Cost Share	Deductible Applies
Primary Care (Office)	0%	✓ Yes
Specialist (Office)	0%	✓ Yes
Virtual Care	0%	No
Preventive Care	\$0	No
Urgent Care	0%	✓ Yes
Emergency Room	0%	✓ Yes
Inpatient Facility	0%	✓ Yes
Generics	0%	✓ Yes
Preferred Brand	0%	✓ Yes
Non-Preferred Brand	0%	✓ Yes
Specialty High-Cost	0%	✓ Yes
International Rx Sourcing	0%	No
Outpatient Professional	0%	✓ Yes
Speech Therapy - OP Prof.	0%	✓ Yes
Physical / Occupational Therapy - OP Prof.	0%	✓ Yes
Independent Laboratory	0%	✓ Yes
Outpatient Facility	0%	✓ Yes
Imaging - OP Facility	0%	✓ Yes
Skilled Nursing Facility	0%	✓ Yes
All Other Covered Services	0%	✓ Yes

ANG HDHP 3400 5000

Plan ID: BENLFUT4005000

\$3400
Deductible Individual

\$6800
Deductible Family

\$5000
OOPM Individual

\$10000
OOPM Family

Deductible Individual OON	\$6600
OOPM Individual OON	\$10000
Deductible Family OON	\$13200
OOPM Family OON	\$20000
Coinsurance OON	50%
Deductible Embedded	Yes

Rates

Employee Only
Employee + Spouse
Employee + Child(ren)
Employee + Family

Services	Cost Share	Deductible Applies
Primary Care (Office)	20.00%	✓ Yes
Specialist (Office)	20.00%	✓ Yes
Virtual Care	0%	No
Preventive Care	\$0	No
Urgent Care	20.00%	✓ Yes
Emergency Room	20.00%	✓ Yes
Inpatient Facility	20.00%	✓ Yes
Generics	20.00%	✓ Yes
Preferred Brand	20.00%	✓ Yes
Non-Preferred Brand	20.00%	✓ Yes
Specialty High-Cost	20.00%	✓ Yes
International Rx Sourcing	0%	No
Outpatient Professional	20.00%	✓ Yes
Speech Therapy - OP Prof.	20.00%	✓ Yes
Physical / Occupational Therapy - OP Prof.	20.00%	✓ Yes
Independent Laboratory	20.00%	✓ Yes
Outpatient Facility	20.00%	✓ Yes
Imaging - OP Facility	20.00%	✓ Yes
Skilled Nursing Facility	20.00%	✓ Yes
All Other Covered Services	20.00%	✓ Yes

ANG TRAD 7000 9200

Plan ID: BENLFUT9001016

\$7000 Deductible Individual	\$14000 Deductible Family	\$9200 OOPM Individual	\$18400 OOPM Family
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Deductible Individual OON	\$14000
OOPM Individual OON	\$18400
Deductible Family OON	\$28000
OOPM Family OON	\$36800
Coinsurance OON	50%
Deductible Embedded	Yes

Rates

Employee Only
Employee + Spouse
Employee + Child(ren)
Employee + Family

Services	Cost Share	Deductible Applies
Primary Care (Office)	\$25.00	No
Specialist (Office)	\$75.00	No
Virtual Care	\$0	No
Preventive Care	\$0	No
Urgent Care	\$75.00	No
Emergency Room	30.00%	✓ Yes
Inpatient Facility	30.00%	✓ Yes
Generics	\$20.00	No
Preferred Brand	\$60.00	No
Non-Preferred Brand	\$85.00	No
Specialty High-Cost	30.00%	✓ Yes
International Rx Sourcing	0%	No
Outpatient Professional	30.00%	✓ Yes
Speech Therapy - OP Prof.	\$75.00	No
Physical / Occupational Therapy - OP Prof.	\$75.00	No
Independent Laboratory	\$25.00	No
Outpatient Facility	30.00%	✓ Yes
Imaging - OP Facility	30.00%	✓ Yes
Skilled Nursing Facility	30.00%	✓ Yes
All Other Covered Services	30.00%	✓ Yes

ANG TRAD 8000 9200

Plan ID: BENLFUT9001017

\$8000
Deductible Individual

\$16000
Deductible Family

\$9200
OOPM Individual

\$18400
OOPM Family

Deductible Individual OON	\$16000
OOPM Individual OON	\$18400
Deductible Family OON	\$32000
OOPM Family OON	\$36800
Coinsurance OON	50%
Deductible Embedded	Yes

Rates

Employee Only
Employee + Spouse
Employee + Child(ren)
Employee + Family

Services	Cost Share	Deductible Applies
Primary Care (Office)	\$25.00	No
Specialist (Office)	\$75.00	No
Virtual Care	\$0	No
Preventive Care	\$0	No
Urgent Care	\$75.00	No
Emergency Room	20.00%	✓ Yes
Inpatient Facility	20.00%	✓ Yes
Generics	\$20.00	No
Preferred Brand	\$60.00	No
Non-Preferred Brand	\$85.00	No
Specialty High-Cost	20.00%	✓ Yes
International Rx Sourcing	0%	No
Outpatient Professional	20.00%	✓ Yes
Speech Therapy - OP Prof.	\$75.00	No
Physical / Occupational Therapy - OP Prof.	\$75.00	No
Independent Laboratory	\$25.00	No
Outpatient Facility	20.00%	✓ Yes
Imaging - OP Facility	20.00%	✓ Yes
Skilled Nursing Facility	20.00%	✓ Yes
All Other Covered Services	20.00%	✓ Yes

ANG TRAD 9200 9200

Plan ID: BENLFUT9001117

\$9200
Deductible Individual

\$18400
Deductible Family

\$9200
OOPM Individual

\$18400
OOPM Family

Deductible Individual OON	\$18400
OOPM Individual OON	\$20240
Deductible Family OON	\$36800
OOPM Family OON	\$40480
Coinsurance OON	50%
Deductible Embedded	Yes

Rates

Employee Only
Employee + Spouse
Employee + Child(ren)
Employee + Family

Services	Cost Share	Deductible Applies
Primary Care (Office)	\$25.00	No
Specialist (Office)	\$75.00	No
Virtual Care	\$0	No
Preventive Care	\$0	No
Urgent Care	\$75.00	No
Emergency Room	0%	✓ Yes
Inpatient Facility	0%	✓ Yes
Generics	\$20.00	No
Preferred Brand	\$60.00	No
Non-Preferred Brand	\$85.00	No
Specialty High-Cost	0%	✓ Yes
International Rx Sourcing	0%	No
Outpatient Professional	0%	✓ Yes
Speech Therapy - OP Prof.	\$75.00	No
Physical / Occupational Therapy - OP Prof.	\$75.00	No
Independent Laboratory	\$25.00	No
Outpatient Facility	0%	✓ Yes
Imaging - OP Facility	0%	✓ Yes
Skilled Nursing Facility	0%	✓ Yes
All Other Covered Services	0%	✓ Yes

ANG VALUE 9200

Plan ID: BENLFUT9001020

\$9200 Deductible Individual	\$18400 Deductible Family	\$9200 OOPM Individual	\$18400 OOPM Family
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Deductible Individual OON	\$18400
OOPM Individual OON	\$20240
Deductible Family OON	\$36800
OOPM Family OON	\$40480
Coinsurance OON	50%
Deductible Embedded	Yes

Rates

Employee Only
Employee + Spouse
Employee + Child(ren)
Employee + Family

Services	Cost Share	Deductible Applies
Primary Care (Office)	\$25.00	No
Specialist (Office)	\$50.00	No
Virtual Care	\$0	No
Preventive Care	\$0	No
Urgent Care	\$50.00	No
Emergency Room	0%	✓ Yes
Inpatient Facility	0%	✓ Yes
Generics	\$10.00	No
Preferred Brand	\$40.00	No
Non-Preferred Brand	0%	✓ Yes
Specialty High-Cost	0%	✓ Yes
International Rx Sourcing	0%	No
Outpatient Professional	0%	✓ Yes
Speech Therapy - OP Prof.	0%	✓ Yes
Physical / Occupational Therapy - OP Prof.	0%	✓ Yes
Independent Laboratory	0%	✓ Yes
Outpatient Facility	0%	✓ Yes
Imaging - OP Facility	0%	✓ Yes
Skilled Nursing Facility	0%	✓ Yes
All Other Covered Services	0%	✓ Yes

ANG HDHP 8000 8000

Plan ID: BENLFUT9001019

\$8000
Deductible Individual

\$16000
Deductible Family

\$8000
OOPM Individual

\$16000
OOPM Family

Deductible Individual OON	\$16000
OOPM Individual OON	\$17600
Deductible Family OON	\$32000
OOPM Family OON	\$35200
Coinsurance OON	50%
Deductible Embedded	Yes

Rates

Employee Only
Employee + Spouse
Employee + Child(ren)
Employee + Family

Services	Cost Share	Deductible Applies
Primary Care (Office)	0%	✓ Yes
Specialist (Office)	0%	✓ Yes
Virtual Care	0%	No
Preventive Care	\$0	No
Urgent Care	0%	✓ Yes
Emergency Room	0%	✓ Yes
Inpatient Facility	0%	✓ Yes
Generics	0%	✓ Yes
Preferred Brand	0%	✓ Yes
Non-Preferred Brand	0%	✓ Yes
Specialty High-Cost	0%	✓ Yes
International Rx Sourcing	0%	No
Outpatient Professional	0%	✓ Yes
Speech Therapy - OP Prof.	0%	✓ Yes
Physical / Occupational Therapy - OP Prof.	0%	✓ Yes
Independent Laboratory	0%	✓ Yes
Outpatient Facility	0%	✓ Yes
Imaging - OP Facility	0%	✓ Yes
Skilled Nursing Facility	0%	✓ Yes
All Other Covered Services	0%	✓ Yes

ANG VALUE 5000

Plan ID: BENLFUT9005000

\$5000
Deductible Individual

\$10000
Deductible Family

\$5000
OOPM Individual

\$10000
OOPM Family

Deductible Individual OON	\$10000
OOPM Individual OON	\$11000
Deductible Family OON	\$20000
OOPM Family OON	\$22000
Coinsurance OON	50%
Deductible Embedded	Yes

Rates

Employee Only
Employee + Spouse
Employee + Child(ren)
Employee + Family

Services	Cost Share	Deductible Applies
Primary Care (Office)	\$25.00	No
Specialist (Office)	\$50.00	No
Virtual Care	\$0	No
Preventive Care	\$0	No
Urgent Care	\$50.00	No
Emergency Room	0%	✓ Yes
Inpatient Facility	0%	✓ Yes
Generics	\$10.00	No
Preferred Brand	\$40.00	No
Non-Preferred Brand	0%	✓ Yes
Specialty High-Cost	0%	✓ Yes
International Rx Sourcing	0%	No
Outpatient Professional	0%	✓ Yes
Speech Therapy - OP Prof.	0%	✓ Yes
Physical / Occupational Therapy - OP Prof.	0%	✓ Yes
Independent Laboratory	0%	✓ Yes
Outpatient Facility	0%	✓ Yes
Imaging - OP Facility	0%	✓ Yes
Skilled Nursing Facility	0%	✓ Yes
All Other Covered Services	0%	✓ Yes

ANG VALUE 7500

Plan ID: BENLFUT9007500

\$7500
Deductible Individual

\$15000
Deductible Family

\$7500
OOPM Individual

\$15000
OOPM Family

Deductible Individual OON	\$15000
OOPM Individual OON	\$16500
Deductible Family OON	\$30000
OOPM Family OON	\$33000
Coinsurance OON	50%
Deductible Embedded	Yes

Rates

Employee Only
Employee + Spouse
Employee + Child(ren)
Employee + Family

Services	Cost Share	Deductible Applies
Primary Care (Office)	\$25.00	No
Specialist (Office)	\$50.00	No
Virtual Care	\$0	No
Preventive Care	\$0	No
Urgent Care	\$50.00	No
Emergency Room	0%	✓ Yes
Inpatient Facility	0%	✓ Yes
Generics	\$10.00	No
Preferred Brand	\$40.00	No
Non-Preferred Brand	0%	✓ Yes
Specialty High-Cost	0%	✓ Yes
International Rx Sourcing	0%	No
Outpatient Professional	0%	✓ Yes
Speech Therapy - OP Prof.	0%	✓ Yes
Physical / Occupational Therapy - OP Prof.	0%	✓ Yes
Independent Laboratory	0%	✓ Yes
Outpatient Facility	0%	✓ Yes
Imaging - OP Facility	0%	✓ Yes
Skilled Nursing Facility	0%	✓ Yes
All Other Covered Services	0%	✓ Yes

Plan Information

- Funding Type: Level Funded
- Accumulation Period: Calendar Year

Eligibility Requirements

- If enrollment differs by more than 10% during the contract year, Angle reserves the right to reevaluate rates and plan designs.
- The number of COBRA participants may not exceed 10% of the group enrollment.
- This quote assumes retirees will not be covered.
- Rates are based on your submitted census. We reserve the right to adjust the rates from the audit date back to the effective date if there are any material changes to enrollment.

Other Requirements

- This quote assumes the group has a current Workers Compensation plan in place.
- Additional fees may be required due to Federal Health Care Reform. PCORI Fees will be paid by the group.
- This proposal includes a \$35.00 PEPM compensation fee.

Rates are guaranteed for the 12-month contract period only.

Angle Health reserves the right to withdraw or modify this bid if any information provided changes, including but not limited to variations in claims data, demographics, or other factors affecting the risk profile of the group. Complete details on policy terms, administrative processes, and compliance requirements are thoroughly outlined in the Administrative Services Agreement and Stop Loss Policies, both of which are available upon request.