

# Advantage Plan Overview

**Enroll Today!**

Visit [penmac.myhoorayhealth.com](https://penmac.myhoorayhealth.com) or  
call 855-479-4008



## ✓ Hooray Health Network

Access a nearby Retail Clinic or Urgent Care Center for everyday illness and injury. Pay **only a \$25 copay** with no surprise medical bills following your visit.\*

Search for a provider by visiting [myhoorayhealth.com/providers](https://myhoorayhealth.com/providers) and selecting "Hooray Health Network."

**Best Value  
and \$25  
Copay!**

## ✓ First Health Network

You also have access to additional providers through the First Health Network. With First Health Network Providers, your fixed benefit payment will go farther with discounts on services with a Primary Care Physician, Specialist, or even an Urgent Care Center outside of the Hooray Health Network. With the First Health Network, you may be balance billed after the benefit payment.\*\* The First Health Network is also used for preventive services covered under the MEC plan.

Search for a provider by visiting [myhoorayhealth.com/providers](https://myhoorayhealth.com/providers) and selecting "First Health Network."

**Additional  
Provider  
Network for  
Savings!**

## ✓ Accident Medical Expense

### Accident Coverage

Accident Benefits are available up to the plan limit with no deductible. You'll receive a discount by visiting a provider in the First Health Network, but you can use any provider.

**Up to  
\$5,000 or  
\$10,000 per  
accident**

## ✓ Prescription Discounts

### Need a prescription?

**No problem!** Use the Hooray Health App to locate the closest and least-expensive pharmacy. **It's that simple!**

**Savings!**

## Other Plan Offerings:

- ✓ Minimal Essential Coverage (MEC)
- ✓ IHP Minimum Value Plan (MVP) Plus
- ✓ Metlife Dental & Vision
- ✓ Metlife Short-Term Disability
- ✓ Metlife Life

## ✓ Telemedicine

If you'd rather see a provider from the comfort of your own home, your Hooray Health Benefit Plan also includes unlimited \$0 Telemedicine services **available 24/7/365**.

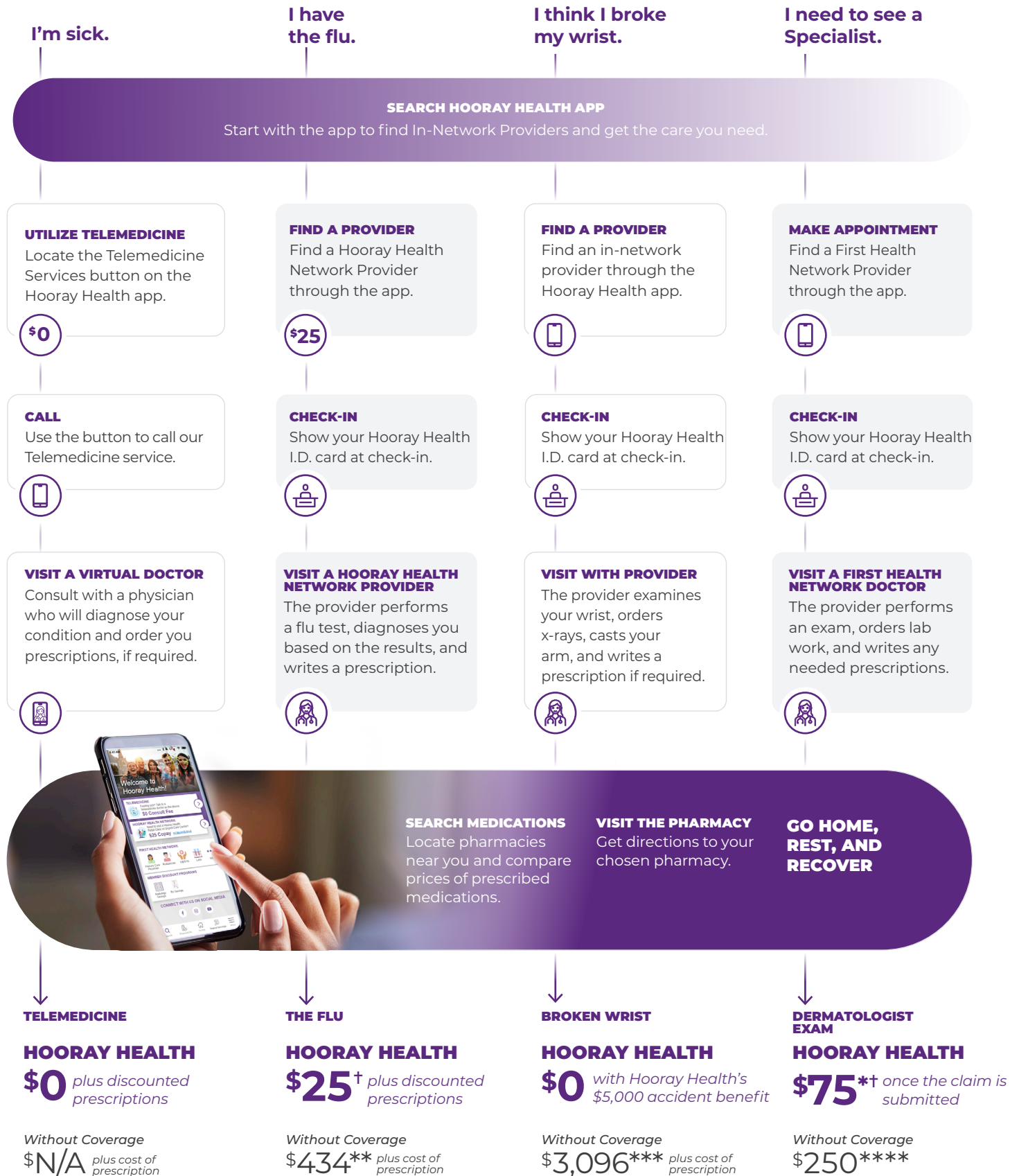
**\$0 Virtual  
Visits!**

Simply call the number on the back of your member ID card.

\*No surprise medical bills (balance bills) apply for covered services performed in contracted Hooray Health Network Providers.

\*\* Note: Because there is a discount on fees and fees are not fully covered, you may receive a balance bill following a visit to a First Health Network Provider. **Hooray Health Plans provide limited essential accident and sickness coverage and are not a substitute for major medical insurance.**

# How does Hooray Health work?



\*Estimated Member balance after the network discounts and insurance plan claim filed.

The claim scenarios are intended to show the types of situations that may result in a claim. Scenarios are not based on actual claims.

\*\*Fairhealthconsumer.org Uninsured/Out-of-Network cost in Zip Code 75248 for CPT Code 99202 Patient visit and 88106 Examination of body fluid

\*\*\*CDC - WI SQRSTM (Web-based Injury Statistics Query and Reporting in System). Retrieved from <https://www.cdc.gov/injury/wisqars/nonfatal.html>

\*\*\*\*Actual billable charge from a Provider in Zip Code 75266 for Procedure Code 88305 Gross & Micro, Level 4 Biopsy

<sup>†</sup>With a hospital indemnity plan benefit.

# Benefit Plan and Rate Summary

	HOORAY HEALTH ADVANTAGE BASIC	HOORAY HEALTH ADVANTAGE BASIC + MEC	HOORAY HEALTH ADVANTAGE PREMIUM	HOORAY HEALTH ADVANTAGE PREMIUM + MEC
<b>OUTPATIENT SICK VISIT BENEFITS</b>				
<b>URGENT CARE/RETAIL CLINIC OFFICE VISITS</b>				
Hooray Health Network includes Office Visit + In-House lab test, X-Rays, etc.	Member Pays \$25 copay <b>No Balance Bills*</b>	Member Pays \$25 copay <b>No Balance Bills*</b>	Member Pays \$25 copay <b>No Balance Bills*</b>	Member Pays \$25 copay <b>No Balance Bills*</b>
	Plan Pays \$175	Plan Pays \$175	Plan Pays \$175	Plan Pays \$175
First Health Network Provider (Discounted Rates)**	Plan Pays \$175	Plan Pays \$175	Plan Pays \$175	Plan Pays \$175
Out-of-Network Provider (No Discounts)***	Plan Pays \$175	Plan Pays \$175	Plan Pays \$175	Plan Pays \$175
<b>Maximum annual provider visits</b>	<b>2 per year</b>	<b>2 per year</b>	<b>3 per year</b>	<b>3 per year</b>
<b>OUTPATIENT PHYSICIAN OFFICE VISITS</b>				
Outpatient Doctor Visit (First Health Provider Network or Out-of-Network Provider)	\$100 per day	\$100 per day	\$100 per day	\$100 per day
<b>Maximum annual provider visits</b>	<b>2 per year</b>	<b>2 per year</b>	<b>3 per year</b>	<b>3 per year</b>
<b>IMAGING AND LAB TEST</b>				
Diagnostic Laboratory Indemnity Benefit	\$50 per day x 2 days	\$50 per day x 2 days	\$50 per day x 3 days	\$50 per day x 3 days
Diagnostic X-Ray Indemnity Benefit	\$50 per day x 2 days	\$50 per day x 2 days	\$50 per day x 2 days	\$50 per day x 2 days
Diagnostic Exam Indemnity Benefit	N/A	N/A	\$350 per day x 1 day	\$350 per day x 1 day
<b>INPATIENT BENEFITS</b>				
Hospital Admission Benefit	N/A	N/A	\$1,000 per day x 1 day	\$1,000 per day x 1 day
In-Hospital Indemnity Benefit	\$50 per day X 1 day	\$50 per day X 1 day	\$1,000 per day x 5 days	\$1,000 per day x 5 days
Surgery Benefit	N/A	N/A	\$1,500 per day x 1 day	\$1,500 per day x 1 day
Anesthesia Benefit	N/A	N/A	\$350 per day x 1 day	\$350 per day x 1 day
<b>ACCIDENT BENEFITS (INPATIENT AND OUTPATIENT)</b>				
<b>ACCIDENT MEDICAL EXPENSE BENEFIT</b>				
Maximum Benefit per accident	up to \$5,000 per accident	up to \$5,000 per accident	up to \$10,000 per accident	up to \$10,000 per accident
Annual Deductible	\$0 Deductible	\$0 Deductible	\$0 Deductible	\$0 Deductible
<b>ACCIDENTAL DEATH COVERAGE</b>				
Principal Sum	\$1,000	\$1,000	\$1,000	\$1,000
<b>NON-INSURANCE SERVICES<sup>(1)</sup></b>				
Telemedicine Doctor	\$0 consult; unlimited visits	\$0 consult; unlimited visits	\$0 consult; unlimited visits	\$0 consult; unlimited visits
Discount Prescription Program (ScriptSave WellRX)	Included	Included	Included	Included
Discount Radiology (Green Imaging)	Included	Included	Included	Included
Behavioral Health (Recuro)	3 visits per year	3 visits per year	3 visits per year	3 visits per year
Careington Dental and Vision Discounts Plan	Included	Included	Included	Included
<b>MINIMUM ESSENTIAL COVERAGE (MEC)</b>	<b>N/A</b>	<b>INCLUDED</b>	<b>N/A</b>	<b>INCLUDED</b>
<b>WEEKLY RATES</b>	<b>BASIC</b>	<b>BASIC + MEC</b>	<b>PREMIUM</b>	<b>PREMIUM + MEC</b>
<b>EMPLOYEE ONLY</b>	\$17.74	\$31.12	\$30.24	\$43.62
<b>EMPLOYEE + SPOUSE</b>	\$24.15	\$41.32	\$49.64	\$66.81
<b>EMPLOYEE + CHILD(REN)</b>	\$25.79	\$43.48	\$47.35	\$65.04
<b>FAMILY</b>	\$32.53	\$53.58	\$69.94	\$90.99

**Hooray Health Plans provide limited essential accident and sickness coverage and are not a substitute for major medical insurance.**

\*There is a \$25 copay only for sickness visits performed at a Hooray Health's in-network provider. Copay does not apply to wellness benefit.

\*\*First Health Network contracted providers can be found at [hoorayhealth.com/EHN](https://hoorayhealth.com/EHN). Discounted rates will be applied after services are rendered at physician's office through the Third Party Administrator. Member will be responsible for any payment balance above the plan payment of \$175. Please see plan policy for details.

\*\*\*Out-of-Network provider visits are paid \$175 per the plan policy. Member will be responsible for any payment balance above the plan payment of \$175. Please see plan policy for details.

(1) The services described are not insurance are not provided by Zurich American Insurance Company.

The Group Hospital Indemnity and Group Accident Insurance Benefits described above are underwritten by Zurich American Insurance Company, 1299 Zurich Way, Schaumburg, IL 60196, 1-800-987-3373. This document provides a general description of certain provisions and features of this insurance program and does not revise or amend the applicable policies. In the event of a discrepancy between this document and your certificate of insurance 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 Certificate of Insurance for a detailed description of the insurance coverage, including the exclusions, limitations, reductions and termination. You can view a copy of the certificate at [members.myhoorayhealth.com](https://members.myhoorayhealth.com).

Coverage may not be available in all states or certain terms, conditions and exclusions may be different where required by state law. This insurance provides limited benefits. Limited benefits plans are insurance products with reduced benefits and are not intended to be an 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.

# Virtual Behavioral Health

Included in Hooray Health Plan



*While experiencing personal or family distress, the assistance of a professional can ensure emotional health.*

The Hooray Health app serves as the first step in obtaining virtual therapy & counseling.\*

## Conditions Treated:

- ✓ ADHD/ADD
- ✓ Anger Management
- ✓ Anxiety
- ✓ Bipolar Disorder
- ✓ Sleeping Disorder
- ✓ Smoking Addiction
- ✓ Substance Abuse
- ✓ Depression
- ✓ Stress
- ✓ Eating Disorder
- ✓ Grief & Loss
- ✓ PTSD
- ✓ OCD
- ✓ And more



## Facts and Figures:

Stress is prevalent in our society and has become a top priority for the U.S. Public Health Services.



Of the population experiences a diagnosable mental condition any given year (National Institute of Mental Health).



Of visits to primary care physicians are for stress-related symptoms. (NIDA).



Of death among 18-65-year old's is suicide. (NIMH).

## Product Details

### Psychiatry

Psychiatry and behavioral health medication management.

### PGx Testing

Pharmacogenetic testing to personalize the right medication and dosage for each patient, based on their genes.

### Therapy and Counseling

Therapy and Counseling services from social workers and psychologists.

### Integrated Lab Testing

Post-visit lab testing where needed, integrated within the Recuro platform.

### Integrated Prescription

Prescriptions are immediately sent to the patient's preferred pharmacy for easy pickup.

### Health Risk Assessment

Behavioral health-focused risk assessment including depression and anxiety.

### Risk Stratification

Analytics to identify those most at risk of behavioral health challenges to proactively engage and treat.

### Primary Care Coordination

Primary care and behavioral health can be integrated to provide holistic patient care.

*\*Behavioral Health Visits limited to 3 per year and \$85 per session thereafter.*

# Dental & Vision Savings

Included in Hooray Health Plan



## Careington Discount Dental

Save big on discounted dental care through the Careington Dental Plan, one of the country's largest dental networks. Members save an average of 20% to 60% off the standard fees of dental procedures, such as routine exams, adult and child cleanings and root canals.

### Plan Features

- Save 20% to 60% on most dental procedures
- Save up to 20% on orthodontics
- Save up to 20% on specialists' fees where available
- Cosmetic dentistry, including bonding & veneers
- Visit any participating plan dentist; change at any time

Description	Retail Cost <sup>(1)</sup>	Plan Cost <sup>(2)</sup>	Savings (\$)	Savings %
Adult Cleaning	\$132	\$63	\$69	52%
Four Bitewing X-Rays	\$89	\$42	\$47	53%
Crown	\$1459	\$777	\$682	47%
Extraction	\$253	\$109	\$146	57%



## VSP Vision Discount Program

VSP Vision Savings Pass is a discount vision program that offers savings on eye care and eyewear. With the best choices in eyewear, VSP makes it easy to find the perfect frame. Members can choose from great brands like Anne Klein, bebe®, Calvin Klein®, Flexon®, Lacoste™, Nike®, Nine West, and more.<sup>(3)</sup>

### Members Receive:

- Access to discounts through a trusted, private practice VSP doctor
- One rate of \$50 for eye exams<sup>(4)</sup>
- Save up to 15% on contact lens exams<sup>(5)</sup>
- Special pricing on complete pairs of glasses and sunglasses
- Unlimited use on materials throughout the year

Service	Reduced Prices & Savings
WellVision Exam®	<ul style="list-style-type: none"> <li>• \$50 w/purchase of complete pair of prescription glasses.</li> <li>• 20% off without purchase.</li> <li>• Once every calendar year.</li> </ul>
Lenses	With purchase of a complete pair of prescription glasses: <ul style="list-style-type: none"> <li>• Single vision: \$40</li> <li>• Lined bifocals: \$60</li> <li>• Lined trifocals: \$75</li> <li>• Polycarbonate for children: \$0</li> </ul>
Frames	<ul style="list-style-type: none"> <li>• 25% savings when a complete pair of prescription glasses is purchased.</li> </ul>
Contact Lenses	<ul style="list-style-type: none"> <li>• 15% savings on contact lens exam (fitting &amp; evaluation)</li> </ul>
Laser Vision Correction	<ul style="list-style-type: none"> <li>• Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities</li> </ul>

DENTAL AND VISION PROGRAMS ARE NOT INSURANCE AND ARE NOT UNDERWRITTEN BY AN INSURANCE COMPANY.

(1) Retail cost is based on the national average of the 80th percentile usual and customary rates as detailed in the 2018 Fair Health report in the Los Angeles, Orlando, Chicago and New York City metropolitan areas.

(2) These fees represent the overage of the assigned Careington Care POS fees in the Los Angeles, Orlando, Chicago, and New York City metropolitan statistical areas. Prices subject to change.

(3) Brands subject to change

(4) This cost is only available with the purchase of a complete pair of prescription glasses; otherwise you'll receive 20% on eye exam only.

(5) Applies only to contact lens exam, not materials. you're responsible for 100% of the contact lens material cost.

THIS PLAN IS NOT INSURANCE and is not intended to replace health insurance. This plan does not meet the minimum creditable coverage requirements under M.G.L. c. 111M and 956 CMR 5.00. This plan is not a Qualified Health Plan under the Affordable Care Act. The range of discounts will vary depending on the type of provider and service. The plan does not pay providers directly. Plan members must pay for all services but will receive a discount from participating providers. The list of participating providers is at [www.careington.com/members](http://www.careington.com/members). A written list of participating providers is available upon request. Discount Plan Organization and administrator: Careington International Corporation, 7400 Gaylord Parkway, Frisco, TX 75034; phone 800-441-0380. This plan is not available in Vermont or Washington.



## MEC Package Summary

Minimum Essential Coverage<sup>(1)</sup>

All MEC Programs are not created equal. Hooray Health has a fully integrated plan design, which includes illness, accident, and preventive care utilizing one ID card. MEC coupled with a benefit plan offers well-rounded coverage. MEC preventive services are covered through the First Health Network.



## MEC Plan Overview

- ✓ \$0 Copay
- ✓ 100% of Preventive Services covered through [First Health Network](#).
- ✓ No Out-of-Network benefits coverage.

Self-Funded Minimum Essential Coverage (MEC) <sup>(1)</sup>	MEC Option
ACA Required Preventive Care/ Screening/ Immunization Benefits	Minimum Essential Coverage covers 100% of the government's listed Preventive and Wellness Benefits when you visit an in-network provider. Self-funded by your employer, this coverage is required to satisfy your individual mandate under healthcare law.

<sup>(1)</sup>The Minimum Essential Coverage is not underwritten by an Insurance Company.

SELF-FUNDED MINIMUM ESSENTIAL COVERAGE BENEFITS ARE SUBJECT TO CHANGE AND WILL BE UPDATED AS DETERMINED BY ACA REQUIREMENTS. PREVENTIVE SERVICES LIST WAS PROVIDED BY HEALTHCARE.GOV, [WWW.HEALTHCARE.GOV/PREVENTIVE-CARE-BENEFITS](http://WWW.HEALTHCARE.GOV/PREVENTIVE-CARE-BENEFITS).

# Minimum Essential Coverage (MEC)

Preventive Health Services\*

## 21 COVERED PREVENTIVE SERVICES FOR ADULTS

1. Abdominal aortic aneurysm one-time screening for men of specified ages who have ever smoked, age 65 to 75.
2. Alcohol misuse screening and counseling.
3. Aspirin use to prevent cardiovascular disease and colorectal cancer for adults 5 to 59 years with a high cardiovascular risk.
4. Blood pressure screening for all adults, ages 18 and older.
5. Cholesterol screen for adults of certain ages or at a higher risk.
6. Colorectal cancer screening for adults 50 to 75.
7. Depression screening for adults.
8. Diabetes (Type 2) screening for adults 40 to 70 years who are overweight or obese.
9. Diet counseling for adults at a higher risk for chronic disease.
10. Falls prevention (with exercise or physical therapy and vitamin D use) for adults 65 years and over, living in a community setting.
11. Hepatitis B screening for people at high risk, including people from countries with 2% or more Hepatitis B prevalence, and U.S.-born people not vaccinated as infants and with at least one parent born in a region with 8% or more Hepatitis B prevalence.
12. Hepatitis C screening for adults at increased risk, and one time for everyone born 1945-1965.
13. HIV screening everyone ages 15-65, and other ages at increased risk.
14. Immunization vaccines for adults. NOTE: Doses, recommended ages, and recommended populations vary.
  - Diphtheria.
  - Hepatitis A.
  - Hepatitis B.
  - Herpes Zoster.
  - Human Papillomavirus (HPV).
  - Influenza (Flu Shot).
  - Measles.
  - Meningococcal.
  - Mumps.
  - Pertussis.
  - Pneumococcal.
  - Rubella.
  - Tetanus.
  - Varicella (Chickenpox).
15. Lung cancer screening for adults 55 - 80 at high risk for lung cancer because they're heavy smokers or have quit in the past 15 years.
16. Obesity screening and counseling.
17. Sexually Transmitted Infection (STI) prevention counseling for adults at higher risk.
18. Statin prevention medication for adults 40 to 75 at high risk.
19. Syphilis screening for all adults at higher risk.
20. Tobacco use screening for all adults and cessation interventions for tobacco users.
21. Tuberculosis screening for certain adults without symptoms at high risk.

## 28 COVERED PREVENTIVE SERVICES FOR WOMEN

1. Anemia screening on a routine basis.
2. Breastfeeding comprehensive support and counseling from trained providers, and access to breastfeeding supplies, for pregnant and nursing women.
3. Contraception: Food and Drug Administration-approved contraceptive methods, sterilization procedures, and patient education and counseling, as prescribed by a health care provider for women with reproductive capacity (not including abortifacient Drugs). This does not apply to health plans sponsored by certain exempt "religious employers."
4. Folic acid supplements for women who may become pregnant.
5. Gestational diabetes screening for women 24 to 28 weeks pregnant and those at high risk of developing gestational diabetes.
6. Gonorrhea screening for all women at higher risk.
7. Hepatitis B screening for pregnant women at their first prenatal visit.
8. Preeclampsia prevention and screening for pregnant women with high blood pressure.
9. Rh Incompatibility screening for all pregnant women and follow-up testing for women at higher risk.
10. Syphilis screening.
11. Expanded tobacco intervention and counseling for pregnant tobacco users.
12. Urinary tract or other infection screening.
2. Breast cancer mammography screenings every 1 to 2 years for women over 40.
3. Breast cancer chemoprevention counseling for women at higher risk.
4. Cervical cancer screening:
  - a. Pap test (also called a Pap smear) every 3 years for women 21 to 65.
  - b. Human Papillomavirus (HPV) DNA test with the combination of a Pap smear every 5 years for women 30 to 65 who don't want a Pap smear every 3 years.
5. Chlamydia infection screening for younger women and other women at higher risk.
6. 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.
7. Domestic and interpersonal violence screening and counseling for all women.
8. Gonorrhea screening for all women at higher risk.
9. Human Immunodeficiency Virus (HIV) screening and counseling for sexually active women.
10. Osteoporosis screening for women over age 60 depending on risk factors.
11. Rh Incompatibility screening follow-up testing for women at higher risk.
12. Sexually Transmitted Infections (STI) counseling for sexually active women.
13. Syphilis screening for women at increased risk.
14. Tobacco use screening and interventions.
15. Urinary incontinence screening for women yearly.
16. Well-woman visits to get recommended services for women under 65.

### Charges for other covered Preventive Services as listed below:

1. Breast cancer genetic test counseling (BRCA) for women at higher risk.

# Minimum Essential Coverage

Preventive Health Services\*

## 31 COVERED PREVENTIVE SERVICES FOR CHILDREN

### Recommended Well Baby/Child Visit Schedule:

- Ages: 0 to 11 months – 6 visits
- Ages: 1 to 4 years – 7 visits
- Ages: 5 to 10 years – annual visits
- Ages: 11 to 14 years – annual visits
- Ages: 15 to 17 years – annual visits

### Charges for covered Preventive Services:

1. Alcohol and Drug use assessments for adolescents.
2. Autism screening for Children at 18 and 24 months.
3. Behavioral assessments for Children ages: 0 to 11 months, 1 to 4 years, 5 to 10 years, 11 to 14 years, 15 to 17 years.
4. Bilirubin concentration screening for newborns.
5. Blood Pressure screening for Children ages: 0 to 11 months, 1 to 4 years, 5 to 10 years, 11 to 14 years, 15 to 17 years.
6. Blood screening for newborns.
7. Cervical dysplasia screening for sexually active females.
8. Depression screening for adolescents beginning routinely at age 12.
9. Developmental screening for Children under age 3.
10. Dyslipidemia screening for all Children once between 9 and 11 years and once between 17 and 21 years, and for children at higher risk of lipid disorders ages: 1 to 4 years, 5 to 10 years, 11 to 14 years, 15 to 17 years.
11. Fluoride chemoprevention supplements for Children without fluoride in their water source.
12. Fluoride varnish for all infants and children as soon as teeth are present.
13. Gonorrhea preventive medication for the eyes of all newborns.
14. Hearing screening for all newborns and for children once between 11 and 14 years, once between 15 and 17 years, and once between 18 and 21 years.
15. Height, Weight and Body Mass Index (BMI) measurements for children ages: 0 to 11 months, 1 to 4 years, 5 to 10 years, 11 to 14 years, 15 to 17 years.
16. Hematocrit or Hemoglobin screening for all Children.
17. Hemoglobinopathies or sickle cell screening for newborns.
18. Hepatitis B Screening for adolescents at high risk, including adolescents from countries with 2% or more Hepatitis B prevalence, and U.S.-born adolescents not vaccinated as infants and with at least one parent born in a region with 8% or more Hepatitis B prevalence: 11-17 years.
19. HIV screening for adolescents at higher risk.
20. Hypothyroidism screening for newborns.
21. Immunization vaccines for Children from birth through age 18. NOTE: Doses, recommended ages, and recommended populations vary:
  - Diphtheria, Tetanus, Pertussis (Whooping Cough).
  - Haemophilus influenzae type b.
  - Hepatitis A.
  - Hepatitis B.
  - Human Papillomavirus (HPV).
  - Inactivated Poliovirus.
  - Influenza (Flu Shot).
  - Measles.
  - Meningococcal.
  - Pneumococcal.
  - Rotavirus.
  - Varicella (Chickenpox).
22. Iron supplements for children ages 6 to 12 months at risk for anemia.
23. Lead screening for children at risk of exposure.
24. Maternal depression screening for mothers of infants at 1, 2, 4, and 6-month visits.
25. Medical history for all children throughout development ages: 0 to 11 months, 1 to 4 years, 5 to 10 years, 11 to 14 years, 15 to 17 years.
26. Obesity screening and counseling.
27. Oral health risk assessment for young Children ages: 0 to 11 months, 1 to 4 years, 5 to 10 years.
28. Phenylketonuria (PKU) screening for newborns.
29. Sexually Transmitted Infection (STI) prevention counseling and screening for adolescents at higher risk.
30. Tuberculin testing for children at higher risk of tuberculosis ages: 0 to 11 months, 1 to 4 years, 5 to 10 years, 11 to 14 years, 15 to 17 years.
31. Vision screening for all Children.

## COVID TESTING AND VACCINE

2019 Novel Coronavirus (COVID-19). Covered Expenses associated with testing for COVID-19 include the following:

- Diagnostic Tests.
- Qualifying Coronavirus Preventive Services.

The above benefits are specific to Diagnosis of COVID-19. Participants who have been diagnosed with COVID-19 will continue to receive all other benefits covered by the Plan, in accordance with the Plan's guidelines.



# IHP Minimum Value Plan Plus Benefit Overview

Your employer has elected to offer you Hooray Health Minimum Value Plans, that provides substantial coverage for inpatient and physician services! Below is an overview of the Plus plan offered.



## MVP Plus

Rates on page 22

PLAN	HOORAY HEALTH MVP PLUS		
Network	PHCS / Multiplan	Ambulance Service (Ground Services Only)	\$250 Copay <sup>1</sup> (1 per plan year)
Deductible (Indv/Fam)	\$0 / \$0	Second Surgical Opinion	\$0 Copay
Maximum Out of Pocket (Indv/Fam)	\$5,000 / \$10,000	<b>PREGNANCY BENEFITS</b>	
<b>PREVENTIVE, PHYSICIAN &amp; DIAGNOSTIC SERVICES</b>		Professional Services	\$350 Copay
Preventive & Wellness (Non-Hospital Based)	Included	Maternity / Childbirth / Delivery (Considered Inpatient Hospital Stay) (Prior Auth. Required)	\$350 Copay per Admission <sup>1</sup>
Primary Care Office Visit (Non-Hospital Based)	\$15 Copay (10 visits per plan year)	<b>OTHER SERVICES</b>	
Specialist Office Visit (Non-Hospital Based) (Includes Mental and Behavioral Health)	\$25 Copay (10 visits per plan year)	Home Health Care (Prior Auth. Required)	\$25 Copay (15 visits per plan year)
Urgent Care	\$35 Copay (3 visits per plan year)	Hospice (Prior Auth. Required)	Not Covered
Telemedicine	\$0 Copay (Unlimited)	Treatment for Chemical Abuse & Dependency – Inpatient (Prior Auth. Required)	\$250 Copay per Day <sup>1</sup> (7 days per plan year)
Laboratory Services & Radiology (Non-Hospital Based)	\$50 Copay (3 visits per plan year)	Treatment for Chemical Abuse & Dependency – Outpatient (Prior Auth. Required)	\$25 Copay per Day (7 days per plan year)
CT / MRI / MRA / PET Scan (Non-Hospital Based) (Prior Auth. Required)	\$350 Copay <sup>1</sup> (2 per plan year)	Chemotherapy / Radiation Therapy (Prior Auth. Required) (Chemotherapy only includes infusion, not oral)	Not Covered
Allergy Services	\$25 Copay (Included in PCP or Specialist Office visit limits but separate copay.)	Dialysis (Prior Auth. Required)	Not Covered
<b>HOSPITAL &amp; FACILITY SERVICES (SUBJECT TO REFERENCED BASED PRICING)</b>		Rehabilitation / Habilitation Services (Physical, Speech, and Occupational) (Prior Auth. Required)	Not Covered
Inpatient Hospitalization (Prior Auth. Required)	\$350 <sup>1</sup> Copay per Admission (7 days per plan year)	Transplant – Facility (Prior Auth. Required)	Not Covered
Inpatient Visits - Physician	Included in Hospitalization Copay	Transplant – Physician & Anesthesiologist Charges during Hosp. (Prior Auth. Required)	Not Covered
Inpatient Surgery (Prior Auth. Required)	Included in Hospitalization Copay (3 surgeries per plan year)	<b>PARTICIPATING PHARMACY BENEFITS (SUBJECT TO FORMULARY)</b>	
Outpatient Hospital or Free-Standing Facility Services and Surgery (Prior Auth. Required)	\$350 Copay <sup>1</sup> (2 visits per plan year)	Preventive (Generic Only)	\$0 Copay
Anesthesia	Included in Hospitalization or OP Hospital or FSF Services and Surgery Copay (3 IP and 2 OP per plan year)	Non-Preventive (Retail)	\$5 Copay (Generic) \$40 Copay (Preferred Brand) \$80 Copay (Non-Pref. Brand)
Emergency Room	350 Copay <sup>1</sup> (1 visit per plan year)	Non-Preventive (Mail Order)	\$15 Copay (Generic) \$120 Copay (Preferred Brand) \$240 Copay (Non-Preferred Brand)
		Non-Limited Brand, & Specialty Drugs	Not Covered 100% paid by Member

<sup>1</sup> After Copay, benefit subject to Reference Based Pricing.

Disclaimer: Benefits listed on this brochure are subject to change, please review the Summary of Benefits for each plan for a complete description of coverage and a list of exclusions.

1) These plans are not traditional major medical insurance. These are limited day benefit plans. These plans have exclusions and limitations not associated with major medical plans. Please review the Summary of Benefits for each plan for a description of coverage and a list of exclusions.

2) The benefit summaries in this material and any subsequent material ("Materials") are intended to be brief descriptions of the benefits. In the event there is a conflict between Materials and the Summary Plan Description ("SPD") or Vendor specific policies, the SPD or Vendor specific policies will control.

3) The Hooray Health Minimum Value Plans are distributed by Hooray Health.

4) Unless otherwise stated Plans are Administered by S&S Health and Reference Based Pricing (aka value based payments) through HST, A Multiplan Company.

## Dental Insurance

Coverage that helps makes it easier to visit a dentist and helps lower your dental costs.

### Network: PDP Plus

	In-Network <sup>1</sup> % of Negotiated Fee <sup>2</sup>	Out-of-Network <sup>1</sup> % of Maximum Allowable Charge*
<b>Coverage Type</b>		
<b>Type A<sup>3</sup>: Preventive</b> (cleanings, exams, X-rays)	80%	80%
<b>Type B<sup>3</sup>: Basic Restorative</b> (fillings, extractions)	60%	60%
<b>Type C<sup>3</sup>: Major Restorative</b> (bridges, dentures)	50%	50%
<b>Deductible<sup>† 3</sup></b>		
Individual	\$50	\$50
Family	\$150	\$150
<b>Annual Maximum Benefit<sup>3</sup></b>		
Per Person	\$750	\$750

<sup>1</sup> "In-Network Benefits" refers to benefits provided under this plan for covered dental services that are provided by a participating dentist. "Out-of-Network Benefits" refers to benefits provided under this plan for covered dental services that are not provided by a participating dentist.

<sup>2</sup> Negotiated fees refer to the fees that participating dentists have agreed to accept as payment in full for covered services, subject to any copayments, deductibles, cost sharing and benefits maximums. Negotiated fees are subject to change.

\*Reimbursement for out-of-network services is based on the lesser of the dentist's actual fee or the Maximum Allowable Charge (MAC). The out-of-network Maximum Allowable Charge is a scheduled amount determined by MetLife.

†Applies only to Type B & C Services.

### List of Primary Covered Services & Limitations\*

The service categories and plan limitations shown represent an overview of your Plan Benefits. This document presents the majority of services within each category; but is not a complete description of the Plan.

Plan Type	How Many/How Often
<b>Type A — Preventive</b>	
Prophylaxis (cleanings)	One time in 6 months
Oral Examinations	One time in 6 months
Topical Fluoride Applications	One fluoride treatment per 12 months for dependent children up to his/her 14th birthday
X-rays	Bitewings X-rays; one set per 12 months for adults and children
<b>Type B — Basic Restorative</b>	
Sealants	One application of sealant material every 60 months for each non-restored, non-decayed 1st and 2nd molar of a dependent child up to his/her 14th birthday
Space Maintainers	Space maintainers for dependent children up to his/her 14th birthday
X-rays	Full mouth X-rays; one per 60 months
Fillings	
Simple Extractions	
Crown, Denture and Bridge Repair/ Recementations	
Oral Surgery	



## Dental Insurance

Coverage that helps makes it easier to visit a dentist and helps lower your dental costs.

Periodontics	Total number of periodontal maintenance treatments and prophylaxis cannot exceed two treatments in a calendar year
<b>Type C — Major Restorative</b>	
Implants	Replacement once every 10 years
Bridges and Dentures	<ul style="list-style-type: none"> <li>• Initial placement to replace one or more natural teeth, which are lost while covered by the plan</li> <li>• Dentures and bridgework replacement; one every 10 years</li> <li>• Replacement of an existing temporary full denture if the temporary denture cannot be repaired and the permanent denture is installed within 12 months after the temporary denture was installed</li> </ul>
Crowns, Inlays and Onlays	Replacement once every 10 years
Endodontics	Root canal treatment limited to once per tooth per lifetime
General Anesthesia	When dentally necessary in connection with oral surgery, extractions or other covered dental services
Periodontics	<ul style="list-style-type: none"> <li>• Periodontal scaling and root planing once per quadrant, every 24 months</li> <li>• Periodontal surgery once per quadrant, every 36 months</li> </ul>

The service categories and plan limitations shown above represent an overview of your plan benefits. This document presents the majority of services within each category, but is not a complete description of the plan.

Exclusions and Limitations listed in the full plan documents.

## Questions & Answers

### Q. Who is a participating dentist?

- A. A participating dentist is a general dentist or specialist who has agreed to accept negotiated fees as payment in full for covered services provided to plan members. Negotiated fees typically range from 30% – 45% below the average fees charged in a dentist's community for the same or substantially similar services.<sup>†</sup>

### Q. How do I find a participating dentist?

- A. There are thousands of general dentists and specialists to choose from nationwide --so you are sure to find one that meets your needs. You can receive a list of these participating dentists online at [www.metlife.com/mybenefits](http://www.metlife.com/mybenefits) or call to have a list faxed or mailed to you.

## Dental Insurance

Coverage that helps makes it easier to visit a dentist and helps lower your dental costs.

### Q. What services are covered under this plan?

- A. The Plan documents set forth the services covered by your plan. The List of Primary Covered Services & Limitations herein contains a summary of covered services. In the event of a conflict between the Plan documents and this summary, the terms of the Plan documents shall govern.

### Q. May I choose a non-participating dentist?

- A. Yes. You are always free to select the dentist of your choice. However, if you choose a non-participating dentist your out-of-pocket costs may be higher.

### Q. Can my dentist apply for participation in the network?

- A. Yes. If your current dentist does not participate in the network and you would like to encourage him/her to apply, ask your dentist to visit [www.metdental.com](http://www.metdental.com), or call 1-866-PDP-NTWK for an application.†† The website and phone number are for use by dental professionals only.

### Q. How are claims processed?

- A. Dentists may submit your claims for you which means you have little or no paperwork. You can track your claims online and even receive email alerts when a claim has been processed. If you need a claim form, visit or request one by calling

### Q. Can I get an estimate of what my out-of-pocket expenses will be before receiving a service?

- A. Yes. You can ask for a pretreatment estimate. Your general dentist or specialist usually sends MetLife a plan for your care and requests an estimate of benefits. The estimate helps you prepare for the cost of dental services. We recommend that you request a pre-treatment estimate for services in excess of \$300. Simply have your dentist submit a request online at [www.metdental.com](http://www.metdental.com) or call 1-877-MET-DDS9. You and your dentist will receive a benefit estimate for most procedures while you are still in the office. Actual payments may vary depending upon plan maximums, deductibles, frequency limits and other conditions at time of payment.

### Q. Can MetLife help me find a dentist outside of the U.S. if I am traveling?

- A. Yes. Through international dental travel assistance services\* you can obtain a referral to a local dentist by calling +1-312-356-5970 (collect) when outside the U.S. to receive immediate care until you can see your dentist. Coverage will be considered under your out-of-network benefits.\*\* Please remember to hold on to all receipts to submit a dental claim.

### Q. Do I need an ID card?

- A. No. You do not need to present an ID card to confirm that you are eligible. You should notify your dentist that you are enrolled in the MetLife Preferred Dentist Program. Your dentist can easily verify information about your coverage through a toll-free automated Computer Voice Response system.

## Weekly Cost

Your premium will be paid through convenient payroll deduction.

Employee Only	\$5.77
Employee + 1 Dependent	\$11.25
Employee + Family	\$18.93

†Based on internal analysis by MetLife. Negotiated fees refer to the fees that in-network dentists have agreed to accept as payment in full for covered services, subject to any co-payments, deductibles, cost sharing and benefits maximums. Negotiated fees are subject to change.

††Due to contractual requirements, MetLife is prevented from soliciting certain providers.

\*AXA Assistance USA, Inc. provides Dental referral services only. AXA Assistance is not affiliated with MetLife, and the services and benefits they provide are separate and apart from the insurance provided by MetLife. Referral services are not available in all locations. Exclusions: The AXA Travel Assistance Program is available for participants in traveling status. Whenever a trip exceeds 120 days, the participant is no longer considered to be in traveling status and is therefore no longer eligible for the services. Also, AXA Assistance USA will not evacuate or repatriate participants without medical authorization; with mild lesions, simple injuries such as sprains, simple fractures or mild sickness which can be treated by local doctors and do not prevent the member from continuing his/her trip or returning home; or with infections under treatment and not yet healed. Benefits will not be paid for any loss or injury that is caused by or is the result from: pregnancy and childbirth except for complications of pregnancy; and mental and nervous disorders unless hospitalized. Reimbursements for non-medical services such as hotel, restaurant, taxi expenses or baggage loss while traveling are not covered. The maximum benefit per person for costs associated with evacuations, repatriations or the return of mortal remains is US\$500,000. Treatment must be authorized and arranged by AXA Assistance's designated personnel to be eligible for benefits under this program. All services must be provided and arranged by AXA Assistance USA, Inc. No claims for reimbursement will be accepted.

\*\*Refer to your dental benefits plan summary for your out-of-network dental coverage.



# Superior Vision Plan Summary

## With your Superior Vision Preferred Provider Organization (PPO) Plan you can:

- Go to any licensed Superior vision provider and receive coverage. Just remember your benefit dollars go further when you stay in network.
- Choose from a large network of ophthalmologists, optometrists and opticians, from private practices to retailers like Costco<sup>®</sup> Optical, Walmart<sup>®</sup>, Sam's Club<sup>®</sup> and Visionworks<sup>®</sup>.

## In-network value added features: **Weekly Premiums**

**Additional savings on lens enhancements:**<sup>5</sup> Save an average 20-25% savings over retail on all lens enhancements not otherwise covered under the Superior Vision Insurance program.

**Additional savings on glasses and sunglasses:**<sup>5</sup> A 20% discount off the provider's usual and customary rate may be available. When buying additional complete pairs of eyeglasses or sunglasses on the same transaction as their primary benefit, members may receive 50% off the additional pair at Visionworks<sup>®</sup> and 30% off at other participating providers.

**Additional savings on frames:**<sup>5</sup> 20% off any amount over your frames allowance.

**Additional savings on contacts:**<sup>5</sup> Conventional contacts: 20% off the amount that you pay over your allowance and on purchases of additional contact lenses. Disposable contacts: 10% off the amount that you pay over your allowance and on purchases of additional contact lenses.

**Laser vision correction:**<sup>5</sup> Savings of 20% - 50% off the national average price of traditional LASIK are available at over 1,000 locations across our nationwide network of laser vision correction providers.

• <i>Employee Only:</i>	<b>\$2.22</b>
• <i>Employee + 1 Dependent:</i>	<b>\$4.29</b>
• <i>Employee + Family:</i>	<b>\$6.01</b>

## In-network benefits

There are no claims for you to file when you go to an in-network Superior vision provider. Simply pay any copays or member out of pocket amount (MOOP) and, if applicable, any amount over your frame/contact allowance at the time of service.

	Frequency
<b>Eye exam</b>	Once every <b>12</b> months

- Eye health exam, dilation, prescription, and refraction for glasses: Covered in full after a **\$10** copay.
- Retinal imaging: Up to a **\$39** copay on routine retinal screening when performed by a private practice.

<b>Frame</b>	Once every <b>24</b> months
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- Allowance: **\$110**.<sup>1</sup>
- Additional allowance of \$25 at select providers. Visit [metlife.com/mybenefits](http://metlife.com/mybenefits) to locate participating providers Look for the star icon (★).

<b>Standard corrective lenses</b>	Once every <b>12</b> months
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Single vision, lined bifocal, lined trifocal, lenticular: Covered in full after a **\$25** eyewear copay.<sup>1</sup>

<b>Standard lens enhancements</b> <sup>2</sup>	Once every <b>12</b> months
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- Standard Polycarbonate (child up to age 18)<sup>3</sup>, Covered in full
- Progressive Standard, Progressive Premium/Custom, Standard Polycarbonate (adult), UV coating, Scratch-resistant coatings, Solid or Gradient Tints, Anti-reflective, Photochromic, Blue Light filtering, Digital Single Vision, Polarized, High Index (1.67 / 1.74): Your cost will be limited to a member out of pocket amount (MOOP) that MetLife has negotiated for you. These amounts may be viewed after enrollment at [metlife.com/mybenefits](http://metlife.com/mybenefits).

<sup>1</sup> Materials co-pay applies to lenses and frames only, not contact lenses.

<sup>2</sup> The above list highlights some of the most popular lens enhancements and is not a complete listing.

<sup>3</sup> Polycarbonate lenses are covered for dependent children, monocular patients, and patients with prescriptions +/- 6.00 diopters or greater.



Other in-network features - continued:

**Hearing discounts:** <sup>5</sup> A National Hearing Network of hearing care professionals, featuring Your Hearing Network, offers Superior Vision members discounts on services, hearing aids and accessories. These discounts should be verified prior to service.

Contact lenses (instead of eyeglasses) <sup>4</sup>	Once every 12 months
Contact fitting and evaluation:	
• Standard fitting; Covered in full after \$25 copay	
• Specialty fitting: \$50 allowance after \$25 copay	
• Elective lenses: \$110 allowance	
• Necessary lenses: Covered in full with prior authorization	
• Discounts: <sup>4</sup>	
• Conventional contacts: 20% off the amount that you pay over your allowance and on purchases of additional contact lenses	
• Disposable contacts: 10% off the amount that you pay over your allowance and on purchases of additional contact lenses	

We’re here to help

Find a Superior Vision provider at [www.metlife.com/vision](http://www.metlife.com/vision) and select ‘Superior Vision by MetLife’.

For general questions at any time, call 1-833-EYE-LIFE (1-833-393-5433). Once your coverage is effective, visit our member website at [www.metlife.com/mybenefits](http://www.metlife.com/mybenefits).

1 <sup>4</sup> Not all providers participate in vision program discounts, including the member out-of-pocket features. Call your provider prior to scheduling an appointment to confirm if the discount and member out-of-pocket features are offered at that location. Discounts and member out-of-pocket are not insurance and subject to change without notice. Materials co-pay applies to lenses and frames only, not contact lenses.

2 <sup>5</sup> These features may not be available in all states and with all in-network vision providers. Discounts are not available at Walmart and Sam’s Club. Please check with your in-network vision provider.

Out-of-network reimbursement

You pay for services and then submit a claim for reimbursement. The same benefit frequencies for **in-network benefits** apply. Once you enroll, visit [www.metlife.com/mybenefits](http://www.metlife.com/mybenefits) for detailed out-of-network benefits information.

- Eye exam: up to \$45 after a \$0 copay
- Frames: up to \$55
- Single vision lenses: up to \$30
- Lined bifocal lenses: up to \$50
- Lined trifocal lenses: up to \$65
- Lenticular lenses: up to \$100
- Progressive lenses: up to \$50
- Contact lenses:
  - Elective lenses up to \$90
  - Necessary lenses up to \$210

**Important:** If you or your family members are covered by more than one health care plan, you may not be able to collect benefits from both plans. Each plan may require you to follow its rules or use specific doctors and hospitals, and it may be impossible to comply with both plans at the same time. Before you enroll in this plan, read all of the rules very carefully and compare them with the rules of any other plan that covers you or your family.

Savings from enrolling in a MetLife Vision Plan will depend on various factors, including plan premiums, number of visits to an eye care professional by your family per year and the cost of services and materials received. Be sure to review the Schedule of Benefits for your plan’s specific benefits and other important details.

MetLife Vision benefits are underwritten by Metropolitan Life Insurance Company, New York, NY. Certain claims and network administration services are provided through Superior Vision, Inc. (“Superior Vision”), a New York corporation. Superior Vision is part of the MetLife family of companies.

Like most group benefit programs, benefit programs offered by MetLife and its affiliates contain certain exclusions, exceptions, reductions, limitations, waiting periods, and terms for keeping them in force. Please contact MetLife or your plan administrator for costs and complete details.

## Disability Insurance

Coverage that can help protect your income when you are unable to work due to illness or injury.

### Explore the coverage that helps you protect your income and your lifestyle

#### What is Short Term Disability insurance?

**Short Term Disability (STD)** insurance may help you replace a portion of your income during the initial weeks of a Disability.

#### Eligibility Requirements

**Short Term Disability:** All active full-time employees working at least 30 hours per week are eligible to participate.

#### How is “Disability” defined under your Plan?

Generally, you are considered disabled and eligible for short term benefits if, due to sickness, pregnancy or accidental injury, you are receiving appropriate care and treatment and are complying with the requirements of the treatment and, you are unable to earn more than 80% of your predisability earnings at your own occupation for any employer; and you are unable to perform each of the material duties of your own occupation.

For a complete description of this and other requirements that must be met, refer to the Certificate of Insurance provided by your Employer or contact your MetLife benefits administrator with any questions.

#### What is the benefit amount?

##### Short Term Disability:

The Short Term Disability benefit may help replace a portion of your predisability earnings, less the income that was actually paid to you during the same Disability from other sources<sup>1</sup> (e.g., state disability benefits, no-fault auto laws, sick pay, vacation pay, etc.).

The Benefit amount is 60% of your predisability weekly earnings; subject to the plan's maximum weekly benefit of \$150.

#### Special Considerations

If you work in a state with state-mandated disability or paid medical leave benefits (“State Benefits”), you should carefully consider whether to enroll for this coverage. In California, Hawaii, Massachusetts, New Jersey, New York, Puerto Rico, Rhode Island, Washington (and Connecticut starting 1/1/22, Oregon starting 1/1/23, and Colorado starting 1/1/24), if eligible, you must apply for State Benefits. Your STD benefit will be reduced by State Benefits or other government benefits that apply. Depending on your compensation, the amount of the State Benefit, and other factors, you may only receive the minimum weekly benefit. Please consider, based on your individual circumstances, whether you need additional coverage beyond the State Benefit.

#### When do benefits begin and how long do they continue?

##### Short Term Disability:

Benefits begin after the end of the elimination period. The elimination period begins on the day you become disabled and is the length of time you must wait while being disabled before you are eligible to receive a benefit. The elimination periods are/is as follows:

**For Injury:** 7 days.

**For Sickness (includes pregnancy):** 7 days.

Benefits continue for as long as you are disabled up to a maximum duration of 26 weeks of Disability.

Your plan's maximum benefit period and any specific limitations are described in the Certificate of Insurance provided by your Employer.

## Additional Disability Plan Benefits: Coverage with Your Best Interests in Mind...

When you are ill or injured for a long time, MetLife believes you need more than a supplement to your income. That's why we offer return-to-work services, and assistance in obtaining Social Security Disability Benefits to help you get the maximum benefits from your coverage. . (Please note — this assistance is only offered if you are approved for LTD benefits).

### Services to Help You Get Back to Work Can Include:

**Nurse Consultant or Case Manager Services:** Specialists who personally contact you, your physician and your employer to coordinate an early return-to-work plan when appropriate.

**Vocational Analysis:** Help with identifying job requirements and determining how your skills can be applied to a new or modified job with your employer.

**Job Modifications:** Adjustments (e.g., redesign of work station tools) that enable you to return to work.

**Retraining:** Development programs to help you return to your previous job or educate you for a new one.

**Financial Incentives:** Allow you to receive Disability benefits or partial benefits while attempting to return to work.

**The Services of Social Security Specialists:** Once you are approved for Disability benefits, MetLife can help you obtain Social Security Disability benefits. Our experts can guide you through the initial application and appeals processes and may also help you access assistance from attorneys or vendors to pursue Social Security benefits.

### Questions & Answers

#### Q. Can I still receive benefits if I return to work part time?

**A. Maybe.** As long as you are disabled and meet the terms of your Disability plan, you may qualify for adjusted Disability benefits.

Your plan offers financial and Rehabilitation incentives designed to help you to return to work when appropriate, even on a part-time basis when you participate in an approved Rehabilitation Program.

While disabled, you may receive up to 100% of your predisability earnings following your return to work when combining your disability benefit, your work earnings and income from other sources.

With the Rehabilitation Incentive you can get a 10% increase in your weekly benefit.

If you work or participate in a rehabilitation program while disabled, following the 4th weekly benefit payment, the Family Care Incentive provides reimbursement up to \$100 per week for eligible expenses, such as child care.

You may be eligible for the Moving Expense Incentive if you incur expenses in order to move to a new residence recommended as part of the Rehabilitation Program. Expenses must be approved in advance.

#### Q. Are there any exclusions for Pre-Existing Conditions?

**A. Yes.** Your plan may not cover a sickness or accidental injury that arose in the months prior to your participation in the plan. A complete description of the pre-existing condition exclusion is included in the Certificate of Insurance provided by your Employer or contact your MetLife benefits administrator with any questions.

#### Q. Are there any exclusions to my coverage?

**A. Yes.** Your plan does not cover any Disability which results from or is caused or contributed to by:

- Elective treatment or procedures, such as cosmetic surgery, reversal of sterilization, liposuction, visual correction surgery, in-vitro fertilization, embryo transfer procedure, artificial insemination or other specific procedures.

However, pregnancies and complications from any of these procedures will be treated as a sickness.

- War, whether declared or undeclared, or act of war, insurrection, rebellion or terrorist act;
- Active participation in a riot;
- Intentionally self-inflicted injury or attempted suicide;
- Commission of or attempt to commit a felony.

Additionally, no payment will be made for a Disability caused or contributed to by any injury or sickness for which you are entitled to benefits under Workers' Compensation or a similar law.



## Weekly Costs\* for Short Term Disability

Weekly cost per \$150 covered benefit

\$4.26

Like most insurance policies, insurance policies offered by MetLife and its affiliates contain certain exclusions, exceptions, waiting periods, reductions, limitations, and terms for keeping them in force. Please contact MetLife or your plan administrator for complete details.

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The "Plan Benefits" provides only a brief overview of the STD plan. A more complete description of the benefits provisions, conditions, limitations, and exclusions will be included in the Certificate of Insurance/Summary Plan Description. If any discrepancies exist between this information and the legal plan documents, the legal plan documents will govern.

Short Term Disability ("STD") coverage is provided under a group insurance policy issued to your employer by MetLife. This STD coverage terminates when your employment ceases, when you cease to be an eligible employee, when your STD contributions cease (if applicable) or upon termination of the group contract by your employer. Like most group insurance policies, MetLife's group policies contain certain exclusions, exceptions, elimination periods, reductions, limitations and terms for keeping them in force. State variations may apply.

<sup>1</sup> Under certain circumstances, MetLife may estimate the amount of income you may receive from other sources.

†Pursuant to IRS Circular 230, MetLife is providing you with the following notification: The information contained in this document is not intended to (and cannot) be used by anyone to avoid IRS penalties. This document supports the promotion and marketing of this Disability insurance. You should seek advice based on your particular circumstances from an independent tax advisor.



## Life Insurance

Life insurance is a cost-effective way to protect your family and your finances. It helps ensure your short- and long-term financial obligations could be met if something unforeseen happens to you.

Explore the coverage that makes it easy to give yourself and your loved ones more security today...and in the future.

### Supplemental Term Life Insurance Coverage Options

For You	For Your Spouse/Domestic Partner	For Your Dependent Children*
\$10,000	\$5,000, not to exceed 50% of your coverage amount	Child 15 days to 6 months - \$1,000 Child more than 6 months to age 26 - \$5,000

\*Child(ren)'s Eligibility: Dependent children ages from 15 days to 26 years old, are eligible for coverage.

### What's Not Covered?

Like most insurance plans, this plan has exclusions. Supplemental and Dependent Life Insurance does not provide payment of benefits for death caused by suicide within the first two years (one year for group policies issued in Missouri, North Dakota and Colorado) of the effective date of the certificate or an increase in coverage. This exclusionary period is one year for residents of Missouri and North Dakota. If the group policy was issued in Massachusetts, the suicide exclusion does not apply to dependent life coverage. The suicide exclusion does not apply to residents of Washington, or to individuals covered under a group policy issued in Washington.

### Additional Coverage Information

#### How to Apply\*

- You may apply for life insurance coverage quickly and securely online using the employer's enrollment site.

#### Act Now During the Enrollment Period.

\*All applications are subject to review and approval by Metropolitan Life Insurance Company. Based on the plan design and the amount of coverage requested, a Statement of Health may need to be submitted to complete your application.

### For Employee Coverage

Enrollment in this Supplemental Term Life insurance plan is available without providing medical information as long as you have not been hospitalized within 90 days preceding your enrollment date, and:

#### For Annual Enrollment

- The enrollment takes place prior to the enrollment deadline

#### For New Hires

- The enrollment takes place within 31 days from the date you become eligible for benefits For relaxed enrollment /relaxed late entrant rules

If you do not meet all of the conditions stated above, you will need to provide additional medical information by completing a Statement of Health form. A Statement of Health is included in this booklet.

### For Dependent Coverage†

You must be covered in order to obtain coverage for your spouse/domestic partner and child(ren).

Your spouse/domestic partner and dependent children do not need to provide medical information as long as s/he/they have not been hospitalized within 90 days preceding the enrollment date, and:

†A domestic partner declaration may be required for those partners not registered with a government agency where such registration is available.



## Life Insurance

### For Annual Enrollment

- The enrollment takes place prior to the enrollment deadline

### For New Hires

- The enrollment takes place within 31 days from the date you become eligible for benefits, and

If you do not meet all of the conditions stated above, you will need to provide additional medical information by completing a Statement of Health form. A Statement of Health is included in this booklet.

### About Your Coverage Effective Date

You must be Actively at Work on the date your coverage becomes effective. Your coverage must be in effect in order for your spouse/domestic partner's and eligible children's coverage to take effect. In addition, your spouse/domestic partner and eligible child(ren) must not be home or hospital confined or receiving or applying to receive disability benefits from any source when their coverage becomes effective.

If Actively at Work requirements are met, coverage will become effective on the date determined by your Employer, following the receipt of your completed application for all requests that do not require additional medical information. A request for your amount that requires additional medical information and is not approved by the date listed above will not be effective until the later of the date that notice is received that MetLife has approved the coverage or increase if you meet Actively at Work requirements on that date, or the date that Actively at Work requirements are met after MetLife has approved the coverage or increase. The coverage for your spouse/domestic partner and eligible child(ren) will take effect on the date they are no longer confined, receiving or applying for disability benefits from any source or hospitalized.

### Who Can Be A Designated Beneficiary?

You can select any beneficiary(ies) other than your employer for your Supplemental coverages, and you may change your beneficiary(ies) at any time. You can also designate more than one beneficiary. You are the beneficiary for your Dependent coverage.

### Weekly Costs\* for Supplemental Term Life Insurance

You have the option to purchase Supplemental Term Life Insurance. Listed below are your monthly rates (based on your age as of your last birthday). Rates to cover your child(ren) are also shown.

Weekly Cost Per \$10,000 of Employee Coverage	Weekly Cost Per \$5,000 of Dependent (Spouse/Domestic Partner & Children) Coverage
\$0.61	\$1.22

† Covers all eligible children

\*Note: rates are subject to the policy's right to change premium rates, and the employer's right to change employee contributions.

### Once Enrolled, You have Access to MetLife Advantages<sup>SM</sup> — Services to Help Navigate What Life May Bring

#### Grief Counseling (all states except NY)<sup>1</sup>

##### To help you, your dependents, and your beneficiaries cope with loss

You, your dependents, and your beneficiaries have access to grief counseling<sup>1</sup> sessions and funeral related concierge services to help cope with a loss — at no extra cost. Grief counseling services provide confidential and professional support during a difficult time to help address personal and funeral planning needs. At your time of need, you and your dependents have 24/7 access to a work/life counselor. You simply call a dedicated 24/7 toll-free number to speak with a licensed professional experienced in helping individuals who have suffered a loss. Sessions can either take place in-person or by phone. You can have up to five face-to-face grief counseling sessions per event to discuss any situation you perceive as a major loss, including but not limited to death, bankruptcy, divorce, terminal illness, or losing a pet.<sup>1</sup> In addition, you have access to funeral assistance for locating funeral homes and cemetery options, obtaining funeral cost estimates and comparisons, and more. You can access these services by calling 1-888-319-7819 or log on to [www.metlifegc.lifeworks.com](http://www.metlifegc.lifeworks.com) (Username: metlifeassist; Password: support).

Download this helpful Funeral Planning Guide at <https://www.metlife.com/funeralplanning/funeral-guide/>.



## Life Insurance

### Life Settlement Account<sup>5</sup>

#### For immediate access to death proceeds

The Total Control Account® (TCA) settlement option provides your loved ones with a safe and convenient way to manage the proceeds of a life claim payments of \$5,000 or more, backed by the financial strength and claims paying ability of Metropolitan Life Insurance Company. TCA death claim payments relieve beneficiaries of the need to make immediate decisions about what to do with a lump-sum check and enable them to have the flexibility to access funds as needed while earning a guaranteed minimum interest rate on the proceeds as they assess their financial situations. Call 1-800-638-7283 for more information about options available to you.

### Estate Planning Services<sup>8,11</sup>

#### To help ensure your decisions are carried out

When you enroll for supplemental term life coverage, you will automatically receive access to Estate Planning Services at no extra cost to you. Estate Planning Service offers unlimited access to complete wills and other important estate planning documents quickly and easily online with access to online notary services, or work one-on-one with a MetLife Legal Plans' attorney, in-person or on the phone, to prepare or update a will, living will, or power of attorney.

Visit [legalplans.com/estateplanning](https://legalplans.com/estateplanning) to get started.

### Will Preparation<sup>8</sup>

#### To help ensure your decisions are carried out

When you enroll for supplemental term life coverage, you will automatically receive access to Will Preparation Services at no extra cost to you. Both you and your spouse/domestic partner will have unlimited in-person or telephone access to one of MetLife Legal Plans, Inc nationwide network of 18,000+ participating attorneys for preparation of or updating a will, living will or power of attorney.\* When you use a participating plan attorney, there will be no charge for the services.\* Like life insurance, a carefully prepared will (simple or complex), living will and power of attorney are important.

- A will lets you define your most important decisions, such as who will care for your children or inherit your property.
- A living will ensures your wishes are carried out and protects your loved ones from having to make very difficult and personal medical decisions by themselves. Also called an "advanced directive," it is a document authorized by statutes in all states that allows you to provide written instructions regarding use of extraordinary life-support measures and to appoint someone as your proxy or representative to make decisions on maintaining extraordinary life-support if you should become incapacitated and unable to communicate your wishes.
- Powers of attorney allow you to plan ahead by designating someone you know and trust to act on your behalf in the event of unexpected occurrences or if you become incapacitated

Visit [legalplans.com/estateplanning](https://legalplans.com/estateplanning) to get started.

\* You also have the flexibility of using an attorney who is not participating in the MetLife Legal Plans, Inc. network and being reimbursed for covered services according to a set fee schedule. In that case you will be responsible for any attorney's fees that exceed the reimbursed amount.

### Estate Resolution Services<sup>SM7</sup> (ERS)

#### Personal service and compassion assistance to help probate your and your spouse's/domestic partner's estates.

MetLife Estate Resolution Services<sup>SM</sup> provides probate services in person or over the phone to the representative (executor or administrator) of the deceased employee's estate and the estate of the employee's spouse/domestic partner. Estate Resolution Services include preparation of documents and representation at court proceedings needed to transfer the probate assets from the estate to the heirs and completion of correspondence necessary to transfer non-probate assets. ERS covers participating plan attorneys' fees for telephone and face-to-face consultations or for the administrator or executor to discuss general questions about the probate process.

### [WillsCenter.com](https://willscenter.com)<sup>9</sup>

#### Self-service online legal document preparation

Employees and spouses/domestic partners have access to [WillsCenter.com](https://willscenter.com), an online document service to prepare and update a will, living will, power of attorney, funeral directive, memorandum of wishes or HIPAA authorization form in a secure 24/7 environment at no additional cost. This service is available with all life coverages. Log on to [www.willscenter.com](https://www.willscenter.com) to register as a new user.



## Life Insurance

### Portability

#### So you can keep your coverage even if you leave your current employer

Should you leave Penmac Staffing Services, Inc. for any reason, and your Supplemental and Dependent Term Life insurance under this plan terminates, you will have an opportunity to continue group term coverage ("portability") under a different policy, subject to plan design and state availability. Rates will be based on the experience of the ported group and MetLife will bill you directly. Rates may be higher than your current rates. To take advantage of this feature, you must have coverage of at least \$10,000 up to a maximum of \$2,000,000.

Portability is also available on coverage you've selected for your spouse/domestic partner and dependent child(ren). The maximum amount of coverage for spouse/domestic partners is \$5,000; the maximum amount of dependent child coverage is \$5,000.

Generally, there is no minimum time for you to be covered by the plan before you can take advantage of the portability feature. Please see your plan administrator for specific details.

Please note that if you experience an event that makes you eligible for portable coverage, please call a MetLife representative at 1-888-252-3607 or contact your plan administrator for more information.

### Additional Features

This insurance offering from your employer and MetLife comes with additional features that can provide assistance to you and your family

### Conversion

#### For protection after your coverage terminates

You can generally convert your group term life insurance benefits to an individual whole life insurance policy if your coverage terminates in whole or in part due to your retirement, termination of employment, or change in employee class. Conversion is available on all group life insurance coverages. Please note that conversion is **not** available on AD&D coverage. If you experience an event that makes you eligible to convert your coverage, please call 1-877-275-6387 to begin the conversion process. Please contact your plan administrator for more information.

### Extended Death Benefit

#### Provides death benefit coverage

With this feature, you'll have death benefit protection without premium payment for a period of up to 12 months following termination of employment if you are Totally Disabled on the date your employment terminates. If you were covered under the plan for less than 12 months, coverage will be extended for the length of time you were covered.

1- Grief Counseling services are provided through an agreement with LifeWorks US Inc. LifeWorks is not an affiliate of MetLife, and the services LifeWorks provides are separate and apart from the insurance provided by MetLife. LifeWorks has a nationwide network of over 30,000 counselors. Counselors have master's or doctoral degrees and are licensed professionals. The Grief Counseling program does not provide support for issues such as: domestic issues, parenting issues, or marital/relationship issues (other than a finalized divorce). For such issues, members should inquire with their human resources department about available company resources. This program is available to insureds, their dependents and beneficiaries who have received a serious medical diagnosis or suffered a loss. Events that may result in a loss are not covered under this program unless and until such loss has occurred. Services are not available in all jurisdictions and are subject to regulatory approval. Not available on all policy forms.

5-Life Settlement Account The TCA is not insured by the Federal Deposit Insurance Corporation or any government agency. The assets backing TCAs are maintained in MetLife's general account and are subject to claims of MetLife's creditors. MetLife bears the investment risk of the assets backing TCAs, and expects to receive a profit. Regardless of the investment experience of such assets, the interest credited to TCAs will never fall below the guaranteed minimum rate. Guarantees are subject to the financial strength and claims paying ability of MetLife.

7- MetLife Estate Resolution Services are offered by MetLife Legal Plans, Inc. Cleveland, Ohio. In certain states, legal services benefits are provided through insurance coverage underwritten by Metropolitan Property and Casualty Insurance Company and affiliates, Warwick, Rhode Island. Certain services are not covered by Estate Resolution Services, including matters in which there is a conflict of interest between the executor and any beneficiary or heir and the estate; any disputes with the group policyholder, MetLife and/or any of its affiliates; any disputes involving statutory benefits; will contests or litigation outside probate court; appeals; court costs, filing fees, recording fees, transcripts, witness fees, expenses to a third party, judgments or fines; and frivolous or unethical matters.

8. Will Preparation Services are offered by MetLife Legal Plans, Inc. Cleveland, Ohio. In certain states, legal services benefits are provided through insurance coverage underwritten by Metropolitan Property and Casualty Insurance Company and affiliates, Warwick, Rhode Island. For New York situated cases, the Will Preparation service is an expanded offering that includes office consultations and telephone advice for certain other legal matters beyond Will Preparation. Tax Planning and preparation of Living Trusts are not covered by the Will Preparation Service.

9-WillsCenter.com is a document service provided by SmartLegalForms, Inc., an affiliate of Epoq Group, Ltd. SmartLegalForms, Inc. is not affiliated with MetLife and the

WillsCenter.com service is separate and apart from any insurance or service provided by MetLife. The WillsCenter.com service does not provide access to an attorney, does not provide legal advice, and may not be suitable for your specific needs. Please consult with your financial, legal, and tax advisors for advice with respect to such matters.

This summary provides an overview of your plan's benefits. These benefits are subject to the terms and conditions of the contract between MetLife and Penmac Staffing Services, Inc. and are subject to each state's laws and availability. Specific details regarding these provisions can be found in the booklet certificate.

Like most group insurance policies, insurance policies offered by MetLife contain certain exclusions, exceptions, waiting periods, reductions, limitations and terms for keeping them in force

*Life coverage is provided under a group insurance policy (Policy Form GPNP99/G2130-S) issued to your employer by MetLife. Life coverages under your employer's plan terminates, when your employment ceases, when your Life and AD&D contributions cease, or upon termination of the group contract. Dependent Life coverage will terminate when a dependent no longer qualifies as a dependent or when a dependent spouse/domestic partner reaches age 70. Should your life insurance coverage terminate for reasons other than non-payment of premium, you may convert it to a MetLife individual permanent policy without providing medical evidence of insurability.*



HOORAY HEALTH WEEKLY PRICING		
WEEKLY RATES	BASIC PLAN	PREMIUM PLAN
EMPLOYEE ONLY	\$17.74	\$30.24
EMPLOYEE + SPOUSE	\$24.15	\$49.64
EMPLOYEE + CHILD(REN)	\$25.79	\$47.35
FAMILY	\$32.53	\$69.94

HOORAY HEALTH WITH MEC WEEKLY PRICING		
WEEKLY RATES	BASIC + MEC PLAN	PREMIUM + MEC PLAN
EMPLOYEE ONLY	\$31.12	\$43.62
EMPLOYEE + SPOUSE	\$41.32	\$66.81
EMPLOYEE + CHILD(REN)	\$43.48	\$65.04
FAMILY	\$53.58	\$90.99

IHP MVP MONTHLY PLAN PRICING	
MONTHLY RATES	MVP PLUS
EMPLOYEE ONLY	\$410.94
EMPLOYEE + SPOUSE	\$690.46
EMPLOYEE + CHILD(REN)	\$602.29
FAMILY	\$881.81

## METLIFE DENTAL WEEKLY PRICING

### WEEKLY RATES

EMPLOYEE	\$5.77
EMPLOYEE + SPOUSE	\$11.25
EMPLOYEE + CHILD	\$11.25
EMPLOYEE + FAMILY	\$18.93

## METLIFE VISION WEEKLY PRICING

### WEEKLY RATES

EMPLOYEE	\$2.22
EMPLOYEE + SPOUSE	\$4.29
EMPLOYEE + CHILD	\$4.29
EMPLOYEE + FAMILY	\$6.01

## METLIFE STD WEEKLY PRICING

### WEEKLY RATES

EMPLOYEE ONLY	\$4.26
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## METLIFE LIFE WEEKLY PRICING

### WEEKLY RATES

EMPLOYEE (\$10,000 COVERAGE AMOUNT)	\$0.61
EMPLOYEE + SPOUSE (\$5,000 FOR DEPENDENT)	\$0.92
EMPLOYEE + CHILD (\$5,000 FOR DEPENDENT)	\$0.92
EMPLOYEE + FAMILY (\$5,000 FOR DEPENDENT)	\$1.22