SOLO HEALTH

HEALTHY PEOPLE. HEALTHY BUSINESS.

Plan Overview

Health coverage built as a business decision — for self-employed owners who take their health as seriously as their business.

THE IDEA

A smarter way to cover the person running the business

Most health coverage was built for large employers and their payrolls, then sold to everyone else as a compromise. Solo Health starts from a different question: what would coverage look like if it were designed for the self-employed business owner from the ground up?

Solo Health is a self-funded, major medical health plan built exclusively for independent business owners. It is comprehensive coverage — no annual or lifetime benefit limits — structured as a business decision: a deductible business expense, an HSA-compatible vehicle, and a predictable line item you can plan around. It is backed by Vault Health Captive – Series C, a regulated captive domiciled in North Carolina.

It is not a healthshare, a limited-benefit plan, or a short-term plan. And it is structured differently from ACA marketplace plans and traditional health coverage — built around how owners actually operate.

The only question that matters first

Do you own your business and take your health seriously?

If yes, Solo was built for you. Everything else — the plan designs, the network, the numbers — follows from that.

THE ECONOMICS

Coverage as total cost of ownership

Owners don't evaluate a purchase on sticker price alone — they look at total cost of ownership and predictable exposure. Health coverage should be no different. Solo is designed around three numbers you can actually plan against: your monthly contribution, your deductible, and your maximum annual exposure.

The design is deliberately simple: **your deductible is your out-of-pocket maximum.** There is no coinsurance. Once you meet your deductible, the plan pays 100% of covered medical services for the rest of the plan year. That means your worst-case medical year is a known, fixed number the day you enroll — not a surprise you discover after a claim.

PLAN DESIGNS

Three deductible levels

STANDARD V2500

$2,500

Individual deductible & out-of-pocket max

HSA-ELIGIBLE

STANDARD V5000

$5,000

Individual deductible & out-of-pocket max

HSA-ELIGIBLE

STANDARD V10000

$10,000

Individual deductible & out-of-pocket max

Members who anticipate more frequent care may weigh a lower deductible; those expecting minimal use may prefer the lower monthly cost of a higher deductible. It's a business decision — you know your year better than anyone.

Family coverage: the family aggregate is two times the individual amount, and deductibles are embedded — any combination of covered family members can satisfy the family maximum, but no one person ever pays more than their own individual deductible.

Tax alignment: the V2500 and V5000 designs are HSA-eligible, and monthly contributions are generally tax deductible as a business expense. For contribution strategy or optimization, talk with your tax advisor.

WHY SOLO

What sets the plan apart

1. **Built for the self-employed.** Not a workaround or a limited plan — one of the few health plan structures designed specifically for business owners. Covers the owner whether or not the business has employees.

2. **Real major medical coverage.** Comprehensive coverage with no annual or lifetime benefit limits, the way large-employer plans work — not a healthshare or short-term substitute.

3. **A simple cost structure.** Deductible equals out-of-pocket max. No coinsurance surprises. 100% covered for medical once you hit your deductible.

4. **Nationwide PPO, all 50 states.** The MultiPlan PHCS network (a Claritev network) — one of the largest PPO networks in the country. See any doctor you choose, no referrals, not restricted to a local network the way an HMO would be.

5. **Out-of-network coverage included.** Unlike HMO plans, you can see any provider in the country. Out-of-network care is covered subject to reference-based pricing, which reviews and reprices claims fairly against objective benchmarks.

6. **HSA-eligible options.** The V2500 and V5000 designs let you save pre-tax dollars for qualified expenses, and contributions are generally tax deductible as a business expense.

7. **ACA preventive care included.** Preventive care is $0 with the deductible waived — the same preventive coverage as ACA marketplace plans.

8. **A healthier collective.** Because Solo uses a health questionnaire to maintain a healthier risk pool, members on average may see lower monthly costs. This varies by individual and is never guaranteed, but the healthier-pool dynamic is a structural advantage.

9. **Governed and accountable.** Regulated under the North Carolina Department of Insurance, with licensed broker involvement and full compliance accountability.

COVERAGE

What's covered

Covered services are paid at 100% after your deductible unless noted. This is an overview; the Plan Brief and Summary Plan Description contain the complete schedule, limits, and exclusions.

Benefit	Plan pays	Notes
Preventive care	$0 — deductible waived	Wellness exams, screenings, immunizations, well-child. Use in-network.
Primary & specialist visits	100% after deductible	No office copays. No referrals needed.
Telehealth	100% — deductible waived	Virtual urgent care included at $0 via Clever Health.
Urgent care & emergency room	100% after deductible	Emergency care is never subject to network status.
Hospitalization & surgery	100% after deductible	Prior authorization required.
Maternity	100% after deductible	Prenatal, delivery, postnatal.
Mental health & substance use	100% after deductible	Office visits capped at 40/year; programs require prior authorization.
Imaging & diagnostics	100% after deductible	Advanced imaging (MRI, CT, PET) requires prior authorization.
Chiropractic & physical therapy	100% after deductible	Each capped at 40 visits/year.
Major procedures — heart, spine, cancer, transplant, knee & hip	100%	Through Vault Cares Centers of Excellence, incl. travel & lodging support.

What's not covered

Like every health plan, Solo excludes certain services — including cosmetic and bariatric surgery, infertility treatment, experimental treatments, acupuncture and alternative therapies, adult dental and vision (available as optional add-ons), long-term care, TMJ treatment, and weight-loss programs. The Summary Plan Description contains the complete list and governs all determinations.

PHARMACY

Prescription coverage

Prescriptions are administered by FairosRx. You're responsible for prescription costs until your deductible is met — except Tier 1 preventive medications, always $0. After the deductible, prescriptions move to fixed copays.

Tier	Retail (30-day)	Mail order (90-day)
Tier 1 — ACA Preventive	$0, deductible waived	$0, deductible waived
Tier 2 — Preferred Generics	$15	$30
Tier 3 — Non-Pref. Generics / Preferred Brands	$50	$100
Tier 4 — Non-Preferred Brands	$100	$200
Tier 5 — Specialty	$0 up to $1,000 per prescription; member responsible above $1,000 per fill	
Tier 6 — Non-Formulary	Not covered	

NETWORK

See any doctor, anywhere

Solo uses the MultiPlan PHCS network (a Claritev network) — one of the largest PPO networks in the U.S., with providers in all 50 states and no referrals required. Your deductible and out-of-pocket maximum are the same in and out of network; out-of-network services are covered subject to reference-based pricing, and you may be responsible for amounts a provider charges above the plan's allowable amount. Emergency services are always treated as in-network.

> **Included with every membership:** Clever Health virtual care — $0 virtual urgent care 24/7, plus virtual primary care, mental health, and a prescription discount card.

GETTING STARTED

Is Solo right for you?

Eligibility is straightforward. If you're a self-employed business owner with an active federal Tax ID (EIN) — LLC, S-Corp, or sole proprietor — and you complete and pass the plan's health questionnaire, you should be eligible to enroll. Dependents can be covered too; final eligibility is subject to questionnaire review.

1. **Confirm you qualify** — own your business, hold an active EIN, and take your health seriously.
2. **Review the three plan designs** and choose the deductible that fits how you expect to use care.
3. **Complete the health questionnaire** — this is how Solo maintains a healthy collective, which is what keeps costs down.
4. **Enroll online in minutes** — nothing is charged until your coverage effective date, which you choose.

Ready when you are

Your Business. Your Health. Your Plan.

Start at solo.health, or book a call with the Solo team to walk through your options.

This Plan Overview is for informational purposes and is not a contract. The governing document for all coverage terms, limits, and exclusions is the official 2026 Summary Plan Description, available upon request; the Plan Brief provides a fuller formal summary. Solo Health is a self-funded health plan offered through Solo Health Collective in participation with Vault Health Captive – Series C, a regulated captive domiciled in North Carolina. HSA eligibility depends on IRS rules and your overall coverage situation — confirm with your HSA provider or tax advisor. Coverage of a service does not guarantee payment in every circumstance; deductibles, visit limits, prior authorization, and plan terms apply. · solo.health · Healthy People. Healthy Business.