



2026

X GROUP BENEFITS

a proposal for:

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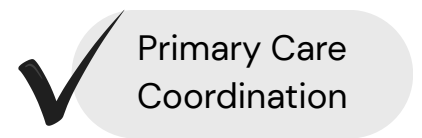
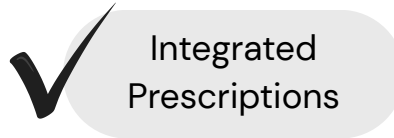
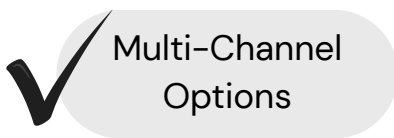
PHARMACY

COVERAGE LINE	PROVIDER	CONTACT
Pharmacy	MarPai Rx	www.marpaihealth.com
Telemedicine	Recuro	customerservice@recurohealth.com



VIRTUAL URGENT CARE

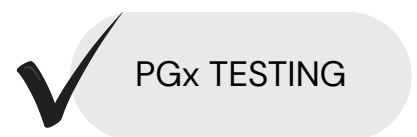
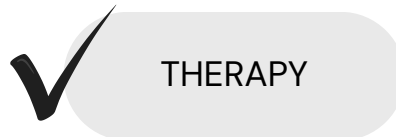
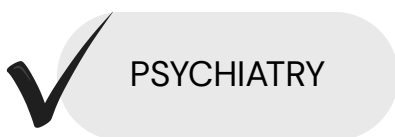
24/7 Acute Care Access



24/7 access to board-certified doctors for treatment of common medical concerns with ongoing communication with your doctor. Patients receive personalized, convenient care whenever they need it!

BEHAVIORAL HEALTH

Collaborative Mental Wellness



Comprehensive behavioral health care from therapy and counseling to psychiatry and medication management, all delivered virtually. Not only is this easily accessible, but it's a targeted and wholistic approach that goes above what others offer.

****One network allowed for groups under 100 enrolled employees****

8300 HSA	MONTHLY RATES
EE (PHCS / Cigna)	\$499.01 / \$549.01
EE SP (PHCS / Cigna)	\$859.47 / \$909.47
EE CH (PHCS / Cigna)	\$969.62 / \$1,019.62
Family (PHCS / Cigna)	\$1,214.63 / \$1,264.63

3500 HSA	MONTHLY RATES
EE (PHCS / Cigna)	\$607.10 / \$657.10
EE SP (PHCS / Cigna)	\$1,252.62 / \$1,302.62
EE CH (PHCS / Cigna)	\$1,125.60 / \$1,175.60
Family (PHCS / Cigna)	\$1,759.61 / \$1,809.61

\$4500 COPAY	MONTHLY RATES
EE (PHCS / Cigna)	\$649.80 / \$699.80
EE SP (PHCS / Cigna)	\$1,339.23 / \$1,389.23
EE CH (PHCS / Cigna)	\$1,213.73 / \$1,263.73
Family (PHCS / Cigna)	\$1,796.94 / \$1,846.94

\$3500 COPAY	MONTHLY RATES
EE (PHCS / Cigna)	\$749.90 / \$799.90
EE SP (PHCS / Cigna)	\$1,415.49 / \$1,465.49
EE CH (PHCS / Cigna)	\$1,379.88 / \$1,429.88
Family (PHCS / Cigna)	\$2,071.67 / \$2,121.67

For **PHCS** provider search to go: <https://providersearch.multiplan.com/>

Click: PHCS Extended PPO

For **Cigna** provider search go to: www.cigna.com Click: Find a Doctor, Zip Code, Doctor, Guest Select: PPO, Choice Fund PPO



****One network allowed for groups under 100 enrolled employees****

HSA VL 1750 WITH \$25/MONTH CONTRIBUTION TO HSA PLAN	MONTHLY RATES
EE (PHCS)	\$334.00
EE SP (PHCS)	\$639.00
EE CH (PHCS)	\$629.00
Family (PHCS)	\$889.00

VL 1000 DEDUCTIBLE PLAN (DED MUST BE MET PRIOR TO COPAYS)	MONTHLY RATES
EE (PHCS)	\$374.00
EE SP (PHCS)	\$679.00
EE CH (PHCS)	\$669.00
Family (PHCS)	\$959.00



****One network allowed for groups under 100 enrolled employees****

HSA CIGNA EPO 1750 WITH \$25/MONTH CONTRIBUTION TO HSA PLAN	MONTHLY RATES
EE	\$414.00
EE SP	\$739.00
EE CH	\$729.00
Family	\$1,009.00

CIGNA EPO 1000 DEDUCTIBLE PLAN (DED MUST BE MET PRIOR TO COPAYS)	MONTHLY RATES
EE	\$459.00
EE SP	\$779.00
EE CH	\$769.00
Family	\$1,079.00

<p align="center">MEDICAL PLAN BENEFIT COVERAGE</p> <p align="center">(INSURANCE PAYS 100% OF NETWORK ALLOWABLE MINUS MEMBERS DEDUCTIBLE COPAY/COINSURANCE/OOP)</p>	<p align="center">8300 HSA (COMES WITH \$25MO ON HSA CARD!)</p> <p align="center">*This plan is for individuals and families who are healthy, take only generic medications (if any), and would like to take a tax deduction (like an IRA) to save for a medical emergency</p>	<p align="center">3500 HSA</p> <p align="center">*This plan is for generally healthy individuals and families who will participate in the sharing of costs up to a \$7,000 max out of pocket. Tax advantages still apply.</p>
<p>Annual Deductible Individual (In/Out)* Family (In/Out)</p>	<p>\$8,300 / \$16,600 \$16,600 / \$33,200</p>	<p>\$3,500 / \$7,000 \$7,000 / \$14,000</p>
<p>Out-of-Pocket Maximum Individual (In/Out) Family (In/Out)</p>	<p>\$8,300 / \$16,600 \$16,600 / \$33,200</p>	<p>\$7,000 / \$14,000 \$14,000 / \$28,000</p>
<p>Co-Insurance: Members Pays (In/Out)</p>	<p>0% / 50%</p>	<p>30% / 50%</p>
<p>Physician Services – Schedule of Benefits Preventative Telemedicine (Only Our Live Doc) Office Services – Family Physician Office Services – Specialist</p>	<p>\$0 Copay Unlimited \$0 Copay Deductible + 0% Deductible + 0%</p>	<p>\$0 Copay Unlimited \$0 Copay Deductible + 30% Deductible + 30%</p>
<p>Inpatient Hospital Services</p>	<p>Deductible + 0%</p>	<p>Deductible + 30%</p>
<p>Outpatient Surgery</p>	<p>Deductible + 0%</p>	<p>Deductible + 30%</p>
<p>Emergency Room</p>	<p>Deductible + 0%</p>	<p>Deductible + 30%</p>
<p>Urgent Care</p>	<p>Deductible + 0%</p>	<p>Deductible + 30%</p>
<p>Labs & X-Rays (Quest Diagnostics / Lab Corp)</p>	<p>Deductible + 0%</p>	<p>Deductible + 30%</p>

COVERAGE CONTINUED:

Advanced Imaging	Deductible + 0%	Deductible + 30%
<p>Pharmacy Drugs Deductible</p> <p>Preventative Drugs (Generic Only. See Formulary) Generic Drugs Preferred Brand Drugs Non-Preferred Retail / Specialty Drugs</p> <p><i>*HSA Plans are allowed to have Copays for certain preventative medications such as flu shots, birth control, etc. All others are subject to the deductible.</i></p>	<p>\$0 Copay*</p> <p>Deductible + 0%</p> <p>Deductible + 0%</p> <p>Deductible + 0%</p>	<p>In-Network Deductible</p> <p>\$0 Copay*</p> <p>Deductible + 30%</p> <p>Deductible + 30%</p> <p>Deductible + 30%</p>
<p>Employee Only (PHCS / Cigna) Employee and Spouse (PHCS / Cigna) Employee and Child(ren) (PHCS / Cigna) Family (PHCS / Cigna)</p>	<p>\$499.01 / \$549.01 \$859.47 / \$909.47 \$969.62 / \$1,019.62 \$1,214.63 / \$1,264.63</p>	<p>\$607.10 / \$657.10 \$1,252.62 / \$1,302.62 \$1,125.60 / \$1,175.60 \$1,759.61 / \$1,809.61</p>

****Prescription Drug Coverage (HSA-Qualified Plan)**

- This plan is designed as a High Deductible Health Plan (HDHP) compatible with a Health Savings Account (HSA)
- Except for certain preventive medications permitted under IRS guidance, prescription drugs are subject to the deductible and no benefits are payable before the deductible is met.
- Certain IRS-approved preventive medications may be covered prior to the deductible and may be subject to copayments or coinsurance.
- After the deductible is met, prescription drugs are covered according to the plan's applicable cost-sharing.

*** Example: Greg takes blood pressure and cholesterol medications. His blood pressure medication isn't included in the formulary list and is \$300, meaning it's subject to deductible then subject to copay. His cholesterol medication is \$58 and is listed on the formulary, meaning it's covered with a \$0 Copay.

MEDICAL PLAN BENEFIT COVERAGE (INSURANCE PAYS 100% OF NETWORK ALLOWABLE MINUS MEMBERS DEDUCTIBLE COPAY/COINSURANCE/OOP)	\$4500 COPAY *This plan is for individuals and families who want the protection of a low deductible and protection from catastrophic loss, as well as the convenience of copays.	\$3500 COPAY *This plan is for individuals and families who may frequent the doctor more often, have a chronic condition, are on multiple medications, and want the convenience of copays.
Annual Deductible Individual (In/Out) Family (In/Out)	\$4,500 / \$9,000 \$9,000 / \$18,000	\$3,500 / \$7,000 \$7,000 / \$14,000
Out-of-Pocket Maximum Individual (In/Out) Family (In/Out)	\$9,000 / \$18,000 \$18,000 / \$36,000	\$7,000 / \$14,000 \$14,000 / \$28,000
Co-Insurance: Members Pays (In/Out)	30% / 50%	20% / 50%
Physician Services Telemedicine (Only Our Live Doc) Office Services – Family Physician Office Services – Specialist	Unlimited \$0 Copay \$40 Copay \$75 Copay	Unlimited \$0 Copay \$40 Copay \$75 Copay
Inpatient Hospital Services	Deductible + 30%	Deductible + 20%
Outpatient Surgery	Deductible + 30%	Deductible + 20%
Emergency Room	Deductible + 30%	Deductible + 20%
Urgent Care	\$90 Copay	\$90 Copay
Labs & X-Rays (Quest Diagnostics / Lab Corp)	\$25 Copay after Deductible	\$25 Copay after Deductible
Advanced Imaging	\$200 Copay after Deductible	\$200 Copay after Deductible
Pharmacy Drugs Deductible Generic Drugs Preferred Brand Drugs Non-Preferred Retail / Specialty Drugs	N/A \$20 \$65 \$95 / \$200	N/A \$20 \$65 \$95 / \$200
Employee Only (PHCS / Cigna) Employee and Spouse (PHCS / Cigna) Employee and Child(ren) (PHCS / Cigna) Family (PHCS / Cigna)	\$649.80 / \$699.80 \$1,339.23 / \$1,389.23 \$1,213.73 / \$1,263.73 \$1,796.94 / \$1,846.94	\$749.90 / \$799.90 \$1,415.49 / \$1,465.49 \$1,379.88 / \$1,429.88 \$2,071.67 / \$2,121.67

Cigna EPO	1,000 Deductible	1,750 HSA
Annual Deductible Individual (In/Out)* Family (In/Out)	\$1,000 \$2,000	\$1,750 \$3,500
Out-of-Pocket Maximum Individual (In/Out) Family (In/Out)	\$8,500 \$17,000	\$8,500 \$17,000
Physician Services - Schedule of Benefits Preventive Telemedicine (Only Our Live Doc) Office Services - Family Physician Office Services - Specialist	\$0 Copay, \$0 Deductible \$0 Copay for Unlimited Visits \$50 Copay (After Deductible) \$50 Copay (After Deductible)	\$0 Copay, \$0 Deductible \$0 Copay for Unlimited Visits \$50 Copay (After Deductible) \$50 Copay (After Deductible)
Inpatient Hospital Services	\$2,500 Copay/Admission (After Deductible)	\$2,500 Copay/Admission (After Deductible)
Outpatient Surgical Services	\$2,500 Copay/Surgery (After Deductible)	\$2,500 Copay/Surgery (After Deductible)
Emergency Room	\$1,000 Copay (After Deductible)	\$1,000 Copay (After Deductible)
Urgent Care	\$50 Copay (After Deductible)	\$50 Copay (After Deductible)
Labs X-Rays	\$25 Copay (After Deductible) \$50 Copay (After Deductible)	\$25 Copay (After Deductible) \$50 Copay (After Deductible)
Diagnostic Testing & Advanced Imaging	\$200 Copay (After Deductible)	\$200 Copay (After Deductible)
Pharmacy Drugs - Retail Preventive Rx Generic Drugs Preferred Brand Drugs Non-Preferred Retail / Specialty Drugs	\$0 Copay \$0 Copay PAP Available PAP Available	\$0 Copay \$0 Copay PAP Available PAP Available
Pharmacy Drugs - Mail Order Generic Drugs Preferred Brand Drugs Non-Preferred Retail	\$0 Copay PAP Available PAP Available	\$0 Copay PAP Available PAP Available
Employee Only (Cigna) Employee and Spouse (Cigna) Employee and Child(ren) (Cigna) Family (Cigna)	\$459.00 \$779.00 \$769.00 \$1,079.00	\$414.00 \$739.00 \$729.00 \$1,009.00

**Prescription Drug Coverage (HSA-Qualified Plan)

- This plan is designed as a High Deductible Health Plan (HDHP) compatible with a Health Savings Account (HSA).
- Except for certain preventive medications permitted under IRS guidance, prescription drugs are subject to the deductible and no benefits are payable before the deductible is met.
- Certain IRS-approved preventive medications may be covered prior to the deductible and may be subject to copayments or coinsurance.
- After the deductible is met, prescription drugs are covered according to the plan's applicable cost-sharing.

VL Plans	1,000 Deductible	1,750 HSA
Annual Deductible Individual (In/Out)* Family (In/Out)	\$1,000 \$2,000	\$1,750 \$3,500
Out-of-Pocket Maximum Individual (In/Out) Family (In/Out)	\$8,500 \$17,000	\$8,500 \$17,000
Physician Services *10 visits/Yr Combined Urgent Care Visit Office Services – Family Physician Office Services – Specialist	\$50 Copay (After Deductible)	\$50 Copay (After Deductible)
Inpatient Services *2 ICU/Yr, 2 Non-ICU/Yr	\$1,000 Copay/Admission (After Deductible)	\$1,000 Copay/Admission (After Deductible)
Outpatient Surgical Services *3 Surgeries/Yr	\$250 Copay/Service (After Deductible)	\$250 Copay/Service (After Deductible)
Emergency Room *2 visits/Yr Accident-related & 2 visits/Yr Sickness-related	\$250 Copay (After Deductible)	\$250 Copay (After Deductible)
Telemedicine (Only OurLiveDoc)	\$0 Copay	\$0 Copay
Labs *3/Yr X-Rays *3/Yr	\$25 Copay (After Deductible) \$50 Copay (After Deductible)	\$25 Copay (After Deductible) \$50 Copay (After Deductible)
Diagnostic Testing & Advanced Imaging *3/Yr	\$200 Copay (After Deductible)	\$200 Copay (After Deductible)
Pharmacy Drugs – Retail Generic Drugs Preferred Brand Drugs Non-Preferred Retail	\$0 Copay PAP Available PAP Available	\$0 Copay PAP Available PAP Available
Pharmacy Drugs – Mail Order Generic Drugs Preferred Brand Drugs Non-Preferred Retail	\$0 Copay PAP Available PAP Available	\$0 Copay PAP Available PAP Available
Employee Only (PHCS) Employee and Spouse (PHCS) Employee and Child(ren) (PHCS) Family (PHCS)	\$374.00 \$679.00 \$669.00 \$959.00	\$334.00 \$639.00 \$629.00 \$889.00

**Prescription Drug Coverage (HSA-Qualified Plan)

- This plan is designed as a High Deductible Health Plan (HDHP) compatible with a Health Savings Account (HSA).
- Except for certain preventive medications permitted under IRS guidance, prescription drugs are subject to the deductible and no benefits are payable before the deductible is met.
- Certain IRS-approved preventive medications may be covered prior to the deductible and may be subject to copayments or coinsurance.
- After the deductible is met, prescription drugs are covered according to the plan's applicable cost-sharing.

DENTAL PLANS

(Open PPO DENTAL Network)

OPEN ACCESS PPO! All dentists who bill Marpai directly are considered in-network. Dental health means much more than healthy teeth — it is integral to your overall health and well-being. Diseases and conditions are often a sign of other health problems so taking preventive measures is best!

DENTAL PLANS OFFERED	SMART PREMIUM 100/80/60-1000C-MAC	SMART PREMIUM PLUS 100/80/50-2000
Annual Benefit Maximum Per insured person per calendar year	\$1,000	\$2,000
Annual Deductible Per insured person per calendar year	\$50 / \$150	\$50 / \$150
Deductible Waived for Diagnostic / Preventative Services	Yes	Yes
Diagnostic & Preventative Coverage Exams, cleanings, fluoride, space maintainers, x-rays, and sealants	100%	100%
Basic Services Minor restorative (fillings), prosthetic maintenance (relines and repairs to bridges, implants, and dentures), and emergency palliative treatment (to temporarily relieve pain)	80%	80%
Major Services Major restorative (crowns, inlays, and onlays), endodontics (root canals), periodontics (to treat gum disease), prosthodontics (dentures), prosthetics (bridges), implants, and oral surgery (extractions and dental surgery)	50%	50% Orthodontic Included
Coverage Level Monthly Rates Employee Only Employee & Spouse Employee & Child(ren) Family	Open Access PPO \$34.77 \$69.54 \$78.58 \$113.34	Open Access PPO \$60.22 \$120.45 \$131.73 \$191.95

VISION PLAN OFFERED

It is important to schedule regular eye exams for you and your family. A routine eye exam can detect a wide range of diseases that may otherwise go unnoticed. The vision plan provides coverage for routine eye exams, eyeglasses, and contact lenses.

To find a list of doctors covered under this plan, please visit www.vsp.com/eye-doctor.

Choice Network: 31,000 preferred providers and 57,000 access points

BENEFIT COVERAGE	VSP CHOICE PLAN #1 BENEFITS	
	IN-NETWORK	OUT-OF-NETWORK
	WHAT YOU WILL PAY	WHAT YOU MAY BE REIMBURSED
Eye Exam	\$10 Copay	\$10 Copay
Eyeglass Lenses Single Vision Lenses Bifocal Lenses Trifocal Lenses Lenticular Lenses	\$25 Copay \$25 Copay \$25 Copay \$25 Copay	Up to \$30 Up to \$50 Up to \$65 Up to \$100
Eyeglass Frames	\$150 Allowance	Up to \$70
Contacts (In lieu of glasses) Necessary Elective	\$25 Copay \$150 Allowance	Up to \$210 Up to \$105
Contact Lens Fitting & Evaluation	15% off (Copay not to exceed \$60)	
Coverage Level Monthly Rates Employee Only Employee and Spouse Employee and Child(ren) Family	\$9.52 \$19.04 \$20.78 \$32.42	

VSP Network Value Added Programs

- Diabetic Eyecare Plus Program
- Hearing Aid Discounts
- Eye Health Management
- Diabetic Exam Reminder Letters

VSP Network Extra Discounts & Savings

- Lens Enhancements: Most popular are covered with a copay, saving 20–25%, average
- Additional Pairs of Glasses: 20% off
- Laster Vision Correction (LVC): Average 15% Discount

****When using VSP at an ophthalmologist or optometrist your SSN is your Member Number**

No one should leave a family member with grief and unexpected debts, so Group Term Life Insurance is included in the 8300 HSA Plan but only cost \$10/mo. in all others!

Group Life provides basic coverage to employees while giving them the opportunity to purchase voluntary term life. This is included in the 8300 HSA Plan at no cost but can be purchased for an additional \$10 per month on all other medical plan elections.

Our Life Plan Includes:

- Guaranteed issue amounts of \$20,000.00 for Base Coverage and \$200,000.00 buy up option: Eligible employees, spouses, and dependent children, will receive a specified amount of life coverage without medical underwriting
- Waiver of premium: Premiums for a covered person are waived after total disability for 6 months beginning before his/her 60th birthday (until age 65)
- Guaranteed conversion: If employee, spouse, or dependent loses coverage due to employee's loss of employment, loss of eligibility, or reduction for age, the coverage can be converted to an individual whole life insurance policy
- Accelerated benefit for terminal illness: 50% benefit of basic group term life insurance (not to exceed \$200,000) payable upon proof of terminal illness
- Benefit for death of a spouse until age 65
- Benefit for death of a child ages 15 days to 26 years
- AD&D coverage at DOUBLE THE FACE VALUE: Provides double compensation in the event of certain disabling accidents or accidental loss of life

Plan	\$20K Coverage	\$200K Coverage
8300 HSA	Included in Premium	\$75/mo
3500 HSA	\$10/mo	\$75/mo
4500 Copay	\$10/mo	\$75/mo
3500 Copay	\$10/mo	\$75/mo
1750 HSA VL	\$10/mo	\$75/mo
1000 VL	\$10/mo	\$75/mo
1750 HSA EPO	\$10/mo	\$75/mo
1000 EPO	\$10/mo	\$75/mo

CONTACT INFORMATION

	CONTACT	CUSTOMER SERVICE
Enrollments Contact	Group@themvpplans.com	
Group Sales, Underwriting, and Enrollment Contact	Bill Morrissey Wmorrissey@themvpplans.com	844-276-3737

COVERAGE LINE	PROVIDER	PLAN	FOR ASSISTANCE OR TO FIND A PROVIDER
Medical	PHCS Network	Extended PPO	Multiplan Provider Search www.multiplan.com
Medical	Cigna	Cigna PPO	www.cigna.com
Pharmacy	MarPai	Pharmacy Benefit Manager	www.marpaihealth.com
Telemedicine	Recuro Health	Virtual Primary Care Provider	855-6RECURO customerservice@recurohealth.com