



2026

# X GROUP BENEFITS

a proposal for:

The content within is for broker-facing audiences only to be presented to the client. This information is customized for each employer. Rates are good for plans beginning by January 1, 2026. And are representative for groups without current benefits. Groups with benefits will be rated upon experience and medical questions. Misrepresenting or distributing this, or any, information contained herein is prohibited by law. The information contained herein is copywritten by XGB. © 2026

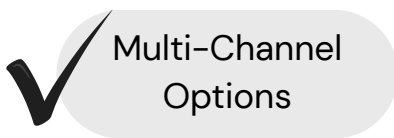
# PHARMACY

COVERAGE LINE	PROVIDER	CONTACT
Pharmacy	MarPai Rx	<a href="http://www.marpaihealth.com">www.marpaihealth.com</a>
Telemedicine	Recuro	<a href="mailto:customerservice@recurohealth.com">customerservice@recurohealth.com</a>

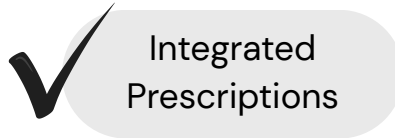


## VIRTUAL URGENT CARE

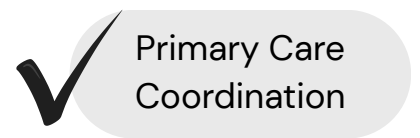
24/7 Acute Care Access



Multi-Channel  
Options



Integrated  
Prescriptions

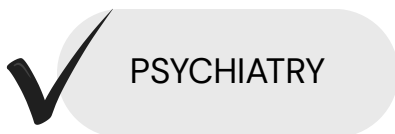


Primary Care  
Coordination

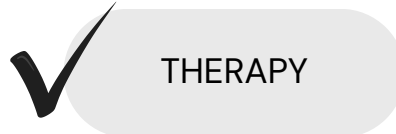
24/7 access to board-certified doctors for treatment of common medical concerns with ongoing communication with your doctor. Patients receive personalized, convenient care whenever they need it!

## BEHAVIORAL HEALTH

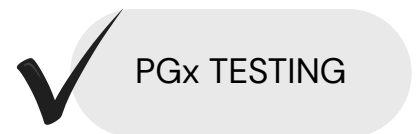
Collaborative Mental Wellness



PSYCHIATRY



THERAPY



PGx TESTING

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\*\***

<b>8300 HSA</b>	<b>MONTHLY RATES</b>
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

<b>3500 HSA</b>	<b>MONTHLY RATES</b>
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

<b>\$4500 COPAY</b>	<b>MONTHLY RATES</b>
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

<b>\$3500 COPAY</b>	<b>MONTHLY RATES</b>
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](http://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\*\***

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

<b>VL 1000 DEDUCTIBLE PLAN (DED MUST BE MET PRIOR TO COPAYS)</b>	<b>MONTHLY RATES</b>
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\*\***

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

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

<b>MEDICAL PLAN BENEFIT COVERAGE</b> (INSURANCE PAYS 100% OF NETWORK ALLOWABLE MINUS MEMBERS DEDUCTIBLE COPAY/COINSURANCE/OOP)	<b>8300 HSA</b> (COMES WITH \$25MO ON HSA CARD!)  *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	<b>3500 HSA</b>  *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.
<b>Annual Deductible</b> Individual (In/Out)* Family (In/Out)	\$8,300 / \$16,600 \$16,600 / \$33,200	\$3,500 / \$7,000 \$7,000 / \$14,000
<b>Out-of-Pocket Maximum</b> Individual (In/Out) Family (In/Out)	\$8,300 / \$16,600 \$16,600 / \$33,200	\$7,000 / \$14,000 \$14,000 / \$28,000
<b>Co-Insurance: Members Pays (In/Out)</b>	0% / 50%	30% / 50%
<b>Physician Services – Schedule of Benefits</b> Preventative *(Health Screen Benefit) Telemedicine (Only Our Live Doc) Office Services – Family Physician Office Services – Specialist *Supplemental Benefit (PCP/Spec. Benefit)	\$0 Copay *Pays \$50 per year Unlimited \$0 Copay Deductible + 0% Deductible + 0% *Pays \$25 per visit (3x per year)	\$0 Copay *Pays \$50 per year Unlimited \$0 Copay Deductible + 30% Deductible + 30% *Pays \$25 per visit (3x per year)
<b>Inpatient Hospital Services</b>	Deductible + 0%	Deductible + 30%
<b>Deductible/OOP Assistance Benefit*</b> Hospital Confinement for Sickness Hospital Confinement for Injury	Pays \$2,500 Pays \$3,500	Pays \$2,500 Pays \$3,500
<b>Outpatient Surgery</b>	Deductible + 0%	Deductible + 30%
<b>Deductible/OOP Assistance Benefit*</b> Outpatient Surgery Benefit (Payable up to \$1,500/year)	Tier 1: Pays \$500 Tier 2: Pays \$1,000	Tier 1: Pays \$500 Tier 2: Pays \$1,000
<b>Emergency Room</b>	Deductible + 0%	Deductible + 30%
<b>Deductible/OOP Assistance Benefit*</b> ER Benefit–Sickness (payable 2x per year) ER Benefit–Injury (payable per sep. incident)	Pays \$100 Pays \$250	Pays \$100 Pays \$250
<b>Urgent Care</b>	Deductible + 0%	Deductible + 30%

**COVERAGE CONTINUED:**

<b>Labs &amp; X-Rays</b> (Quest Diagnostics / Lab Corp)	Deductible + 0%	Deductible + 30%
<b>Deductible/OOP Assistance Benefit*</b> X-ray Benefit–Sickness (payable 2x per year) X-ray Benefit–Injury (payable per sep. incident)	Pays \$25 Pays \$85	Pays \$25 Pays \$85
<b>Advanced Imaging</b>	Deductible + 0%	Deductible + 30%
<b>Deductible/OOP Assistance Benefit*</b> Adv. Imag– Sickness (payable 1x per year) Adv. Imag– Injury (payable per sep. incident)	Pays \$500 Pays \$700	Pays \$500 Pays \$700
<b>Pharmacy Drugs</b> Deductible  Preventative Drugs (Generic Only. See Formulary) Generic Drugs Preferred Brand Drugs Non-Preferred Retail / Specialty Drugs  <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>	\$0 Copay* Deductible + 0% Deductible + 0% Deductible + 0%	In-Network Deductible  \$0 Copay* Deductible + 30% Deductible + 30% Deductible + 30%
<b>Employee Only (PHCS / Cigna)</b> <b>Employee and Spouse (PHCS / Cigna)</b> <b>Employee and Child(ren) (PHCS / Cigna)</b> <b>Family (PHCS / Cigna)</b> <b>**add \$70.00 to each tier for supplemental</b>	\$499.01 / \$549.01 \$859.47 / \$909.47 \$969.62 / \$1,019.62 \$1,214.63 / \$1,264.63	\$607.10 / \$657.10 \$1,252.62 / \$1,302.62 \$1,125.60 / \$1,175.60 \$1,759.61 / \$1,809.61

**\*\*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.

<b>MEDICAL PLAN BENEFIT COVERAGE</b> (INSURANCE PAYS 100% OF NETWORK ALLOWABLE MINUS MEMBERS DEDUCTIBLE COPAY/COINSURANCE/OOP)	<b>\$4500 COPAY</b>  *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.	<b>\$3500 COPAY</b>  *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.
<b>Annual Deductible</b> Individual (In/Out) Family (In/Out)	\$4,500 / \$9,000 \$9,000 / \$18,000	\$3,500 / \$7,000 \$7,000 / \$14,000
<b>Out-of-Pocket Maximum</b> Individual (In/Out) Family (In/Out)	\$9,000 / \$18,000 \$18,000 / \$36,000	\$7,000 / \$14,000 \$14,000 / \$28,000
<b>Co-Insurance: Members Pays (In/Out)</b>	30% / 50%	20% / 50%
<b>Physician Services</b> <b>Supplemental Benefit*</b> (Health Screen Benefit) Telemedicine (Only Our Live Doc) Office Services - Family Physician Office Services - Specialist <b>Supplemental Benefit*</b> (PCP/Spec. Visit Benefit)	*Pays \$50 per year Unlimited \$0 Copay \$40 Copay \$75 Copay *Pays \$25 per visit (3x per year)	*Pays \$50 per year Unlimited \$0 Copay \$40 Copay \$75 Copay *Pays \$25 per visit (3x per year)
<b>Inpatient Hospital Services</b>	Deductible + 30%	Deductible + 20%
<b>Supplemental Benefit*</b> Hospital Confinement for Sickness Hospital Confinement for Injury	Pays \$2,500 Pays \$3,500	Pays \$2,500 Pays \$3,500
<b>Outpatient Surgery</b>	Deductible + 30%	Deductible + 20%
<b>Supplemental Benefit*</b> Outpatient Surgery Benefit (payable up to \$1,500/year)	Tier 1: Pays \$500 Tier 2: Pays \$1,000	Tier 1: Pays \$500 Tier 2: Pays \$1,000
<b>Emergency Room</b>	Deductible + 30%	Deductible + 20%
<b>Supplemental Benefit*</b> ER Benefit- Sickness (payable 2x per year) ER Benefit - Injury (payable per sep. incident)	Pays \$100 Pays \$250	Pays \$100 Pays \$250
<b>Urgent Care</b>	\$90 Copay	\$90 Copay

**COVERAGE CONTINUED:**

<b>Labs &amp; X-Rays</b> (Quest Diagnostics / Lab Corp)	\$25 Copay after Deductible	\$25 Copay after Deductible
<b>Supplemental Benefit*</b> X-ray Benefit- Sickness (payable 2x per year) X-ray Benefit- Injury (payable per sep. incident)	Pays \$25 Pays \$85	Pays \$25 Pays \$85
<b>Advanced Imaging</b>	\$200 Copay after Deductible	\$200 Copay after Deductible
<b>Supplemental Benefit*</b> Adv. Imag- Sickness (payable 1x per year) Adv. Imag- Injury (payable per sep. incident)	Pays \$500 Pays \$700	Pays \$500 Pays \$700
<b>Pharmacy Drugs</b> Deductible Generic Drugs Preferred Brand Drugs Non-Preferred Retail / Specialty Drugs	N/A \$20 \$65 \$95 / \$200	N/A \$20 \$65 \$95 / \$200
<b>Employee Only (PHCS / Cigna)</b> <b>Employee and Spouse (PHCS / Cigna)</b> <b>Employee and Child(ren) (PHCS / Cigna)</b> <b>Family (PHCS / Cigna)</b> <b>**add \$70.00 to each tier for supplemental</b>	\$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
<b>Annual Deductible</b> Individual (In/Out)* Family (In/Out)	\$1,000 \$2,000	\$1,750 \$3,500
<b>Out-of-Pocket Maximum</b> Individual (In/Out) Family (In/Out)	\$8,500 \$17,000	\$8,500 \$17,000
<b>Physician Services - Schedule of Benefits</b> 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)
<b>Inpatient Hospital Services</b>	\$2,500 Copay/Admission (After Deductible)	\$2,500 Copay/Admission (After Deductible)
<b>Outpatient Surgical Services</b>	\$2,500 Copay/Surgery (After Deductible)	\$2,500 Copay/Surgery (After Deductible)
<b>Emergency Room</b>	\$1,000 Copay (After Deductible)	\$1,000 Copay (After Deductible)
<b>Urgent Care</b>	\$50 Copay (After Deductible)	\$50 Copay (After Deductible)
<b>Labs</b> <b>X-Rays</b>	\$25 Copay (After Deductible) \$50 Copay (After Deductible)	\$25 Copay (After Deductible) \$50 Copay (After Deductible)
<b>Diagnostic Testing &amp; Advanced Imaging</b>	\$200 Copay (After Deductible)	\$200 Copay (After Deductible)
<b>Pharmacy Drugs - Retail</b> 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
<b>Pharmacy Drugs - Mail Order</b> Generic Drugs Preferred Brand Drugs Non-Preferred Retail	\$0 Copay PAP Available PAP Available	\$0 Copay PAP Available PAP Available
<b>Employee Only (Cigna)</b> <b>Employee and Spouse (Cigna)</b> <b>Employee and Child(ren) (Cigna)</b> <b>Family (Cigna)</b>	\$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
<b>Annual Deductible</b> Individual (In/Out)* Family (In/Out)	\$1,000 \$2,000	\$1,750 \$3,500
<b>Out-of-Pocket Maximum</b> Individual (In/Out) Family (In/Out)	\$8,500 \$17,000	\$8,500 \$17,000
<b>Physician Services</b> *10 visits/Yr Combined Urgent Care Visit Office Services – Family Physician Office Services – Specialist	\$50 Copay (After Deductible)	\$50 Copay (After Deductible)
<b>Inpatient Services</b> *2 ICU/Yr, 2 Non-ICU/Yr	\$1,000 Copay/Admission (After Deductible)	\$1,000 Copay/Admission (After Deductible)
<b>Outpatient Surgical Services</b> *3 Surgeries/Yr	\$250 Copay/Service (After Deductible)	\$250 Copay/Service (After Deductible)
<b>Emergency Room</b> *2 visits/Yr Accident-related & 2 visits/Yr Sickness-related	\$250 Copay (After Deductible)	\$250 Copay (After Deductible)
<b>Telemedicine (Only OurLiveDoc)</b>	\$0 Copay	\$0 Copay
<b>Labs</b> *3/Yr <b>X-Rays</b> *3/Yr	\$25 Copay (After Deductible) \$50 Copay (After Deductible)	\$25 Copay (After Deductible) \$50 Copay (After Deductible)
<b>Diagnostic Testing &amp; Advanced Imaging</b> *3/Yr	\$200 Copay (After Deductible)	\$200 Copay (After Deductible)
<b>Pharmacy Drugs – Retail</b> Generic Drugs Preferred Brand Drugs Non-Preferred Retail	\$0 Copay PAP Available PAP Available	\$0 Copay PAP Available PAP Available
<b>Pharmacy Drugs – Mail Order</b> Generic Drugs Preferred Brand Drugs Non-Preferred Retail	\$0 Copay PAP Available PAP Available	\$0 Copay PAP Available PAP Available
<b>Employee Only (PHCS)</b> <b>Employee and Spouse (PHCS)</b> <b>Employee and Child(ren) (PHCS)</b> <b>Family (PHCS)</b>	\$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
<b>Annual Benefit Maximum</b> Per insured person per calendar year	\$1,000	\$2,000
<b>Annual Deductible</b> Per insured person per calendar year	\$50 / \$150	\$50 / \$150
<b>Deductible Waived for Diagnostic / Preventative Services</b>	Yes	Yes
<b>Diagnostic &amp; Preventative Coverage</b> Exams, cleanings, fluoride, space maintainers, x-rays, and sealants	100%	100%
<b>Basic Services</b> Minor restorative (fillings), prosthetic maintenance (relines and repairs to bridges, implants, and dentures), and emergency palliative treatment (to temporarily relieve pain)	80%	80%
<b>Major Services</b> 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
<b>Coverage Level Monthly Rates</b> 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](http://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
<b>Eye Exam</b>	\$10 Copay	\$10 Copay
<b>Eyeglass Lenses</b> 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
<b>Eyeglass Frames</b>	\$150 Allowance	Up to \$70
<b>Contacts (In lieu of glasses)</b> Necessary Elective	\$25 Copay \$150 Allowance	Up to \$210 Up to \$105
<b>Contact Lens Fitting &amp; Evaluation</b>	15% off (Copay not to exceed \$60)	
<b>Coverage Level Monthly Rates</b> 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	<a href="https://www.multiplan.com">Multiplan Provider Search www.multiplan.com</a>
Medical	Cigna	Cigna PPO	<a href="https://www.cigna.com">www.cigna.com</a>
Pharmacy	MarPai	Pharmacy Benefit Manager	<a href="https://www.marpaihealth.com">www.marpaihealth.com</a>
Telemedicine	Recuro Health	Virtual Primary Care Provider	855-6RECURO customerservice@recurohealth.com