



BENEFIT PLAN PROPOSAL

Prepared for: ABC Company
Prepared by: Broker Name
Effective Date: 01/15/2026





Welcome to HealthVine

The right healthcare choice for you and your workforce



AFFORDABLE ACA COMPLIANT BENEFITS

HealthVine offers a range of affordable medical plan options from our base Minimum Essential Coverage (MEC) to more robust plans with usable daily benefits, like office visits, urgent care, labs, x-rays, and prescription drug coverage.



EXCEPTIONAL CUSTOMER SERVICE

Our exceptional customer service team delivers timely, knowledgeable support so employers and employees always have a trusted partner to turn to.



EASY-TO-NAVIGATE PORTAL ACCESS

With HealthVine's online portal, employers can enroll and terminate employee coverage, and employees can view medical information and check claim status. Our software platform flows eligibility to ancillary vendors and consolidates billing for premier benefit administration.



VIRTUAL HEALTH

Members have 24/7 access to US-based, licensed doctors via phone or video, and when medically necessary, prescriptions are sent directly to their pharmacy.



ANCILLARY BENEFITS

HealthVine administers additional lines of coverage such as Dental, Vision, and other *voluntary benefit options. We process eligibility for all ancillary vendors, making HealthVine a one-stop shop for all your benefit needs.



A COMPLETE HEALTHCARE SOLUTION

A complete healthcare solution means comprehensive coverage, supportive services, and easy administration all working together in one place.

EMPLOYER MANDATE (PENALTY A)

Employers must offer at least Minimum Essential Coverage (MEC) to eligible employees. Noncompliance could result in a penalty of \$3,340 per employee.

INDIVIDUAL MANDATE

The individual mandate applies to eligible employees living in California, the District of Columbia, Massachusetts, New Jersey, Rhode Island, and Vermont.

EMPLOYER MANDATE (PENALTY B)

Employers must offer a Minimum Value (MV) plan that meets 60% actuarial value including inpatient hospital services. MV plans must be offered at affordability with a maximum employee contribution of 9.96% with employers responsible for paying the balance. Non-compliance could result in a penalty of \$5,010 per employee who enrolls in coverage through the state healthcare exchange and receives a premium subsidy.

* Voluntary benefits plan underwritten by Zurich American Insurance Company.



Self-Funded Minimum Essential Coverage (“MEC”) and MEC Plus Plan(s)



	HealthVine ESSENTIAL	HealthVine ENHANCED	HealthVine ADVANTAGE	HealthVine PREMIER
Deductible (Single/Family)	In Network Only <i>First Health Network</i>	In Network Only <i>First Health Network</i>	In Network Only <i>First Health Network</i>	In Network Only <i>First Health Network</i>
Plan Pays	\$0/\$0 100% after Copay	\$0/\$0 100% after Copay	\$0/\$0 100% after Copay	\$0/\$0 100% after Copay
Out-of-Pocket Maximum	\$0/\$0	\$9,200/\$18,400	\$9,200/\$18,400	\$9,200/\$18,400
Screenings Immunizations	Covers 100% Preventative and Wellness Benefits	Covers 100% Preventative and Wellness Benefits	Covers 100% Preventative and Wellness Benefits	Covers 100% Preventative and Wellness Benefits
Outpatient Benefits				
Primary Care Office Visits	N/A	\$25 Copay 2 visits per year	\$25 Copay 3 visits per year	\$25 Copay 4 visits per year
Specialist Office Visit	N/A	\$50 Copay 2 visits per year	\$50 Copay 3 visits per year	\$50 Copay 4 visits per year
Urgent Care Clinic	N/A	\$50 Copay 2 visits per year	\$50 Copay 3 visits per year	\$50 Copay 4 visits per year
Diagnostic, Lab, X-Rays	N/A	\$50 Copay 1 visit per year	\$50 Copay 2 visits per year	\$50 Copay 3 visits per year
Diagnostic Advanced Studies	N/A	N/A	\$350 Copay 1 visit per year	\$350 Copay 2 visits per year
Telemedicine*	N/A	\$0 Copay (unlimited)	\$0 Copay (unlimited)	\$0 Copay (unlimited)
Pharmacy Benefits				
Generic Only	100% Preventative Only	\$5 (30 day) \$15 (mail order 90 day)	\$5 (30 day) \$15 (mail order 90 day)	\$5 (30 day) \$15 (mail order 90 day)
Preferred, Non-Preferred, Specialty	Discount Card Only	Discount Card Only	Discount Card Only	Discount Card Only

*Telemedicine is not an insurance product and not underwritten by Zurich American Insurance Company.

Preventative Care Benefits

The following services are covered at no cost when delivered by a provider in your plan's network

Preventative Benefits for Adults

- Abdominal Aortic Aneurysm one time screening for men of specified ages who have ever smoked
- Alcohol Misuse screening and counseling
- Aspirin use to prevent cardiovascular disease and colorectal cancer for adults 50 to 59 years with a high cardiovascular risk
- Blood Pressure screening
- Cholesterol screening for adults of certain ages or at higher risk
- Colorectal Cancer screening for adults 45 to 75
- Depression screening
- Diabetes (Type 2) screening for adults 40 to 70 years who are overweight or obese
- Diet counseling for adults at higher risk for chronic disease
- Falls prevention (with exercise or physical therapy and vitamin D use) for adults 65 years and over living in a community setting
- Hepatitis B screening for people at high risk
- Hepatitis C screening for adults age 18 to 79 years
- HIV screening for everyone ages 15 to 65 and other ages at increased risk
- PrEP (pre-exposure prophylaxis) HIV prevention medication for HIV-negative adults at high risk for getting HIV through sex or injection drug use
- Immunizations for adults-doses, recommended ages, and recommended populations vary: Chickenpox (Varicella), Diphtheria, Flu (influenza), Hepatitis A, Hepatitis B, Human Papillomavirus (HPV), Measles, Meningococcal, Mumps, Whooping Cough (Pertussis), Pneumococcal, Rubella Shingles, and Tetanus
- Lung cancer screening for adults 50 to 80 at high risk for lung cancer because they're heavy smokers or have quit in the past 15 years
- Obesity screening and counseling
- Sexually Transmitted Infection (STI) prevention counseling for adults at higher risk
- Statin preventive medication for adults 40 to 75 years at high risk
- Syphilis screening for all adults at higher risk
- Tobacco use screening for all adults and cessation interventions for tobacco users
- Tuberculosis screening for certain adults with symptoms at high risk

Preventative Benefits for Women

- Bone density screening for all women over age 65 or women age 64 and younger that have gone through menopause
- Breast cancer genetic test counseling (BRCA) for women at higher risk (counseling only; not testing)
- Breast cancer screening mammogram, with or without clinical breast examination, every 1-2 years for women 40 and older
- Breast Cancer chemoprevention counseling for women at higher risk
- Breastfeeding comprehensive support and counseling from trained providers and access to breastfeeding supplies for pregnant and nursing women
- Birth control Food and Drug Administration-approved contraceptive methods, sterilization procedures, and patient education and counseling, as prescribed by a healthcare provider for women with reproductive capacity (not including abortifacient drugs). This does not apply to health plans sponsored by certain exempt 'religious employers.'
- Cervical Cancer screening: Pap test (also called a Pap smear) for women 21 to 65
- Chlamydia infection screening for younger women and other women at higher risk
- Diabetes screening for women with a history of gestational diabetes who aren't currently pregnant and who haven't been diagnosed with type 2 diabetes before
- Domestic and interpersonal violence screening and counseling for all women
- Preventive benefits for women (continued)
- Folic acid supplements for women who may become pregnant
- Gestational diabetes screening for women 24 weeks pregnant (or later) and those at high risk of developing gestational diabetes
- Gonorrhea screening for all women at higher risk
- Hepatitis B screening for pregnant women at their first prenatal visit
- Maternal depression screening for mothers at well-baby visits
- Preeclampsia prevention and screening for pregnant women with high blood pressure
- Rh Incompatibility screening for all pregnant women and follow-up testing for women at higher risk
- Sexually Transmitted Infections counseling for sexually active women
- Expanded tobacco intervention and counseling for all pregnant tobacco users
- Urinary incontinence screening for women yearly
- Well-woman visits to get recommended services for women

Preventative Benefits for Children

- Alcohol, tobacco, and drug use assessments for adolescents
- Autism screening for children at 18 and 24 months
- Behavioral assessments for children
- Bilirubin concentration screening for newborns
- Blood Pressure screening for children
- Blood screening for newborns
- Depression screening for adolescents beginning at age 12
- Developmental screening for children under age 3
- Dyslipidemia screening for all children once between 9 and 11 years and once between 17 and 21 years for children at higher risk of lipid disorders
- Fluoride supplements for children without fluoride in their water source
- Fluoride varnish for all infants and children as soon as teeth are present
- Gonorrhea preventive medication for the eyes of all newborns
- Hearing screening for all newborns; and regular screenings for children and adolescents as recommended by their provider
- Height, weight and body mass index (BMI) measurements taken regularly for all children
- Hematocrit or hemoglobin screening for all children
- Hemoglobinopathies or sickle cell screening for newborns
- Hepatitis B screening for adolescents at higher risk
- HIV screening for adolescents at higher risk
- Hypothyroidism screening for newborns
- PrEP (pre-exposure prophylaxis) HIV prevention medication for HIV negative adolescents at high risk for getting HIV through sex or injection drug use
- Immunizations for children from birth to age 18-doses, recommended ages, and recommended populations vary.
- Chickenpox (Varicella); Diphtheria, Tetanus, and Pertussis (DTaP); Haemophilus influenza type B; Hepatitis A; Hepatitis B; Human Papillomavirus (HPV); Inactivated Poliovirus; Influenza (flu shot); Measles: Meningococcal; Mumps; Pneumococcal, Rotavirus, and Rubella
- Lead screening for children at risk of exposure
- Obesity screening and counseling
- Oral health risk assessment for young children from 6 months to 6 years
- Phenylketonuria (PKU) screening for newborns
- Sexually Transmitted Infection (STI) prevention counseling and screening for adolescents at higher risk
- Tuberculin testing for children at higher risk of tuberculosis
- Vision screening for all children
- Well-baby and well child visits

Learn More About Preventative Services

Preventive services are subject to change by the United States Department of Health and Human Services (HHS) under the Affordable Care Act (ACA). To view a full list of covered services along with detailed descriptions, please visit: <https://www.healthcare.gov/coverage/preventive-care-benefits/>. Last updated July 2025.



Group Hospital Indemnity

	HealthVine <i>ESSENTIAL</i>	HealthVine <i>ENHANCED</i>	HealthVine <i>ADVANTAGE</i>	HealthVine <i>PREMIER</i>
Group Hospital Indemnity				
First Day Hospital Admission Indemnity Benefit (Pays in addition to Hospital Indemnity Benefit, once per admission, once per diagnosis. Benefit will not be payable for the same or related injury or illness.)	\$500 per first day of hospital admission (maximum 2 days per year)	\$1,000 per first day of hospital admission (maximum 2 days per year)	\$1,500 per first day of hospital admission (maximum 2 days per year)	\$2,000 per first day of hospital admission (maximum 2 days per year)
Hospital Indemnity Benefit (Separate limits apply for confinement in an Intensive Care, Substance Abuse, or Mental Illness unit. Overall calendar year maximum subject to 30 day(s) total for any inpatient stay in a hospital.)	\$500 per day maximum of 30 days per Calendar Year	\$250 per day maximum of 30 days per Calendar Year	\$350 per day maximum of 30 days per Calendar Year	\$500 per day maximum of 30 days per Calendar Year
Inpatient Intensive Care Confinement Indemnity Benefit	\$1,000 per day max of 10 days per Calendar Year	\$500 per day max of 10 days per Calendar Year	\$700 per day max of 10 days per Calendar Year	\$1,000 per day max of 10 days per Calendar Year
Inpatient Substance Abuse Confinement Indemnity Benefit	\$250 per day max of 15 days per Calendar Year	\$125 per day max of 15 days per Calendar Year	\$175 per day max of 15 days per Calendar Year	\$250 per day max of 15 days per Calendar Year
Inpatient Mental Illness Confinement Indemnity Benefit	\$250 per day max of 30 days per Calendar Year	\$125 per day max of 30 days per Calendar Year	\$175 per day max of 30 days per Calendar Year	\$250 per day max of 30 days per Calendar Year
Inpatient Skilled Nursing Facility Confinement Indemnity Benefit. Must be admitted in skilled nursing facility following covered hospital stay of at least 3 days	\$250 per day max of 27 days per Calendar Year	\$125 per day max of 27 days per Calendar Year	\$175 per day max of 27 days per Calendar Year	\$250 per day max of 27 days per Calendar Year
Emergency Room (ER) Benefit Illness (1 day per year) Emergency Room (ER) Benefit Injury (1 day per year)	\$200 per day max of 1 day per Calendar Year	\$250 per day max of 1 day per Calendar Year	\$350 per day max of 1 day per Calendar Year	\$500 per day max of 1 day per Calendar Year
Inpatient Surgical Indemnity Benefit	N/A	\$350 per day max of 1 day per Calendar Year	\$750 per day max of 1 day per Calendar Year	\$1,000 per day max of 1 day per Calendar Year
Outpatient Surgical Indemnity Benefit	N/A	\$175 per day max of 1 day per Calendar Year	\$375 per day max of 1 day per Calendar Year	\$500 per day max of 1 day per Calendar Year
Ambulance Services Indemnity Benefit	N/A	Air Benefits, 1 per year Ground/Water, 1 per year	Air Benefits, 1 per year Ground/Water, 1 per year	Air Benefits, 1 per year Ground/Water, 1 per year
Outpatient Surgical Facility Center Indemnity Benefit	N/A	N/A	\$375 per day max of 1 day per Calendar Year	\$500 per day max of 1 day per Calendar Year



Group Hospital Indemnity (continued) and Critical Illness Summary of Benefits

Group Hospital Indemnity and Critical illness

Monthly Premium Rates	HealthVine <i>ESSENTIAL</i>	HealthVine <i>ENHANCED</i>	HealthVine <i>ADVANTAGE</i>	HealthVine <i>PREMIER</i>
Employee Only	\$26.43	\$43.24	\$56.02	\$70.05
Employee & Spouse	\$53.15	\$77.87	\$103.82	\$132.15
Employee & Child(ren)	\$52.19	\$66.48	\$89.54	\$116.09
Employee & Family	\$85.51	\$106.85	\$145.63	\$189.63

Like most group benefit programs, our products have exclusions, limitations, waiting periods and terms for keeping them in force. The Minimum Essential Coverage (PWHs Plans) as well as the Minimum Value Plan (MVP) are offered under a self-funded plan maintained by the plan sponsor. Insurance Company does not insure benefits under these self-funded plans.

Critical Illness Summary of Benefits

	HealthVine <i>ESSENTIAL</i>	HealthVine <i>ENHANCED</i>	HealthVine <i>ADVANTAGE</i>	HealthVine <i>PREMIER</i>
Major Organ Transplant Indemnity Benefit (90 Day Waiting Period for Major Organ Transplants)	N/A	\$15,000 Employee \$7,500 Spouse \$3,750 Child	\$15,000 Employee \$7,500 Spouse \$3,750 Child	\$15,000 Employee \$7,500 Spouse \$3,750 Child
First Diagnosis Specified Illness Indemnity Benefit (30 Day Waiting Period for Heart Attack & Stroke, 90 Day Waiting Period for Invasive Cancer)	N/A	\$15,000 Employee \$7,500 Spouse \$3,750 Child	\$15,000 Employee \$7,500 Spouse \$3,750 Child	\$15,000 Employee \$7,500 Spouse \$3,750 Child

Benefits described are underwritten by Zurich American Insurance Company, 1299 Zurich Way, Schaumburg, IL 60196, 1-800-987-3373 (NAIC #16535). This document provides a general description of certain provisions and features of this insurance program for informational purposes only and does not revise or amend the applicable policies. In the event of a discrepancy between this document and your policy or the group policy, the terms of the group policy shall apply. All benefits are subject to the terms and conditions of the group policy. Please refer to your policy for a detailed description of the insurance coverage, including the exclusions, limitations, reductions and termination. Coverage may not be available in all states or certain terms, conditions and exclusions may be different where required by state law. Coverage terminates for Spouse and Dependent Child(ren) at age 70. This insurance provides limited benefits. Limited benefits plans are insurance products with reduced benefits and are not intended to be alternative, it is intended to help supplement Comprehensive coverage. This insurance does not provide major medical or comprehensive medical coverage and is not designed to replace major medical insurance. Further, this insurance is not minimum essential benefits as set forth under the Patient Protection and Affordable Care Act.



Total Monthly Cost

	HealthVine ESSENTIAL	HealthVine ENHANCED	HealthVine ADVANTAGE	HealthVine PREMIER
Monthly Premium Rates Hospital Indemnity and Critical Illness				
Employee Only	\$26.43	\$43.24	\$56.02	\$70.05
Employee & Spouse	\$53.15	\$77.87	\$103.82	\$132.15
Employee & Child(ren)	\$52.19	\$66.48	\$89.54	\$116.09
Employee & Family	\$85.51	\$106.85	\$145.63	\$189.63
Self Funded Plans Monthly Contributions				
Employee Only	\$15.00	\$31.00	\$44.00	\$56.00
Employee & Spouse	\$31.35	\$64.79	\$91.96	\$117.04
Employee & Child(ren)	\$27.45	\$56.73	\$80.52	\$102.48
Employee & Family	\$44.10	\$91.14	\$129.36	\$164.64
Fixed Costs				
Employee Only	\$46.00	\$67.00	\$69.00	\$70.50
Employee & Spouse	\$46.00	\$78.25	\$80.25	\$81.75
Employee & Child(ren)	\$46.00	\$76.75	\$78.75	\$80.25
Employee & Family	\$46.00	\$83.25	\$85.25	\$86.75
Grand Total (MEC + Indemnity)				
Employee Only	\$87.43	\$141.24	\$169.02	\$196.55
Employee & Spouse	\$130.50	\$220.91	\$276.03	\$330.94
Employee & Child(ren)	\$125.64	\$199.96	\$248.81	\$298.82
Employee & Family	\$175.61	\$281.24	\$360.24	\$441.02

This proposal includes both insurance and non-insurance products and services. Rates include insurance and non-insurance products. Certain benefits are not available in all states. Zurich American Insurance Company issues the Group Hospital Indemnity and Critical Illness Insurance policies. Zurich American Insurance company does not underwrite or issue any self-funded or non-insurance products or services included with this proposal.

Your Hospital Bill DEFENSE TEAM

**Never overpay
for healthcare
again**

As your unmatched healthcare cost savings partner, CareGuide helps prevent you from overpaying or going broke from inflated hospital balance bills.

Founded by a medical doctor and healthcare lawyer, CareGuide is uniquely powered to fight the high cost of healthcare for you and your family.

What We Do

Our aim is to help millions save billions by combining innovative tools with expert advocacy.

Because CareGuide is not an insurance policy or affiliated/serviced by any insurance carrier, you know we are independently dedicated to your benefit! No network contracts requiring higher payments, or pulling punches on leveraging cost-saving tools because of conflicting business arrangements.

Just pure savings for you and your family.

The Boring Stuff CareGuide Advocates is a benefits advocacy service. CareGuide Advocates is not an insurance policy and is not affiliated or serviced by any insurance carrier. The information presented here is for illustrative purposes only. All savings examples are demonstrative and no savings are guaranteed. The use of any particular advocacy service offered will vary from case to case, along with the results, possibly resulting in more favorable, less favorable, or the same outcomes than as described herein. Regardless of the services provided and outcomes, you are always personally responsible for your own medical bills, any tax benefits resulting from the services, and any necessary reporting to employers/carriers/providers.

How We Do It

Hospital Bill Eraser:

- ✓ Over 100 million Americans qualify for free or reduced cost care under federal law Section 501(r) but don't know it. But CareGuide knows 501(r) inside and out, with our team reducing - or even eliminating - large hospital balance bills through expert advocacy and leveraging those financial assistance statutes.
- ✓ Where can it work? At over 5,000 community hospitals nationwide. You're never far from a qualifying facility.
- ✓ Even when statutory assistance doesn't apply, CareGuide uses its extensive experience to review medical bills for errors and over-billing, as well as fiercely for fair pricing using proprietary price transparency technology. That means every American can and should use CareGuide to fight the high cost of healthcare when they get a medical bill.

Affordable Providers, Prescriptions and Equipment

- ✓ CareGuide locates affordable, high-quality providers using data-driven tools and secure affordable subscriptions and durable medical equipment.

Does CareGuide Work?

In 2025, CareGuide saved its members **nearly \$30 million** using Hospital Bill Eraser.

Every week CareGuide delivers savings to real Americans across all 50 states:

- Texas member saved \$69,507.59 (100%) on an ER bill
- Colorado member saved \$341,928.87 on two bills within six months
- Minnesota member saved \$63,108.50 (100%) on his cancer bills



With a perfect 5-star rating on Google Reviews, CareGuide is the trusted partner for fighting the high cost of healthcare.

WHEN DO I CALL CAREGUIDE?

Before Care: Your doctor recommends a procedure, test or prescription, and you need to find an affordable provider.

After Care: You've been sent a hospital bill you can't afford and need help fighting those confusing invoices.

Anytime! Add CareGuide to your contacts and call us when you need help. We'll be here, Monday through Friday, 9AM-5PM CST.

Additional Costs? None at all! No hidden fees or charges.

Is It Complicated? No apps, no logins; access your dedicated Care Guide by telephone for professional service.

IS THIS BASIC ADVOCACY?

Unlike traditional patient advocacy, CareGuide combines proprietary price transparency technology with experienced CareGuide advocate team members.

Some advocacy groups are just a rep calling in asking for a discount. They are well-meaning but minimally effective without the Hospital Bill Eraser facility knowledge and experience from using 501(r) daily to save tens of millions of dollars.

Other advocacy groups are just a directory of facilities with zero ability to save on inflated hospital bills.

With CareGuide, you get the best team, with the best technology, delivering real savings every day.

The Boring Stuff CareGuide Advocates is a benefits advocacy service. CareGuide Advocates is not an insurance policy and is not affiliated or serviced by any insurance carrier. The information presented here is for illustrative purposes only. All savings examples are demonstrative and no savings are guaranteed. The use of any particular advocacy service offered will vary from case to case, along with the results, possibly resulting in more favorable, less favorable, or the same outcomes than as described herein. Regardless of the services provided and outcomes, you are always personally responsible for your own medical bills, any tax benefits resulting from the services, and any necessary reporting to employers/carriers/providers.



Exclusive Health and Wellness Savings Program

Access discounts on essential health services and products

From alternative medicine to diabetic supplies, this program is designed to enhance well-being while saving money. Explore the benefits below and see how we can add value to your portfolio.



Diabetes and Medical Supply Discounts

Members save 10% on diabetic and home medical supplies when using a promo code at checkout. Orders can be placed online or by phone, ensuring affordable access to essential health tools for managing diabetes and other home medical needs.



Chiropractic Care Discounts

Members receive a free initial consultation and save 40% on diagnostic services and 20% on follow-up treatments at participating chiropractors nationwide. Additional discounts are available for x-rays and other services, with no limit on the number of visits, making this benefit ideal for ongoing care.



Vitamin and Supplement Savings

Save 20% on a wide range of brand name vitamins and supplements available online. These products support daily health regimens and promote overall well-being.



Affordable Lab Testing

Members have access to laboratory testing at major clinical labs nationwide. Confidential results are available online in as little as 24 hours for most tests, providing quick and reliable insights into health.



Holistic Health Savings

The complementary and alternative medicine benefit provides a 20% discount on participating providers' standard fees. Practitioners include acupuncturists, herbologists, massage therapists and nutritionists offering holistic care options to support overall wellness.

Why Choose This Program?

- Affordable savings on essential health services and products.
- Easy to understand, easy to use - no insurance required.



Enrollment Solutions

Get state-of-the-art strategies and support

As a preferred enrollment partner and part of the nation's largest enrollment firm, HealthVine employs state-of-the-art benefits enrollment strategies and support to make for a seamless and successful enrollment experience for employers and their employees.

ENROLLMENT SUPPORT

- Planned multi-year enrollment strategy
- Call center and onsite enrollments
- Certified Benefits Counselors
- Dependent eligibility verification
- New hire onboarding support
- Key elections and waivers captures

CARRIER FUNDING

- Extensive carrier and product portfolio
- Technology subsidies, funding and credits
- RFP quoting and proposal support
- Worksite and/or ancillary benefits
- First Year Enrollment Fees funded by carrier to enhance broker compensation

BENEFIT EDUCATION AND ENGAGEMENT

- Customized pre-enrollment communications (digital, print, text options available)
- Personalized one-on-one enrollment sessions
- Simple and convenient online scheduling site
- Increased benefit understanding and appreciation

BENEFIT ADMINISTRATION TECHNOLOGY

- System builds with annual resets
- Data migration and integration
- Carrier connections/return data
- Insightful reporting with analytics
- Streamlined connectivity with payroll
- Employee life event management



Standard Terms MEC (Minimum Essential Coverage)

Our offers are based upon the assumptions, limitations and requirements listed below.

1. Each month the Proposed Insured must fully-fund the Maximum Monthly Aggregate Attachment Point by paying an amount equal to the Aggregate Factors multiplied by the number of lives covered in each tier. This amount must be deposited into the account that the Proposed Insured utilizes for claim payments under the Plan.
2. This offer includes 0% commission.
3. All standard Policy provisions apply. The laws of the state where the policy is issued will apply. Certain conditions, exclusions and limitations may apply. Please feel free to request a sample policy to review.
4. Any stop loss policy issued by us may be rescinded or re-underwritten if any information requested in connection with this proposal was intentionally concealed or misrepresented by or on behalf of the Applicant and/or the Applicant's Agent, or if the Applicant and/or the Applicant's Agent commits fraud.
5. On the effective date of the Policy, all employees must be actively at work to be covered under the Policy. Dependents must not be confined in a facility or disabled. Exceptions will be excluded from the Policy, Waiver or modification of this qualification is subject to receipt, evaluation and approval of full and complete disclosure.
6. This proposal provides an Annual Maximum of \$1,000,000 for the MEC plan.
7. This proposal includes Monthly Aggregate Accommodation.
8. Excess Reinsurance Underwriters, Inc., must receive a final plan document prior to issuing a Policy. Excess Reinsurance Underwriters, Inc., cannot adjudicate claims in the absence of the signed plan document in effect when an eligible claim was incurred. If the descriptions of the benefits or plan provisions differ from what was initially utilized to underwrite the risk, the premium rates may be subject to re-rating, retroactive to the effective date.
9. This Proposal is based upon the accuracy and validity of the data provided by ABC Company or its representative who warrant that the data is accurate.
10. Expenses for taxes, fees and surcharges that may be imposed on the Benefit Plan by Federal, State or local governments are not covered.
11. Taxes and fees, including but not limited to the Transitional Reinsurance Program Assessment Fee and the Patient Centered Outcomes Research Institute (PCORI), are the responsibility of ABC Company and its plan of benefits and are not covered under the Policy.
12. A valid waiver is the documented election of an eligible employee to decline group coverage because they have enrolled in a Spouse's Plan, other Group Coverage, Medicare Part B, Medicaid, or TRICARE.
13. This proposal is subject to revision if there is a change in effective or renewal dates, or a change in the plan of benefits.
14. This proposal assumes the plan of benefits includes a pre-certification, utilization review and large case management program.
15. Network Access Fees are not eligible for reimbursement under the Policy unless specified elsewhere in this proposal.
16. ABC Company represents and recognizes that any Third-Party Administrator and/or Broker involved in any communications with Excess Reinsurance and/or National Health Insurance Company is/are at all times acting solely as the agent(s) of ABC Company and not as the agent(s) of Excess Reinsurance or National Health Insurance Company.
17. Your plan of benefits must be administered by an administrator approved by Excess Reinsurance.
18. This proposal is valid until the effective date shown.
19. All active full-time employees working 30 hours per week are eligible. Retirees and COBRA beneficiaries are eligible only if you have requested, they be covered, and have disclosed them on the census.
20. This offer requires that the Minimum Premium and Attachment Point for MEC coverage must be calculated and paid based on the greater of (1) 25 lives, (2) 100% of the eligible population after valid waivers.
21. The Employer is required to purchase MEC coverage.
22. This policy will contain a minimum attachment point to be the greater of 1) 120% of expected claims; 2) \$10,000 per Tennessee statutory regulation.

Minimum Value Plans

Powered By:

TRES

**Estimated based on the census/enrollment data submitted at the time of quoting. Tres Health and/or the stop loss carrier reserve the right to re-rate any group with a variation of 10% or more from what was submitted for quoting versus actual initial enrollment. Tres Health is known as Tres Health Administrators in California.*

TRES HEALTH PROPOSAL: This proposal is proprietary and confidential and is only to be reviewed by the group and its agents. Benefits and services described are not underwritten by Zurich American Insurance Company.



Tres Health Benefit Solutions

Understand, access and afford basic healthcare

Tres was formed out of a vision to provide unique healthcare solutions to help any employee across the country understand, access and afford basic healthcare to live their best life.

Implementation & Ongoing Customer Experience

- ✔ **Quick & Simple:** Digital implementation
- ✔ **Dedicated:** Customer advocacy
- ✔ **Industry-Leading:** Digital health technology
- ✔ **Designated** Account Manager
- ✔ **In-House TPA** Services
- ✔ **Consolidated** Billing
- ✔ **Enrollment & Education** Resources

Tres Plan Features Give You Access To:



OPTIONS FOR \$0 DEDUCTIBLE PLAN



UNLIMITED TELEMEDICINE AND TELEPSYCHOLOGY (MDLIVE)



AVAILABLE IN ALL 50 STATES



SATISFIES ACA PENALTY A AND B



EMPLOYER CONTRIBUTION FLEXIBILITY (PLAN-SPECIFIC)



DIGITAL PORTALS AND MOBILE APPLICATION

TRES

Digital Health Technology



EMPLOYER PORTAL

- Update employee information
- View plan details
- Access documents
- Staff management tool

MEMBER PORTAL & MOBILE APP

- Access ID cards
- Telemedicine
- Check claim status
- Benefits details
- Find a Provider tool
- Locate a pharmacy

Want Access?

Our New Business team will set up a main contact for your company, and you'll receive access instructions via email to setup your account and login.

TRES

Network PHCS & RBP	Deductibles (Ind/Fam) \$0/\$0	Max Out-of-Pocket (Ind/Fam) \$9,100/\$18,200		
RATES	Employee Only X	Employee & Spouse X	Employee & Child(ren) X	Employee & Family X

Benefits & Services Core \$0 RBP SOB

	Cost-Sharing	Limit
Physician Services		
Routine Well Care	NO COST	Unlimited
Primary Care Office Visit (In-Person & Virtual)	\$25	8 Visits
Specialist Visit (In-Person & Virtual)	\$50	8 Visits
Other Services, Physician's Office <small>Services and the office visit count as a single visit toward the office visit limits</small>	\$50	See Benefit
Telemedicine Services with MDLive	NO COST	Unlimited
Diagnostic Services		
Diagnostic Testing (Radiology)	\$0** / \$50	3 Tests
Diagnostic Testing (Lab)	\$150*	1 Test
Diagnostic Testing (Advanced Imaging)	\$0** / \$350	1 Test
Emergency Services		
Emergency Services	\$750*	1 Visit
Ambulance Services	\$500*	1 Trip
Urgent Care	\$75	2 Visits
Inpatient & Outpatient Services		
Inpatient Services	\$750*	5 Days
Inpatient Professional Services	\$350	See Above
Inpatient Surgery	Included in the Inpatient Services Copay*	1 Surgery
Outpatient Services or Surgery (Non-Hospital Based)	\$350	1 Service/Surgery
Outpatient Services or Surgery (Hospital Based)	\$750*	1 Service/Surgery
Therapy Services		
Applied Behavioral Analysis	\$75	8 Visits
Cardiac Rehabilitation	Not Covered	Not Covered
Chiropractic Care	\$75	8 Visits
Occupational, Physical & Speech Therapy	\$75	8 Visits Combined
Other Medical Services		
Diabetic Supplies	Not Covered	Not Covered
Durable Medical Equipment (DME)	Not Covered	Not Covered
Home Healthcare	\$50	10 Visits
Sleep Studies (Home)	Not Covered	Not Covered

Prescription Drug Benefit

Co-Pay Per Drug, Retail Shown (30 Day Supply) Mail order available.				
2025 3 Tier Prescription Drug List	Preventative Drugs	Tier 1 Drugs	Tier 2 Drugs	Tier 3 Drugs
	\$0	\$10	Not Covered	Not Covered

*Subject to reference-based pricing. Exclusions apply, see SOB for details.

**Require preferred vendor.

TRES HEALTH PROPOSAL: This proposal is proprietary and confidential and is only to be reviewed by the group and its agents.

Network **PHCS & RBP**

Deductibles (Ind/Fam) **\$2,500/\$5,000**

Max Out-of-Pocket (Ind/Fam) **\$9,100/\$18,200**

RATES

Employee Only X

Employee & Spouse X

Employee & Child(ren) X

Employee & Family X

Benefits & Services

Core \$2,500 RBP SOB

	Cost-Sharing	Limit
Physician Services		
Routine Well Care Primary Care Office Visit	NO COST Deductible waived.	Unlimited
Primary Care Office Visit (In-Person & Virtual)	\$25 Deductible waived.	8 Visits
Specialist Visit (In-Person & Virtual)	\$50 Deductible waived.	8 Visits
Other Services, Physician's Office Services and the office visit count as a single visit toward the office visit limits	\$50 Deductible waived.	See Benefit
Telemedicine Services with MDLive	NO COST Deductible waived.	Unlimited
Diagnostic Services		
Diagnostic Testing (Radiology)	\$0** / \$50 Deductible waived.	3 Tests
Diagnostic Testing (Lab)	30% Coinsurance After Deductible Is Met.*	1 Test
Diagnostic Testing (Advanced Imaging)	\$0** / \$350 Deductible waived.	1 Test
Emergency Services		
Emergency Services	\$750 Deductible waived.*	1 Visit
Ambulance Services	\$500 Deductible waived.*	1 Trip
Urgent Care	\$75 Deductible waived.	2 Visits
Inpatient & Outpatient Services		
Inpatient Services	30% Coinsurance After Deductible Is Met.*	5 Days
Inpatient Professional Services	30% Coinsurance After Deductible Is Met.*	See Above
Inpatient Surgery	Included in the Inpatient Services Copay.*	1 Surgery
Outpatient Services or Surgery (Non-Hospital Based)	\$350 Deductible waived.*	1 Service/Surgery
Outpatient Services or Surgery (Hospital Based)	30% Coinsurance After Deductible Is Met.*	1 Service/Surgery
Therapy Services		
Applied Behavioral Analysis	\$75 Deductible waived.	8 Visits
Cardiac Rehabilitation	Not Covered	Not Covered
Chiropractic Care	\$75 Deductible waived.	8 Visits
Occupational, Physical & Speech Therapy	\$75 Deductible waived.	8 Visits Combined
Other Medical Services		
Diabetic Supplies	Not Covered	Not Covered
Durable Medical Equipment (DME)	Not Covered	Not Covered
Home Healthcare	\$50 Deductible waived.	10 Visits
Sleep Studies (Home)	Not Covered	Not Covered

Prescription Drug Benefit

Co-Pay Per Drug, Retail Shown (30 Day Supply) Mail order available.

[2025 3 Tier Prescription Drug List](#)

Preventative Drugs

Tier 1 Drugs

Tier 2 Drugs

Tier 3 Drugs

\$0 Deductible waived. \$0 Deductible waived. Not Covered Not Covered

*Subject to reference-based pricing. Exclusions apply, see SOB for details.

**Require preferred vendor.

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Network **PHCS & RBP**

Deductibles (Ind/Fam) **\$2,500/\$5,000**

Max Out-of-Pocket (Ind/Fam) **\$9,100/\$18,200**

RATES

Employee Only X

Employee & Spouse X

Employee & Child(ren) X

Employee & Family X

Benefits & Services

Premier \$2,500 RBP SOB

	Cost-Sharing	Limit
Physician Services		
Routine Well Care Primary Care Office Visit	NO COST Deductible waived.	Unlimited
Primary Care Office Visit (In-Person & Virtual)	\$25 Deductible waived.	Unlimited
Specialist Visit (In-Person & Virtual)	\$50 Deductible waived.	Unlimited
Other Services, Physician's Office Services and the office visit count as a single visit toward the office visit limits	\$50 Deductible waived.	See Benefit
Telemedicine Services with MDLive	NO COST Deductible waived.	Unlimited
Diagnostic Services		
Diagnostic Testing (Radiology)	\$0** / \$50 Deductible waived.	Unlimited
Diagnostic Testing (Lab)	30% Coinsurance After Deductible Is Met.*	Unlimited
Diagnostic Testing (Advanced Imaging)	\$0** / \$350 Deductible waived.	Unlimited
Emergency Services		
Emergency Services	\$750 Deductible waived.*	2 Visits
Ambulance Services	\$500 Deductible waived.*	2 Trips
Urgent Care	\$75 Deductible waived.	Unlimited
Inpatient & Outpatient Services		
Inpatient Services	30% Coinsurance After Deductible Is Met.*	10 Days
Inpatient Professional Services	30% Coinsurance After Deductible Is Met.*	See Above
Inpatient Surgery	Included in the Inpatient Services Copay.*	2 Surgeries
Outpatient Services or Surgery (Non-Hospital Based)	\$350 Deductible waived.	2 Services/2 Surgeries
Outpatient Services or Surgery (Hospital Based)	30% Coinsurance After Deductible Is Met.*	1 Service/1 Surgery
Therapy Services		
Applied Behavioral Analysis	\$75 Deductible waived.	20 Visits
Cardiac Rehabilitation	\$75 Deductible waived.	20 Visits
Chiropractic Care	\$75 Deductible waived.	20 Visits
Occupational, Physical & Speech Therapy	\$75 Deductible waived.	20 Visits Combined
Other Medical Services		
Diabetic Supplies	\$35 Deductible waived.	Unlimited
Durable Medical Equipment (DME)	\$400 Deductible waived.	Unlimited
Home Healthcare	\$50 Deductible waived.	20 Visits
Sleep Studies (Home)	\$300 Deductible waived.	Unlimited

Prescription Drug Benefit

Co-Pay Per Drug, Retail Shown (30 Day Supply) Mail order available.

[2025 3 Tier Prescription Drug List](#)

Preventative Drugs

Tier 1 Drugs

Tier 2 Drugs

Tier 3 Drugs

\$0 Deductible waived.

\$10 Deductible waived.

Not Covered

Not Covered

*Subject to reference-based pricing. Exclusions apply, see SOB for details.

**Require preferred vendor.

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Network **PHCS & RBP**

Deductibles (Ind/Fam) **\$2,500/\$5,000**

Max Out-of-Pocket (Ind/Fam) **\$9,100/\$18,200**

RATES

Employee Only X

Employee & Spouse X

Employee & Child(ren) X

Employee & Family X

Benefits & Services Prime \$2,500 RBP SOB

	Cost-Sharing	Limit
Physician Services		
Routine Well Care Primary Care Office Visit	NO COST Deductible waived.	Unlimited
Primary Care Office Visit (In-Person & Virtual)	\$25 Deductible waived.	12
Specialist Visit (In-Person & Virtual)	\$50 Deductible waived.	12
Other Services, Physician's Office Services and the office visit count as a single visit toward the office visit limits	\$50 Deductible waived.	See Benefit
Telemedicine Services with MDLive	NO COST Deductible waived.	Unlimited
Diagnostic Services		
Diagnostic Testing (Radiology)	\$0** / \$50 Deductible waived.	5 Tests
Diagnostic Testing (Lab)	30% Coinsurance After Deductible Is Met.*	3 Tests
Diagnostic Testing (Advanced Imaging)	\$0** / \$350 Deductible waived.	3 Tests
Emergency Services		
Emergency Services	\$750 Deductible waived.*	2 Visits
Ambulance Services	\$500 Deductible waived.*	2 Trips
Urgent Care	\$75 Deductible waived.	3 Visits
Inpatient & Outpatient Services		
Inpatient Services	30% Coinsurance After Deductible Is Met.*	10 Days
Inpatient Professional Services	30% Coinsurance After Deductible Is Met.*	See Above
Inpatient Surgery	Included in the Inpatient Services Copay.*	2 Surgeries
Outpatient Services or Surgery (Non-Hospital Based)	\$350 Deductible waived.	2 Services/2 Surgeries
Outpatient Services or Surgery (Hospital Based)	30% Coinsurance After Deductible Is Met.*	1 Service/1 Surgery
Therapy Services		
Applied Behavioral Analysis	\$75 Deductible waived.	12 Visits
Cardiac Rehabilitation	\$75 Deductible waived.	12 Visits
Chiropractic Care	\$75 Deductible waived.	12 Visits
Occupational, Physical & Speech Therapy	\$75 Deductible waived.	12 Visits
Other Medical Services		
Diabetic Supplies	\$35 Deductible waived.	Unlimited
Durable Medical Equipment (DME)	\$400 Deductible waived.	Unlimited
Home Healthcare	\$50 Deductible waived.	20 Visits
Sleep Studies (Home)	\$300 Deductible waived.	Unlimited

Prescription Drug Benefit

Co-Pay Per Drug, Retail Shown (30 Day Supply) Mail order available.

[2025 3 Tier
Prescription Drug List](#)

Preventative Drugs
\$0 Deductible waived.

Tier 1 Drugs
\$10 Deductible waived.

Tier 2 Drugs
\$75 Deductible waived.

Tier 3 Drugs
\$150 Deductible waived.

*Subject to reference-based pricing. Exclusions apply, see SOB for details.

**Require preferred vendor.

TRES HEALTH PROPOSAL: This proposal is proprietary and confidential and is only to be reviewed by the group and its agents.



Rates Terms & Disclosures

MVP Rates

Plan	Core \$0 RBP	Core \$2,500 RBP	Premier \$2,500 RBP	Prime \$2,500 RBP
Single	\$412.54	\$368.93	\$435.50	\$544.45
EE & Spouse	\$846.95	\$784.47	\$970.71	\$1,163.74
EE & Children	\$753.79	\$699.62	\$846.06	\$970.35
Family	\$1,093.30	\$1,075.91	\$1,318.95	\$1,568.65

- This Proposal is based on the data submitted for the prospective group ("Group") listed on the cover page of this Proposal.
- This Proposal is only valid for the Group listed on the cover page and until the earlier of i) 60 days after the Issue Date or ii) the Effective Date.
- For most states, the following minimum participation requirements apply to each plan, depending on which are being offered:
 - **Offering Core or Premier:** 5 enrolled employees in any combination of Core and/or Premier MVPS
 - **Offering Choice or Prime:** 10 enrolled employees in any combination of Choice and/or Prime MVPS
 - **Offering Platinum:** 10 enrolled employees or 50% of all eligible employees (whichever is greater) in the Platinum Plan. All other enrollment requirements apply.
- Plan availability and participation requirements may vary due to state specific requirements, including, but not limited to: AK, AR, CA, CO, CT, DC, DE, FL, GA, KY, LA, ME, MO, NH, NC, NV, NY, OK, TX, UT, VT, and WA.
- The Group can offer a maximum of two (2) MVPs. The Group cannot choose two (2) different deductible levels of the same plan (e.g., Core \$0 RBP and Core \$2500 RBP).
- Rates are not final until all required documents have been received, reviewed and approved by Tres Health, the stop loss carrier, and any other carrier/vendors requiring approval. Tres and/or the stop loss carrier reserve the right to re-underwrite based on any newly discovered information received during the intake process.
- If the initial enrollment includes any individual employee(s) not on the eligible census originally submitted for the purpose of underwriting, Tres and/or the stop loss carrier reserve the right to re-underwrite and adjust rates accordingly.
- Tres and/or the stop loss carrier reserve the right to re-underwrite at any time if i) the number of enrolled lives does not reach minimum participation, ii) enrollment changes by more than 10%, or iii) any other contingencies of the stop loss application or policy are not met.
- Unless otherwise stated in the ASA, the rates reflected in this Proposal contemplate that no excess funds will be available or returned at the end of each plan year. Should an employer desire that certain excess funds be returned at the end of each plan year, the rates reflected herein will require revision and additional underwriting. Rates may increase significantly following such underwriting.



Proposal Terms

The benefits in this Proposal are illustrative and do not show every exclusion or plan detail which vary by plan and can be furnished upon request.

Proposal Terms & Disclosures

- This Proposal is proprietary and confidential and is only to be reviewed by the Group and its agents.
- The Plans offered in this Proposal meet actuarial value for Minimum Essential Coverage (MEC) and Minimum Value Plan (MVP) as applicable and offer less comprehensive coverage than traditional major medical. All plans (with the exception of Platinum plans, if applicable) are limited-day benefit plans in order to offer a lower cost option than traditional major medical.
- The benefit options in this Proposal are the result of combining one or multiple benefits and/or services from different partners, including, but not limited to insurance companies, stop loss companies, and other vendors. In order to proceed with writing the Group, additional documentation will be required including an Administrative Services Agreement ("ASA"), Summary Plan Description(s) ("SPD"), a stop loss application and policy (if applicable), and additional forms, applications and/or documents related to other benefit offerings.
- Stop loss carriers (if applicable) vary depending on the state and state requirements. Certain stop loss policies may include maximum reimbursement limits. In general, stop loss policies include aggregate only stop loss coverage consisting of a 12/18 contract (claims incurred in 12 months; paid in 18 months) with monthly accommodation. Please refer to the stop loss policy for details.
- This Proposal assumes acceptance of pre-approved plan designs, medical management requirements, and utilization of the designated network and/or Reference Based Pricing or metric repricing vendors and thresholds.
- These are self-funded plans administered by Tres Health, Inc. (Tres Health Administrators, Inc. in California). Tres Health, Inc. is not an insurance carrier.
- This is not a contract of insurance. The benefit summaries contained in this Proposal are intended to be brief descriptions of the benefits. Full plan details will be documented in the SPD(s) and carrier or vendor specific policies ("Policies") issued to the group. In the event of conflict, between this Proposal and the SPD(s) and Policies, the SPD(s) and Policies shall supersede.
- In the event of early termination (such as the Group's decision to terminate coverage mid-year or termination of the ASA and/or stop loss policy), administrative services, benefits and coverage under the stop loss policy may cease on the date of termination.
- The signature of this Proposal by an authorized representative of the group acknowledges their intent to proceed with the implementation of the plans selected.



Selected Plans:

Check all that apply:

MEC/HEALTHVINE*		TRES MVP*	
HEALTHVINE ESSENTIAL	<input type="checkbox"/>	CORE 0 DEDUCTIBLE	<input type="checkbox"/>
HEALTHVINE ENHANCED	<input type="checkbox"/>	CORE 2500 DEDUCTIBLE	<input type="checkbox"/>
HEALTHVINE ADVANTAGE	<input type="checkbox"/>	PREMIER 2500 DEDUCTIBLE	<input type="checkbox"/>
HEALTHVINE PREMIER	<input type="checkbox"/>	PRIME 2500 DEDUCTIBLE	<input type="checkbox"/>

* MEC/HealthVine utilizes First Health

* Tres MVP utilizes Claritev/PHCS or RBP

As an authorized representative of the Group, I acknowledge that by signing this Proposal i) I intend to proceed with the implementation of the plans selected, ii) I have reviewed and understand all the terms and conditions in this Proposal, and iii) have reviewed and understand the Summary of Benefits (including the exclusions) of each plan I am electing to offer.

Client Name

Client Signature

Date

Broker Signature

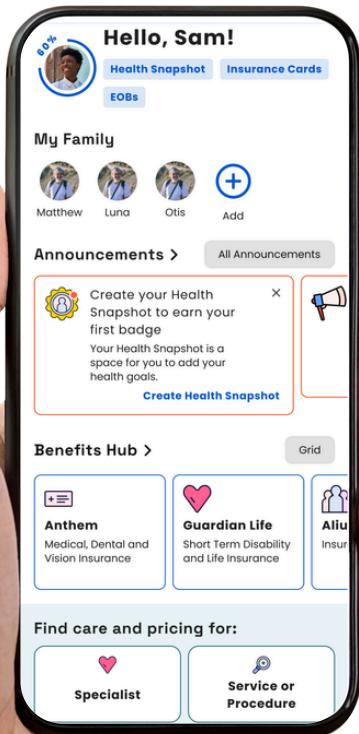
Date



Why Choose Us?

- ✔ Privately owned since 1997
- ✔ TPA Licenses in all states requiring licensure
- ✔ Under 10-day average claim turnaround times
- ✔ Over 50% of claims are Auto Adjudicated
- ✔ Experience integration with numerous Enrollment Platforms
- ✔ 90% of calls answered in 30 seconds or less
- ✔ Contracted by 15 Top-Rated Insurance Carriers
- ✔ Contracted by over 500 Self-Insured Employer Groups
- ✔ Contracted by 15 Leading Insurance Carriers

CIX Health



YOUR BENEFITS, ALL IN ONE PLACE

Access your digital ID card, review EOBs, track claims, and view plan details anytime.

FIND CARE & STAY ON TRACK

Search in-network providers, explore virtual care, get preventive screening reminders, and manage medications with built-in alerts.

UNDERSTANDING YOUR HEALTH AT A GLANCE

View your Health Snapshot, track key health information, and connect with Apple Health for a more complete picture.

SMART, SIMPLE, AND ALWAYS AVAILABLE

Get personalized reminders, important updates, and easy access to the tools you need to manage your health with confidence.

Sample ID Cards



