

Advantage Max Benefit Plan Summary

Hooray Health's **Advantage Max Plans** provide fixed payments you can use towards plan visits and services, with **no preset limit on the number of Urgent Care and Retail Clinic Visits**. In addition to the policy year's fixed payments for illness and sickness, Hooray Health Advantage Max plans also include Accident Medical Expense Benefits.

	MAX \$5,000 LITE	MAX \$15,000
ILLNESS AND SICKNESS POLICY YEAR MAXIMUM	\$5,000	\$15,000
PLUS ACCIDENT MEDICAL EXPENSE MAXIMUM (PER ACCIDENT)	\$5,000	\$5,000
LIFETIME MAXIMUM	N/A	N/A
OUTPATIENT SICK VISIT BENEFITS	PLAN PAYS PER DAY	
URGENT CARE/RETAIL CLINIC OFFICE VISITS	Up to Policy Year Max	
Hooray Health Urgent Care / Retail Clinic Network	Includes Office Visit + In-House lab test, X-Rays, etc. Member Pays a \$25 fee*; Plan pays \$275	
Urgent Care or Retail Clinic Office Visits	First Health Network Provider at discounted rates** or Out-of-Network Provider with no discounts*** Plan pays \$275	
OUTPATIENT PHYSICIAN OFFICE VISITS	Plan pays \$75	Plan pays \$100
VIRTUAL PRIMARY CARE & URGENT CARE TELEMEDICINE	\$0 consult; 1 per day; Plan pays \$5	
VIRTUAL BEHAVIORAL HEALTH TELEMEDICINE ⁽¹⁾	3 visits per year; Plan pays \$5	
OUTPATIENT IMAGING/LAB TEST	PLAN PAYS PER DAY	
Diagnostic Lab Indemnity Benefit	\$50	\$50
Diagnostic X-Ray Indemnity Benefit	\$50	\$50
Diagnostic Exam Indemnity Benefit	\$100	\$200
OUTPATIENT SURGERY BENEFITS	PLAN PAYS PER DAY	
ASC or Hospital Benefit	N/A	\$250
Anesthesia Benefit	N/A	\$100
INPATIENT BENEFITS	PLAN PAYS PER DAY	
Hospital Admission Benefit (1 per year)	\$100	\$250
In-Hospital Indemnity Benefit	N/A	\$250
In-Hospital ICU Confinement Benefit	N/A	\$250
Mental Illness Confinement Benefit	N/A	\$250
Substance Abuse Confinement Benefit	N/A	\$250
In-Hospital Surgery Benefit (Maternity Included) 1 per year	N/A	\$250
Anesthesia Benefit (1 per year)	N/A	\$100
ACCIDENT BENEFITS (INPATIENT AND OUTPATIENT)	PLAN PAYS PER ACCIDENT	
ACCIDENT MEDICAL EXPENSE		
Maximum Benefit Per Accident	up to \$5,000	up to \$5,000
Annual Deductible	\$0	
ACCIDENTAL DEATH COVERAGE		
Principal Sum	\$1,000	
NON-INSURANCE SERVICES⁽²⁾		
Discounted Prescriptions (SimpleScripts Rx) ⁽³⁾	Included	
Discount Radiology (Green Imaging) ⁽³⁾	Included	
WEEKLY RATES	MAX \$5,000 LITE	MAX \$15,000
EMPLOYEE ONLY	\$16.98	\$28.26
EMPLOYEE + SPOUSE	\$23.97	\$46.62
EMPLOYEE + CHILD(REN)	\$25.30	\$47.38
FAMILY	\$30.92	\$66.82

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	MAX \$5,000 LITE + MEC + RX	MAX \$15,000 + MEC + RX
ILLNESS AND SICKNESS POLICY YEAR MAXIMUM	\$5,000	\$15,000
PLUS ACCIDENT MEDICAL EXPENSE MAXIMUM (PER ACCIDENT)	\$5,000	\$5,000
LIFETIME MAXIMUM	N/A	N/A
OUTPATIENT SICK VISIT BENEFITS	PLAN PAYS PER DAY	
URGENT CARE/RETAIL CLINIC OFFICE VISITS	Up to Policy Year Max	
Hooray Health Urgent Care / Retail Clinic Network	Includes Office Visit + In-House lab test, X-Rays, etc. Member Pays a \$25 fee*; Plan pays \$275	
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Diagnostic X-Ray Indemnity Benefit	\$50	\$50
Diagnostic Exam Indemnity Benefit	\$100	\$200
OUTPATIENT SURGERY BENEFITS	PLAN PAYS PER DAY	
ASC or Hospital Benefit	N/A	\$250
Anesthesia Benefit	N/A	\$100
INPATIENT BENEFITS	PLAN PAYS PER DAY	
Hospital Admission Benefit (1 per year)	\$100	\$250
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In-Hospital ICU Confinement Benefit	N/A	\$250
Mental Illness Confinement Benefit	N/A	\$250
Substance Abuse Confinement Benefit	N/A	\$250
In-Hospital Surgery Benefit (Maternity Included) 1 per year	N/A	\$250
Anesthesia Benefit (1 per year)	N/A	\$100
ACCIDENT BENEFITS (INPATIENT AND OUTPATIENT)	PLAN PAYS PER ACCIDENT	
ACCIDENT MEDICAL EXPENSE		
Maximum Benefit Per Accident	up to \$5,000	up to \$5,000
Annual Deductible	\$0	
ACCIDENTAL DEATH COVERAGE		
Principal Sum	\$1,000	
MINIMUM ESSENTIAL COVERAGE (MEC)		
Preventive and Wellness Services (Outlined by ACA)	100% Covered in FHN	
NON-INSURANCE SERVICES⁽²⁾		
95 MEC Prescriptions (SimpleScripts Rx)	\$0 cost	
37 Acute Medications (SimpleScripts Rx)	\$0 copay	
200 Chronic Medications (SimpleScripts Rx)	\$5 copay	
Discounted Prescriptions (SimpleScripts Rx) ⁽³⁾	Included	
Discount Radiology (Green Imaging) ⁽³⁾	Included	
WEEKLY RATES	MAX \$5,000 LITE + MEC + RX	MAX \$15,000 + MEC + RX
EMPLOYEE ONLY	\$29.62	\$40.90
EMPLOYEE + SPOUSE	\$42.05	\$64.70
EMPLOYEE + CHILD(REN)	\$43.90	\$65.98
FAMILY	\$53.86	\$89.76

Rate Summary

TRES HEALTH MVP PREMIER PLAN

MONTHLY RATE FOR HOURLY PAY OF \$7.25 - \$12.00

MONTHLY RATE FOR HOURLY PAY OF \$12.00+

EMPLOYEE ONLY	\$93.87	\$155.38
EMPLOYEE + SPOUSE	\$429.84	\$491.35
EMPLOYEE + CHILD(REN)	\$338.94	\$400.45
FAMILY	\$673.91	\$735.42

Rates reflect Penmac's contribution of \$316.95 - \$378.46 per Month based on hourly wage.

METLIFE DENTAL

WEEKLY RATE

EMPLOYEE ONLY	\$5.77
EMPLOYEE + 1 DEPENDENT	\$11.25
EMPLOYEE + FAMILY	\$18.93

METLIFE VISION

WEEKLY RATE

EMPLOYEE ONLY	\$2.22
EMPLOYEE + 1 DEPENDENT	\$4.29
EMPLOYEE + FAMILY	\$6.01

METLIFE STD

WEEKLY RATE

EMPLOYEE ONLY	\$4.26
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METLIFE LIFE

WEEKLY RATE

EMPLOYEE ONLY	\$0.61
EMPLOYEE + 1 DEPENDENT	\$0.92
EMPLOYEE + FAMILY	\$1.22

Footnotes and Disclaimers

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

*Visits to Urgent Cares in the Hooray Health network cost \$300. You will pay \$25 for a sick visit because the insurance plan's Sickness Urgent Care Benefit will pay the remaining \$275 due. If you go to an out-of-network urgent care, you will still receive the \$275 Sickness Urgent Care benefit, but you may have to pay more than \$25 out of pocket.

**First Health Network contracted providers can be found at hoorayhealth.com/FHN. 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 \$275. Please see plan policy for details.

***Out-of-Network provider visits are paid \$275 per the plan policy. Member will be responsible for any payment balance above the plan payment of \$275. Please see plan policy for details.

(1) Behavioral Health Visits limited to 3 per year including Licensed Counseling, Psych, and Psych Follow-Up. Out of pocket costs for additional visits are \$85.00 for Licensed Counseling, \$225.00 for Psych Initial Visit, and \$95.00 for Psych Follow-Up.

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

(3) Program is offered by Hooray Health, not employer. Discount programs are not offered by the employer, but is offered by Hooray Health to everyone regardless of hours worked or who their employer is. Distribution of materials that identify discount program should not be interpreted as employer sponsorship or endorsement of discount program.

The Accident and Hospital Indemnity benefits are not dependent upon the use of the Hooray Health Network, the First Health Network, or any network. The 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. 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.