

Lantern Surgery Care Plan Design Summary

Client Name TheKey
Plan Start Date 1/1/2026
Plan End Date 12/31/2026

| Plan Design | | | | |
|--|----------------------------------|-----------------|--|--|
| Plan Name | Custom Anthem PPO HSA 2500/20 | Zero Deductible | Prudent Buyer Custom EPO 3500/30/50/30 | |
| Plan Type | HDHP | EPO | EPO | |
| Lantern Surgery Care Plan Design | | | | |
| Deductible | COLLECT | WAIVE | WAIVE | |
| If deductible collected, what amount? | IRS Minimum | 0 | 0 | |
| Coinsurance | WAIVE | WAIVE | WAIVE | |
| If coinsurance collected, what amount? | 0 | 0 | 0 | |
| Member Responsibility | Waive Coinsurance | Waive All | Waive All | |
| Collection Timing | Post-Service | NA | NA | |

| Carrier Design | | | | |
|--------------------|----------------------------------|-----------------|-----------------------------|--|
| Plan Name | Custom Anthem PPO HSA 2500/20 | Zero Deductible | Prudent Buyer Custom EPO | |
| Plan Type | HDHP | EPO | EPO | |
| Coverage (Ded) | AGGREGATE | NA | EMBEDDED | |
| Coverage (OOP) | EMBEDDED | EMBEDDED | EMBEDDED | |
| Co-insurance | 20% | 0% | 30% | |
| Deductible (INDIV) | 2500 | 0 | 3500 | |
| Deductible (FAM) | 5000 | 0 | 7000 | |
| OOP (INDIV) | 5500 | 4500 | 8000 | |
| OOP (FAM) | 11000 | 9000 | 16000 | |

Notes

| Lantern Surgery Care Travel Benefits | | | |
|--------------------------------------|------------|---------------|------------|
| Miles (one-way) | 0-99 Miles | 100-199 Miles | 200+ Miles |
| Travel Incentive - Airfare | NO | NO | YES |
| Travel Incentive - Hotel | NO | YES | YES |
| Travel Incentive - Mileage | \$25.00 | \$50.00 | \$100.00 |
| Travel Incentive - Per Diem | \$35.00 | \$35.00 | \$35.00 |
| Travel Incentive Per Mile | \$0.00 | \$0.00 | \$0.00 |

| Lantern Surgery Care Covered Procedures | | |
|---|---------|---------------------------------------|
| Category | Covered | Lantern Surgery Care Mandatory COE |
| JOINT REPLACEMENT | Yes | No |
| SPINE | Yes | No |
| BARIATRIC | No | No |
| ORTHOPEDIC | Yes | No |
| HERNIA | Yes | No |
| GALLBLADDER | Yes | No |
| THYROID | Yes | No |
| GYNECOLOGY | Yes | No |
| CARDIAC | Yes | No |
| ENT | Yes | No |
| GASTROENTEROLOGY | Yes | No |
| PAIN MANAGEMENT | Yes | No |
| MINOR GENERAL | Yes | No |
| UROLOGY | Yes | No |
| INFUSIONS | No | No |

| Lantern Surgery Care Member Contact Information | | | |
|---|----------------|---------------------|-------|
| | Phone Number | Member Portal | Notes |
| Member Contact Information | (855) 203-6690 | my.lanternicare.com | |

Client Approval: _____

Date: _____