

Advantage Max Plan Overview

Enroll Today!

Visit penmac.myhoorayhealth.com or call 855-479-4008



✔ No Deductibles

With a Hooray Health Advantage Max Plan, you have fixed payments for illness and sickness services outlined in the benefit schedule, with a policy year maximum and no deductibles. If you reach your policy year maximum, you still have access to Hooray Health's network of savings, accident coverage, telemedicine, prescription discounts, and more!



✔ Telemedicine

You can see a provider from the comfort of your home. Hooray Health plans include 24/7 access to board-certified Virtual Primary Care Physicians. Schedule a virtual consult with a Primary Care Physician, who can tailor an ongoing treatment plan for many common medical concerns.



✔ Hooray Health Network

No preset limit on the number of Urgent Care and Retail Clinic visits. Access a nearby Retail Clinic or Urgent Care Center for everyday illness and injury. Pay **only a \$25 copay** with no balance billing on medical bills following your visit.*



✔ Prescriptions

Need a prescription? Use the Hooray Health App to locate the least-expensive prescriptions. With ProPlus Rx, pay \$0 Copay for 37 Acute drugs and \$5 Copay for 200 Chronic drugs.



✔ Minimum Essential Coverage (MEC)

If you choose a MEC plan, 100% of Preventive Services outlined by the government are covered through a **First Health Network provider.**



✔ First Health Network

You also have access to additional providers through the First Health Network. Utilizing First Health Network providers means your fixed payment benefit will stretch further, with discounts on services from Primary Care Physicians, Specialists, or even Urgent Care Centers outside of the Hooray Health Network. Please note: you may be subject to balance billing after the benefit payment within the First Health Network.**



Other Features Include:

- ✔ Accident Coverage
- ✔ Virtual Behavioral Health
- ✔ Hospital Benefits
- ✔ Discount Radiology Services***

Other Plans Include:

- ✔ MetLife Life
- ✔ MetLife Vision
- ✔ MetLife Dental
- ✔ MetLife Short-Term Disability

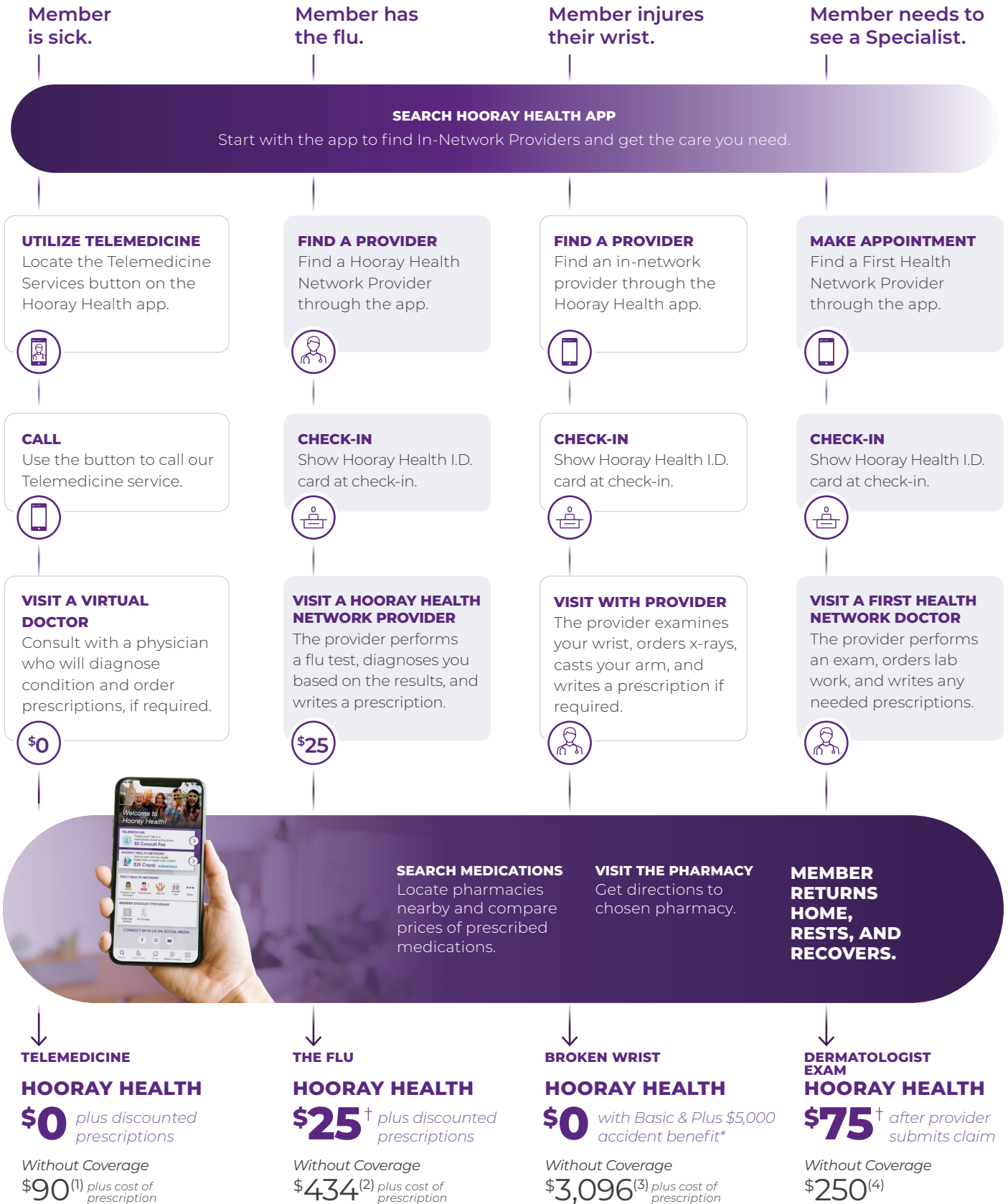
Search for a provider by visiting myhoorayhealth.com/providers and selecting "Hooray Health Network" or "First Health Network."

*No 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.

***Discount program is offered by Hooray Health, not employer and offered to everyone regardless of hours worked or who their employer is.

How does Hooray Health work?



The claim scenarios are intended to show the types of situations that may result in a claim. Scenarios are not based on actual claims.
 †Estimated Member balance after network discounts, telemedicine service discounts, and with hospital indemnity benefit underwritten by Zurich American Insurance Company. Dermatologist exam not available in Core Plan. See pgs 12-13 for Limitations and Exclusions.
 *Accident medical expense benefit underwritten by Zurich American Insurance Company. See pgs 13-14 for Limitations and Exclusions.
 (1) Gascon Ivey, A. (2023, May 1). How Much Does a Telehealth Visit Cost? GoodRx. Retrieved from <https://www.goodrx.com/healthcare-access/telehealth/how-much-does-telehealth-cost>
 (2) Fairhealthconsumer.org Uninsured/Out-of-Network cost in Zip Code 75248 for CPT Code 99202 Patient visit and 88106 Examination of body fluid
 (3) CDC - WI SQARSTM (Web-based Injury Statistics Query and Reporting in System). Retrieved from <https://www.cdc.gov/injury/wisqars/nonfatal.html>
 (4) Actual billable charge from a Provider in Zip Code 75266 for Procedure Code 88305 Gross & Micro, Level 4 Biopsy

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	Plan Pays Per Day
URGENT CARE/RETAIL CLINIC OFFICE VISITS	Up to Policy Year Max	Up to Policy Year Max
Hooray Health Network includes Office Visit + In-House lab test, X-Rays, etc.	Member Pays \$25 copay No Balance Bills* Plan pays \$175	Member Pays \$25 copay No Balance Bills* Plan pays \$175
Urgent Care or Retail Clinic Office Visits (First Health Network Provider at discounted rates** or Out-of-Network Provider with no discounts)***	Plan pays \$175	Plan pays \$175
Outpatient Physician Office Visits	Plan pays \$75	Plan pays \$100
OUTPATIENT IMAGING/LAB BENEFITS	Plan Pays Per Day	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	Plan Pays Per Day
ASC or Hospital Benefit	N/A	\$250
Anesthesia Benefit	N/A	\$100
INPATIENT BENEFITS	Plan Pays Per Day	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	Plan Pays
ACCIDENT MEDICAL EXPENSE		
Maximum Benefit Per Accident	up to \$5,000	up to \$5,000
<i>Annual Deductible</i>	\$0	\$0
ACCIDENTAL DEATH COVERAGE		
Principal Sum	\$1,000	\$1,000
NON-INSURANCE SERVICES⁽¹⁾		
Virtual Primary Care & Urgent Care (Reкуро Telemedicine)	\$0 consult; 1 per day	\$0 consult; 1 per day
Behavioral Health (Reкуро)	\$0 consult; 3 per year	\$0 consult; 3 per year
Discount Prescription Program (SimpleScripts RX) ⁽²⁾	Included	Included
Discount Radiology (Green Imaging) ⁽²⁾	Included	Included

Rates on page 5.

Advantage Max Benefit Plan Summary



Hooray Health's **Advantage Max + MEC + ProPlus5 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 + 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	Plan Pays Per Day
URGENT CARE/RETAIL CLINIC OFFICE VISITS	Up to Policy Year Max	Up to Policy Year Max
Hooray Health Network includes Office Visit + In-House lab test, X-Rays, etc.	Member Pays \$25 copay No Balance Bills* Plan pays \$175	Member Pays \$25 copay No Balance Bills* Plan pays \$175
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OUTPATIENT IMAGING/LAB BENEFITS	Plan Pays Per Day	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	Plan Pays Per Day
ASC or Hospital Benefit	N/A	\$250
Anesthesia Benefit	N/A	\$100
INPATIENT BENEFITS	Plan Pays Per Day	Plan Pays Per Day
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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	Plan Pays
ACCIDENT MEDICAL EXPENSE		
Maximum Benefit Per Accident	up to \$5,000	up to \$5,000
<i>Annual Deductible</i>	\$0	\$0
ACCIDENTAL DEATH COVERAGE		
Principal Sum	\$1,000	\$1,000
MINIMUM ESSENTIAL COVERAGE		
Preventive and Wellness Services (Outlined by ACA)	100% Covered in FHN	100% Covered in FHN
NON-INSURANCE SERVICES⁽¹⁾		
Virtual Primary Care & Urgent Care (Recuro Telemedicine)	\$0 consult; 1 per day	\$0 consult; 1 per day
Behavioral Health (Recuro)	\$0 consult; 3 per year	\$0 consult; 3 per year
37 Acute Rx Plan	\$0 copay	\$0 copay
ProPlus 5 Rx Plan	\$5 copay	\$5 copay
Discount Prescription Program (SimpleScripts RX) ⁽²⁾	Included	Included
Discount Radiology (Green Imaging) ⁽²⁾	Included	Included

Rates on page 5.

Advantage Max Benefit Plan Rates

Hooray Health's **Advantage Max Plans** provide fixed payments up to the policy maximum amounts which vary based on your unique needs and plan selection. If you reach your policy maximum limit, you still have access to Hooray Health's network of savings, accident coverage, telemedicine and more!

HOORAY HEALTH WEEKLY RATES

	MAX \$5,000 LITE	MAX \$15,000
EMPLOYEE ONLY	\$16.59	\$27.82
EMPLOYEE + SPOUSE	\$23.32	\$45.96
EMPLOYEE + CHILD(REN)	\$24.51	\$46.62
FAMILY	\$29.98	\$65.85

HOORAY HEALTH WITH MEC WEEKLY RATES

	MAX \$5,000 LITE + MEC + RX	MAX \$15,000 + MEC + RX
EMPLOYEE ONLY	\$29.23	\$40.46
EMPLOYEE + SPOUSE	\$41.40	\$64.04
EMPLOYEE + CHILD(REN)	\$43.11	\$65.22
FAMILY	\$52.93	\$88.80

Virtual Primary Care

Telemedicine included in Hooray Health Plan

Top primary care physicians provide personalized care through message-based and video interactions, no matter your location or circumstance. Select a dedicated, board-certified physician who you will see for your annual check-up and any follow-up visits.

Highlights



Comprehensive

An integrated care team of board certified primary care physicians enables care with a personal touch.



Convenient

Patient receives a lab kit shipped to their doorstep, self-collect their sample, and mail it to the lab, all from the comfort of their home.



Preventive

A proactive approach that includes 1 at-home lab per year, and risk stratification enables early intervention to improve patient experience and outcomes.

Conditions Treated

Allergic Conditions

Diabetes

High Cholesterol

Hypertension

GI Tract Issues

Prediabetes

Respiratory Illness

And More

Virtual Urgent Care

Telemedicine included in Hooray Health Plan

Highlights



24/7 Acute Care Access

Access to board-certified providers for treatment of common medical concerns with ongoing communication with your doctor.



Convenient

Patients can see a board-certified physician wherever they are, whenever they need it.



Personalized

Patients receive treatment plans based on their unique needs and can ask follow-up questions to their doctors after the visit, free of charge.

Conditions Treated

Acne/Rashes

Allergies

Cold / Flu / Cough

Pink Eye

Ear Problems

Fever / Headache

Insect Bites

And More

Virtual Behavioral Health

Included in Hooray Health Plan

HOORAYHEALTH



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 comprehensive behavioral health care from therapy and counseling to psychiatry and medication management.*



Conditions Treated:

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

Facts and Figures:

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

48
HOURS

Did you know?

Behavioral health visits are available within 48 hours, far more accessible than other options.

Simply call 855-673-2876 to connect to Virtual Behavioral Health!

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 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.

Self Insured MEC Summary

Minimum Essential Coverage⁽¹⁾

Minimum Essential Coverage (MEC) plan covers your preventive services as outlined by the ACA, covered at 100% at a First Health Network Provider.

MEC paired with a Hooray Health benefit plan offers you well-rounded coverage, including network discounts and telemedicine to keep and maintain your health!



MEC Plan Overview

- ✔ \$0 Copay
- ✔ **100% of Preventive Services covered through First Health Network.**
- ✔ No Out-of-Network benefits coverage.

All covered services are included on the following pages, or can be found at

[healthcare.gov/preventive-care-benefits](https://www.healthcare.gov/preventive-care-benefits)

Find a First Health Network provider using the Hooray Health App or at [hoorayhealth.com/FHN](https://www.hoorayhealth.com/FHN)

Self-Funded Minimum Essential Coverage (MEC) ⁽¹⁾	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.

⁽¹⁾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.

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.

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.

The Industry's Premier Pharmacy Program

Rest assured, members won't have to worry about the expensive cost of their prescription medications. That's because SimpleScripts Rx has created a powerful system that offers multiple ways to save on prescription medications - all on one website!



ProPlus 5 Rx Plan:

Acute Medications: 37 Acute Prescriptions at a \$0 Copay

Acute Formulary found on the next page

- ✓ Members pay \$0 for medications on the Acute Formulary list and receive deep discounts up to 80% on all other medications.
- ✓ With more than 70,000 participating retail pharmacies across the US, accessing prescription savings is convenient!
- ✓ Members can visit SimpleScriptsRx.com, enter their Hooray Health member ID, click "submit" and follow the instructions to begin saving!

Chronic Medications 200 Prescriptions at a \$5 Copay

Chronic Formulary found on the next few pages

- ✓ SimpleScripts Rx created the 200 Chronic Medication Plan that provides 200 meds at just \$5.00, plus additional discounts on all other medications at more than 70,000 retail pharmacies.
- ✓ All future chronic or recurring medications will be mailed directly to you for just \$5.00.

Retail Pharmacy

- ✓ For medications not part of the Acute Medication Program visit SimpleScriptsRx.com, select your preferred retail location for pick-up and receive a savings up to 80% off retail prices.

Simply download the Hooray Health Mobile app or visit SimpleScriptsRx.com to begin saving!

Mail-order

- ✓ A convenient, cost-effective way to save!
- ✓ Over 500 formulations of medications for only \$13.95 for a 90-day supply.
- ✓ Free standard shipping and auto-refill features for every order.

International Option (Name-brands)

- ✓ Save up to 70% on Brand Drugs.
- ✓ Shipped safely and securely.
- ✓ Over 500 name-brand medications are readily available.

Prescription Assistance Program (PAP)

- ✓ For those that need assistance, there is a program that can help get those expensive drugs for as low as \$25.00 per month, depending on the medication.
- ✓ SimpleScripts Rx handles the entire process - paperwork, prescription and ongoing support.

Patient Advocacy

- ✓ SimpleScripts Rx's team of Customer Care Specialists are available to help you find the best option to save you money!

37 ACUTE MEDICATIONS AT \$0 COST

Brand Dosage Form	Max Retail	Brand Dosage Form	Max Retail
ANTIBIOTICS			
Amoxicillin 250 mg Capsule	30 Capsules	Bactrim DS Tablet - Generic	14 Tablets
Amoxicillin 400 mg/5 ml Suspension	200 mLs	Ciprofloxacin HCL 500 mg Tablet	14 Tablets
Amoxicillin 500 mg Capsule	30 Capsules	Cephalexin 500 mg Capsules	20 Capsules
Amoxicillin 875 mg Tablet	20 Tablets	Metronidazole 500 mg Tablet	21 Tablets
Augmentin 875-125 Tablet - Generic	14 Tablets	Fluconazole 150 mg Tablet	1 Tablet
Azithromycin 500 mg Tablet	6 Tablets	Z-Pack 250 mg Tablet - Generic	6 Tablets
Bacitracin 500 Unit/G Ointment	28 Grams		
BRONCHITIS / ASTHMA			
Medrol Dose Pack - Generic	21 Tablets	Prednisone 5 mg Tablet	30 Tablets
Prednisone 10 mg Tablet	30 Tablets	Prednisone 50 mg Tablet	30 Tablets
Prednisone 20 mg Tablet	30 Tablets		
COUGH			
Guaifenesin/Codeine 118 mLs Liquid	118 mLs	Tessalon Perle 100 mg Capsule - Generic	30 Capsules
Promethazine w/ Codeine 10-6.25 mg/5 mL Syrup	200 mLs	Tessalon Perle 200 mg Capsule - Generic	15 Capsules
EAR INFECTION			
Amoxicillin 250 mg Capsule	30 Capsules	Augmentin 875-125 Tablet - Generic	14 Tablets
Amoxicillin 400 mg/5 ml Suspension	200 mLs	Bactrim DS Tablet - Generic	14 Tablets
Amoxicillin 500 mg Capsule	30 Capsules	Cephalexin 500 mg Capsules	20 Capsules
Amoxicillin 875 mg Tablet	20 Tablets		
EYE INFECTION / PINK EYE			
Ocuflox Ophthalmic Solution 0.3% - Generic	5 ml	Polytrim Ophthalmic Solution - Generic	10 ml
FEVER			
Ibuprofen 400 mg Tablet	20 Tablets	Ibuprofen 800 mg Tablet	20 Tablets
Ibuprofen 600 mg Tablet	20 Tablets		
NAUSEA / VOMITING			
Meclizine 12.5 mg Tablet	20 Tablets	Promethazine 25 mg Tablet	12 Tablets
Meclizine 25 mg Tablet	20 Tablets		
PAIN MANAGEMENT			
Ibuprofen 400 mg Tablet	20 Tablets	Naproxen 250 mg Tablet	30 Tablets
Ibuprofen 600 mg Tablet	20 Tablets	Naproxen 375 mg Tablet	20 Tablets
Ibuprofen 800 mg Tablet	20 Tablets	Naproxen 500 mg Tablet	20 Tablets
Lortab 10-750 mg Tablet - Generic	12 Tablets		
POISON IVY			
Cyproheptadine 4 mg Tablet	21 Tablets	Triamcinolone 0.025% Ointment	15 Grams
Hydrocortisone 1% Cream	28 Grams		
RASH			
Cyproheptadine 4 mg Tablet	21 Tablets	Hydrocortisone 1% Cream	28 Grams
SORE THROAT / STREP			
Amoxicillin 250 mg Capsule	30 Capsules	Augmentin 875-125 Tablet - Generic	14 Tablets
Amoxicillin 400 mg/5 ml Suspension	200 mLs	Azithromycin 500 mg Tablet	6 Tablets
Amoxicillin 500 mg Capsule	30 Capsules	Cephalexin 500 mg Capsules	20 Capsules
Amoxicillin 875 mg Tablet	20 Tablets	Z-Pack 250 mg Tablet - Generic	6 Tablets
UTI			
Bactrim DS Tablet - Generic	14 Tablets	Ciprofloxacin HCL 500 mg Tablet	14 Tablets
WOMEN'S HEALTH			
Metronidazole 500 mg Tablet	21 Tablets	Fluconazole 150 mg Tablet	1 Tablet

For plan details, please call (855) 798-2538 or chat @ SimpleScriptsRx.com.

200 CHRONIC MEDICATIONS AT \$5 COST

Brand Dosage Form	Max Retail	Max HD	Brand Dosage Form	Max Retail	Max HD
ALLERGY					
Carbinoxamine 4 mg/5 mL Liquid	118 mLs	118 mLs	Diphenhydramine Hcl 50 mg Capsule	30 Capsules	90 Capsules
Cetirizine Hcl 10 mg Tablet	30 Tablets	90 Tablets	Hydroxyzine Hcl 10 mg/5 mL Solution	200 mLs	473 mLs
Cetirizine Hcl 1 mg/mL Solution	118 mLs	354 mLs	Hydroxyzine Hcl 50 mg Tablet	30 Tablets	90 Tablets
Cyproheptadine Hcl 2 mg/5 mL Syrup	200 mLs	473 mLs	Montelukast 10 mg Tablet	30 Tablets	90 Tablets
ANEMIA					
Ferrex 150 Forte Caps - Vit B12, Vit B9, Iron - Generic	30 Capsules	90 Capsules			
ANTIBIOTICS					
Augmentin 875-125 mg Tablet - Generic	14 Tablets	14 Tablets	Polytrim Ophthalmic Solution - Generic	10 mLs	10 mLs
Cephalexin 500 mg Capsule	20 Capsules	60 Capsules	Bactrim DS - Generic	21 Tablets	21 Tablets
ANTICOAGULANT					
Clopidogrel 75 mg Tablet	30 Tablets	90 Tablets	Warfarin 3 mg Tablet	30 Tablets	90 Tablets
Warfarin 1 mg Tablet	30 Tablets	90 Tablets			
ANTIFUNGAL					
Clotrimazole 1% Topical Cream	15 Grams	45 Grams	Ketoconazole 200 mg Tablet	20 Tablets	60 Tablets
ANTIVIRAL					
Acyclovir 200 mg Capsule	30 Capsules	30 Capsules	Famciclovir 250 mg Tablet	10 Tablets	21 Tablets
BLOOD PRESSURE					
Amlodipine 10 mg Tablet	30 Tablets	90 Tablets	Lisinopril 2.5 mg Tablet	30 Tablets	90 Tablets
Amlodipine 2.5 mg Tablet	30 Tablets	90 Tablets	Lisinopril 20 mg Tablet	30 Tablets	90 Tablets
Amlodipine 5 mg Tablet	30 Tablets	90 Tablets	Lisinopril 30 mg Tablet	30 Tablets	90 Tablets
Amlodipine/Benazepril 10-20 mg Capsule	30 Capsules	90 Capsules	Lisinopril 40 mg Tablet	30 Tablets	90 Tablets
Amlodipine/Benazepril 2.5-10 mg Capsule	30 Capsules	90 Capsules	Lisinopril 5 mg Tablet	30 Tablets	90 Tablets
Amlodipine/Benazepril 5-40 mg Capsule	30 Capsules	90 Capsules	Lisinopril/HCTZ 20-12.5 mg Tablet	30 Tablets	90 Tablets
Atenolol 25 mg Tablet	30 Tablets	90 Tablets	Lisinopril/HCTZ 20-25 mg Tablet	30 Tablets	90 Tablets
Atenolol 50 mg Tablet	30 Tablets	90 Tablets	Metoprolol Tartrate 25 mg Tablet	30 Tablets	90 Tablets
Carvedilol 12.5 mg Tablet	30 Tablets	90 Tablets	Metoprolol Tartrate 75 mg Tablet	30 Tablets	90 Tablets
Carvedilol 25 mg Tablet	30 Tablets	90 Tablets	Olmesartan Medoxomil 20 mg Tablet	30 Tablets	90 Tablets
Carvedilol 3.125 mg Tablet	30 Tablets	90 Tablets	Olmesartan Medoxomil 40 mg Tablet	30 Tablets	90 Tablets
Clonidine 0.1 mg Tablet	30 Tablets	90 Tablets	Spironolactone 25 mg Tablet	30 Tablets	90 Tablets
Clonidine 0.2 mg Tablet	30 Tablets	90 Tablets	Terazosin 10 mg Capsule	30 Capsules	90 Capsules
Furosemide 10 mg/mL Solution (Oral)	60 mLs	120 mLs	Terazosin 1 mg Capsule	30 Capsules	90 Capsules
Hydralazine 10 mg Tablet	30 Tablets	90 Tablets	Terazosin 2 mg Capsule	30 Capsules	90 Capsules
Hydralazine 25 mg Tablet	30 Tablets	90 Tablets	Terazosin 5 mg Capsule	30 Capsules	90 Capsules
Hydralazine 50 mg Tablet	30 Tablets	90 Tablets	Triamterene/Hydrochlorothiazide 37.5-25 mg Tablet	30 Tablets	90 Tablets
Hydrochlorothiazide 25 mg Tablet	30 Tablets	90 Tablets	Verapamil 120 mg Tablet	30 Tablets	90 Tablets
Hydrochlorothiazide 50 mg Tablet	30 Tablets	90 Tablets	Verapamil 40 mg Tablet	30 Tablets	90 Tablets
Lisinopril 10 mg Tablet	30 Tablets	90 Tablets			
CHOLESTEROL					
Atorvastatin 10 mg Tablet	30 Tablets	90 Tablets	Simvastatin 10 mg Tablet	30 Tablets	90 Tablets
Atorvastatin 20 mg Tablet	30 Tablets	90 Tablets	Simvastatin 20 mg Tablet	30 Tablets	90 Tablets
Pravastatin 10 mg Tablets	30 Tablets	90 Tablets	Simvastatin 40 mg Tablet	30 Tablets	90 Tablets
Rosuvastatin 10 mg Tablet	30 Tablets	90 Tablets			
COLD					
Albuterol Sulfate Syrup 2 mg/5mL 2 mg/5 mL Syrup	473 mLs	473 mLs	Amoxicillin 250 mg Capsule	30 Capsules	N/A
Amoxicillin 125 mg/5 mL Suspension	200 mLs	N/A	Amoxicillin 250 mg/5 mL Suspension	200 mLs	N/A
Amoxicillin 200 mg/5 mL Suspension	200 mLs	N/A	Amoxicillin 400 mg/5 mL Suspension	200 mLs	N/A

200 CHRONIC MEDICATIONS AT \$5 COST

Brand Dosage Form	Max Retail	Max HD	Brand Dosage Form	Max Retail	Max HD
COLD					
Amoxicillin 500 mg Capsule	30 Capsules	N/A	Guaifenesin 200 mg Tablet	10 Tablets	N/A
Amoxicillin/Potassium Clav 200-28.5 mg/5mL Suspension	50 mLs	N/A	Promethazine w/ Codeine 10-6.25 mg/5mL Syrup	200 mLs	N/A
Amoxicillin/Potassium Clav 400-57 mg/5mL Suspension	50 mLs	N/A	Promethazine w/ Dextromethorphan 6.25-15 mg/5 mL Syrup	118 mLs	354 mLs
Azithromycin 250 mg Tablet	6 Tablets	N/A	Tessalon Perle 100 mg Capsule	30 Capsules	90 Capsules
Azithromycin 500 mg Tablet	6 Tablets	N/A	Tessalon Perle 200 mg Capsule	15 Capsules	45 Capsules
COPD					
Ipratropium/Albuterol Sulfate 0.5-3 mg/3 - Sol for Nebulization	90 mLs	270 mLs			
CORTICOSTEROID					
Dexamethasone 0.5 mg Tablet	30 Tablets	90 Tablets	Hydrocortisone 5 mg Tablet	30 Tablets	90 Tablets
Dexamethasone 0.5 mg/5 mL Elixir	237 mLs	237 mLs	Medrol Dose Pack 4 mg - Generic	21 Tablets	21 Tablets
Hydrocortisone 2.5% Cream	28 Grams	84 Grams	Triamcinolone 0.1% Ointment	15 Grams	45 Grams
DIABETES					
Glimepiride 2 mg Tablet	30 Tablets	90 Tablets	Glyburide Micronized 1.5 mg Tablet	15 Tablets	45 Tablets
Glimepiride 4 mg Tablet	30 Tablets	90 Tablets	Glyburide Micronized 3 mg Tablet	15 Tablets	45 Tablets
Glipizide 5 mg Tablet	30 Tablets	90 Tablets	Metformin 1000 mg Tablet	30 Tablets	90 Tablets
Glipizide ER 2.5 mg Tablet	30 Tablets	90 Tablets	Metformin 500 mg Tablet	30 Tablets	90 Tablets
Glipizide ER 5 mg Tablet	30 Tablets	90 Tablets	Metformin ER 500 mg Tablet	30 Tablets	90 Tablets
Glyburide 1.25 mg Tablet	30 Tablets	90 Tablets	Metformin ER 750mg Tablet	30 Tablets	90 Tablets
DIURETIC					
Furosemide 20 mg Tablet	30 Tablets	90 Tablets	Torsemide 20 mg Tablet	30 Tablets	90 Tablets
Furosemide 40 mg Tablet	30 Tablets	90 Tablets	Torsemide 5 mg Tablet	30 Tablets	90 Tablets
Torsemide 10 mg Tablet	30 Tablets	90 Tablets			
GASTROINTESTINAL					
Dicyclomine 10 mg Capsule	30 Capsules	90 Capsules	Omeprazole 40 mg Capsule DR/EC	30 Capsules	90 Capsules
Dicyclomine 20 mg Tablet	30 Tablets	90 Tablets	Pantoprazole Sodium 20 mg Tablet DR/EC	30 Tablets	90 Tablets
Omeprazole 10 mg Capsule DR/EC	30 Capsules	90 Capsules	Pantoprazole Sodium 40 mg Tablet DR/EC	30 Tablets	90 Tablets
Omeprazole 20 mg Capsule DR/EC	30 Capsules	90 Capsules	Promethazine 6.25 mg/5 mL Syrup	200 mLs	473 mLs
GOUT					
Allopurinol 100 mg Tablet	30 Tablets	90 Tablets	Allopurinol 300 mg Tablet	30 Tablets	90 Tablets
INSOMNIA					
Doxepin 10 mg/mL Concentrate	120 mLs	120 mLs	Triazolam 0.25 mg Tablet	30 Tablets	N/A
Trazodone 50 mg Tablet	30 Tablets	90 Tablets			
LAXATIVE					
Gavilyte-C Powder Solution	1 Kit	1 Kit	Lactulose 10 Gram/15 mL Solution	473 mLs	946 mLs
MEN'S HEALTH					
Cialis 10 mg Tablet - Generic	HD Only	50 Tablets	Viagra 100 mg Tablet -Generic	HD Only	72 Tablets
Cialis 20 mg Tablet - Generic	HD Only	50 Tablets	Viagra 50 mg Tablet - Generic	HD Only	72 Tablets
MENTAL HEALTH					
Alprazolam 0.5 mg Tablet	30 Tablets	N/A	Clonazepam 0.5 mg Tablet	30 Tablets	N/A
Alprazolam 1 mg Tablet	30 Tablets	N/A	Clonazepam 1 mg Tablet	30 Tablets	N/A
Bupropion 75 mg Tablet	30 Tablets	90 Tablets	Clonazepam 2 mg Tablet	30 Tablets	N/A
Carbamazepine 100 mg/5 mL Suspension	150 mLs	450 mLs	Diazepam 2 mg Tablet	30 Tablets	N/A
Chlordiazepoxide 10 mg Capsule	15 Capsules	N/A	Diazepam 5 mg Tablet	30 Tablets	N/A
Chlordiazepoxide 5 mg Capsule	15 Capsules	N/A	Diazepam 10 mg Tablet	30 Tablets	N/A
Citalopram 20 mg Tablet	30 Tablets	90 Tablets	Duloxetine 20 mg Capsule	30 Capsules	90 Capsules
Citalopram 40 mg Tablet	30 Tablets	90 Tablets	Escitalopram 5 mg Tablet	30 Tablets	90 Tablets

200 CHRONIC MEDICATIONS AT \$5 COST

Brand Dosage Form	Max Retail	Max HD	Brand Dosage Form	Max Retail	Max HD
MENTAL HEALTH					
Escitalopram 10 mg Tablet	30 Tablets	90 Tablets	Lorazepam 0.5 mg Tablet	30 Tablets	N/A
Fluoxetine 20 mg Capsule	30 Capsules	90 Capsules	Lorazepam 1 mg Tablet	30 Tablets	N/A
Hydroxyzine Pamoate 25 mg Capsule	20 Capsules	60 Capsules	Methadone 10 mg Tablet	30 Tablets	N/A
Hydroxyzine Pamoate 50 mg Capsule	20 Capsules	60 Capsules	Nortriptyline 25 mg Capsule	30 Capsules	90 Capsules
Imipramine 10 mg Tablet	30 Tablets	90 Tablets	Nortriptyline 75 mg Capsule	30 Capsules	90 Capsules
Lamotrigine 200 mg Tablet	30 Tablets	90 Tablets	Paroxetine 10 mg Tablet	30 Tablets	90 Tablets
Lamotrigine 25 mg Tablet	30 Tablets	90 Tablets	Paroxetine 20 mg Tablet	30 Tablets	90 Tablets
Levetiracetam 250 mg Tablet	30 Tablets	90 Tablets	Paroxetine 30 mg Tablet	30 Tablets	90 Tablets
Lithium Carbonate 150 mg Capsule	30 Capsules	90 Capsules	Sertraline 100 mg Tablet	30 Tablets	90 Tablets
Lithium Carbonate 300 mg Capsule	30 Capsules	90 Capsules	Sertraline 25 mg Tablet	30 Tablets	90 Tablets
Lithium Carbonate 600mg Capsule	30 Capsules	90 Capsules	Sertraline 50 mg Tablet	30 Tablets	90 Tablets
Lithium Carbonate ER 300 mg Tablet	30 Tablets	90 Tablets			
NAUSEA/VOMITING					
Meclizine Hcl 12.5 mg Tablet	20 Tablets	60 Tablets	Promethazine 12.5 mg Tablet	30 Tablets	90 Tablets
Meclizine Hcl 25 mg Tablet	20 Tablets	60 Tablets	Promethazine 25 mg Tablet	30 Tablets	90 Tablets
PAIN					
Acetaminophen w/ Codeine 120-12 mg/5mL Solution	473 mLs	N/A	Naproxen 220 mg Tablet	30 Tablets	90 Tablets
Baclofen 20 mg Tablet	30 Tablets	90 Tablets	Oxycodone 10 mg Tablet	30 Tablets	N/A
Carisoprodol 350 mg Tablet	30 Tablets	N/A	Prednisone 1 mg Tablet	30 Tablets	90 Tablets
Cyclobenzaprine 10 mg Tablet	30 Tablets	90 Tablets	Prednisone 2.5 mg Tablet	30 Tablets	90 Tablets
Gabapentin 100 mg Capsule	30 Capsules	90 Capsules	Prednisone 20 mg Tablet	30 Tablets	90 Tablets
Gabapentin 300 mg Capsule	30 Capsules	90 Capsules	Prednisone 5 mg Tablet	30 Tablets	90 Tablets
Ibuprofen 400 mg Tablet	20 Tablets	60 Tablets	Tizanidine Hcl 2 mg Tablet	30 Tablets	90 Tablets
Indomethacin 25 mg Capsule	20 Capsules	Capsules	Tizanidine Hcl 4 mg Tablet	30 Tablets	90 Tablets
Meloxicam 15 mg Tablet	30 Tablets	90 Tablets	Tramadol Hcl 50 mg Tablet	30 Tablets	N/A
Meloxicam 7.5 mg Tablet	30 Tablets	90 Tablets			
THYROID					
Levothyroxine 175 Mcg Tablet	30 Tablets	90 Tablets	Levothyroxine 25 Mcg Tablet	30 Tablets	90 Tablets
WEIGHT LOSS					
Phendimetrazine Tartrate 35mg Tablet	30 Tablets	N/A			
WOMEN'S HEALTH					
Alendronate Sodium 35mg Tablet	4 Tablets	12 Tablets	Loestrin-21 1-20 Mcg - Generic	21 Tablets	84 Tablets
Alyacen 1 mg/35 Mcg Tablet - Generic	28 Tablets	84 Tablets	Medroxyprogesterone 2.5 mg Tablet	30 Tablets	90 Tablets
Anastrozole 1 mg Tablet	30 Tablets	90 Tablets	Sprintec Tablet - Generic	28 Tablets	84 Tablets
Folic Acid 1 mg Tablet	30 Tablets	90 Tablets	Tri-Lo Marzia Tablet - Generic	28 Tablets	84 Tablets
Heather Tablet - Generic	28 Tablets	84 Tablets	Tri-Sprintec Tablet - Generic	28 Tablets	84 Tablets

For plan details, please call (855) 798-2538 or chat @ SimpleScriptsRx.com.



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Minimum Value Plan Choice Benefit Overview

Your employer has elected to offer you IHP's Minimum Value Plan, that provides substantial coverage for inpatient and physician services!

PLAN	IHP CHOICE
Network	PHCS
Deductible (Indv/Fam)	\$0 / \$0
Maximum Out of Pocket (Indv/Fam)	\$9,100 / \$18,200
PREVENTIVE CARE	
Routine Well Care (Non-hospital services)	Included
PHYSICIAN SERVICES	
Primary Care Office Visit (Includes mental and behavioral health)	\$25 Copay (10 visits per Plan Year)
Specialist Office Visit	\$50 Copay (10 visits per Plan Year)
Allergy Services (The Copay applies to the administration of the allergy service and is separate from the Copay for the office visit)	\$50 Copay
Other Services Performed in the Physician Office	\$50 Copay
Telemedicine	\$0 Copay (Unlimited)
Urgent Care	\$75 Copay (3 visits per Plan Year)
DIAGNOSTIC TESTING (Subject to RBP - Except for Laboratory Services)	
Radiology & Advanced Imaging (When utilizing Medmo)	\$0 Copay (3 visits combined per Plan Year for Lab & Radiology, 2 test combined per Plan Year for Advanced Imaging)
Radiology (Non-Hospital Services) (Outside Medmo)	\$50 Copay (3 visits combined per Plan Year for Lab & Radiology)
Advanced Imaging (Non-Hospital Services) (Outside Medmo)	\$350 Copay (2 test combined per Plan Year for Advanced Imaging)
Laboratory (Non-Hospital Services)	\$50 Copay (3 visits combined per Plan Year for Lab & Radiology)
HOSPITAL, EMERGENCY & FACILITY SERVICES (Subject to RBP)	
Ambulance (Ground Only)	\$500 Copay (1 transport per Plan Year)
Emergency Services	\$750 Copay (1 visit per Plan Year)
Inpatient Facility Services (Pre-authorization required)	\$750 Copay/per admission (7 days per Plan Year, 3 Inpatient anesthetic procedures per Plan Year)
NICU Services	\$750 Copay/per admission (7 days per Plan Year, combined with inpatient facility day limits)

Outpatient Services or Surgery (Pre-authorization required)	\$350 Copay (2 visits combined per Plan Year, 2 outpatient anesthetic procedures combined per Plan Year)
Ambulatory Surgical or Outpatient Surgical Facility (Pre-authorization required)	\$350 Copay (2 visits combined per Plan Year, 2 outpatient anesthetic procedures combined per Plan Year)
Second Surgical Opinion (Must utilize VezaHealth)	\$0 Copay (Unlimited)
MATERNITY SERVICES (Subject to RBP)	
Inpatient Facility (Copay is in addition to the In-patient Copay)	\$750 Copay/per admission
Professional Services	\$350 Copay
MENTAL OR NERVOUS DISORDERS OR SUBSTANCE ABUSE TREATMENT (Subject to RBP)	
Inpatient Services (Pre-authorization required)	\$750 Copay/per admission (7 days per Plan Year)
Outpatient Facility (Pre-authorization required)	\$350 Copay (10 days per Plan Year)
OTHER SERVICES	
Chiropractic Care	\$75 Copay (10 visits per Plan Year)
Speech Therapy (Pre-authorization required after 6 visits)	\$75 Copay (10 visits per Plan Year, combined with occupational and physical therapy)
Physical Therapy (Pre-authorization required after 6 visits)	\$75 Copay (10 visits per Plan Year, combined with occupational and speech therapy)
Occupational Therapy (Pre-authorization required after 6 visits)	\$75 Copay (10 visits per Plan Year, combined with physical and speech therapy)
Applied Behavioral Analysis	\$75 Copay (10 visits per Plan Year)
Home Health Care (Pre-authorization required)	\$50 Copay (15 visits per Plan Year)
Cardiac Rehabilitation (Pre-authorization required)	Not Covered
Diabetic Education and Supplies (When utilizing Connect DME) (Continuous glucose monitors are covered under DME)	Not Covered
PHARMACY BENEFITS RETAIL OPTION - 30-DAY SUPPLY	
Preventive Generic Drugs (Preferred Brand)	\$0 Copay/drug
Generic Drugs (Preferred Brand)	\$5 Copay/drug
Preferred Brand Drugs	\$75 Copay/drug
Non-Preferred Brand Drugs	\$150 Copay/drug
RETAIL OPTION - 90-DAY SUPPLY	
Generic Drugs (Preferred Brand)	\$15 Copay/drug
Preferred Brand Drugs	\$225 Copay/drug
Non-Preferred Brand Drugs	\$450 Copay/drug

Disclaimer: Benefits listed on this proposal are intended to be a brief summary and are subject to change, refer to the summary of benefits for full details of the benefits including description of coverage and a list of exclusions.

- 1) After Copay, benefit subject to Reference Based Pricing.
- 2) 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.
- 3) 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.
- 4) The Hooray Health Minimum Value Plans are distributed by Hooray Health.
- 5) 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 ¹ % of Negotiated Fee ²	Out-of-Network ¹ % of Maximum Allowable Charge*
Coverage Type		
Type A³: Preventive (cleanings, exams, X-rays)	80%	80%
Type B³: Basic Restorative (fillings, extractions)	60%	60%
Type C³: Major Restorative (bridges, dentures)	50%	50%
Deductible^{† 3}		
Individual	\$50	\$50
Family	\$150	\$150
Annual Maximum Benefit³		
Per Person	\$750	\$750

¹ "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.

² 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
Type A — Preventive	
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
Type B — Basic Restorative	
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
Type C — Major Restorative	
Implants	Replacement once every 10 years
Bridges and Dentures	<ul style="list-style-type: none"> • Initial placement to replace one or more natural teeth, which are lost while covered by the plan • Dentures and bridgework replacement; one every 10 years • 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
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"> • Periodontal scaling and root planing once per quadrant, every 24 months • Periodontal surgery once per quadrant, every 36 months

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.[†]

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 or call to have a list faxed or mailed to you.

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[®] Optical, Walmart[®], Sam's Club[®] and Visionworks[®].

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

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

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

Additional savings on glasses and sunglasses:⁵ 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[®] and 30% off at other participating providers.

Additional savings on frames:⁵ 20% off any amount over your frames allowance.

Additional savings on contacts:⁵ 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:⁵ 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.

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
Eye exam	Once every 12 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.

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

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

Standard lens enhancements ²	Once every 12 months
--	-----------------------------

- Standard Polycarbonate (child up to age 18)³, 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.

¹ Materials co-pay applies to lenses and frames only, not contact lenses.

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

³ 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:⁵ 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)⁴

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:⁴
 - 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 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.

- ⁴ 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.
- ⁵ 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 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.



Help protect your income and lifestyle with Short Term Disability Insurance.

Coverage that can help protect your income when you are unable to work.

Short Term Disability Insurance: why is it so important?

Your ability to earn an income is indeed one of your most valuable assets. Just over 1 in 4 of today's 20-year-olds will likely become disabled before reaching age 67.¹ That's why financial experts recommend short term disability insurance as part of a sound financial plan at any stage of life.² **Short Term Disability Insurance (STD)** can help you cover your essential living expenses and help protect your savings if you are unable to work due to an illness or injury, including pregnancy.

If you have a family, they most likely rely on you to help keep the household running. If you are single, and don't prepare ahead to cover your expenses, you may need to use your savings, sell your property, or borrow money from friends or family to meet your ongoing financial obligations while you recover.

STD may help replace a portion of your income during the initial weeks of a disability, generally between 13 and 26 weeks. Coverage is easily accessible, and payments are made weekly, directly to you. You can use the money for whatever you like, from groceries and gas to your mortgage or rent.

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 Short Term Disability (STD) coverage. In CA, CT, HI, MA, NJ, NY, PR, RI, WA, OR (starting 9/3/23), and CO (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.

Why should I enroll?

- Improve your financial security.
- Our application is simple and straightforward and the benefits may be significant. There's no better time to secure your coverage.



For questions, please call MetLife at
1 800 GET-MET8
(1 800 438-6388)



Life comes in many shapes and sizes. Protect your priorities with life insurance.

Why life insurance matters

Life insurance is a cost-effective way to protect your loved ones. Should something unforeseen happen to you, it helps ensure that short- and long-term financial obligations could be met. If you have a spouse or domestic partner, if you have children, they may rely on you to help keep the household running. Without your income paying the mortgage or providing for a child's college education could become more difficult.

Term life insurance gives your loved ones a lump sum payment. This would help them be financially prepared to better handle expenses like:



- Mortgage or rent payments
- Utilities
- Insurance premiums
- Childcare/education fees
- Transportation
- Credit card bills

A premature death is likely to exert a major or devastating impact on financial security, lifestyle and general savings.¹

Experts recommend a coverage amount equal to at least **10 years of your annual income.**¹



Review your life insurance needs regularly to help ensure adequate protection for your loved ones.

Not sure how much life insurance is right for you?

Get an idea of how much to consider with our calculator. Scan the QR code or visit www.metlife.com/lifeneeds.



Scan to calculate life insurance coverage that fits you.

Medical Plans Rate Summary

HOORAY HEALTH WEEKLY RATES

MAX \$5,000 LITE

MAX \$15,000

EMPLOYEE ONLY	\$16.59	\$27.82
EMPLOYEE + SPOUSE	\$23.32	\$45.96
EMPLOYEE + CHILD(REN)	\$24.51	\$46.62
FAMILY	\$29.98	\$65.85

HOORAY HEALTH WITH MEC WEEKLY RATES

MAX \$5,000 LITE + MEC + RX

MAX \$15,000 + MEC + RX

EMPLOYEE ONLY	\$29.23	\$40.46
EMPLOYEE + SPOUSE	\$41.40	\$64.04
EMPLOYEE + CHILD(REN)	\$43.11	\$65.22
FAMILY	\$52.93	\$88.80

IHP MVP CHOICE PLAN

MONTHLY RATE

EMPLOYEE ONLY	\$472.33
EMPLOYEE + SPOUSE	\$808.30
EMPLOYEE + CHILD(REN)	\$717.40
FAMILY	\$1,052.37

METLIFE DENTAL

WEEKLY RATE

EMPLOYEE ONLY	\$5.77
EMPLOYEE + SPOUSE	\$11.25
EMPLOYEE + CHILD(REN)	\$11.25
FAMILY	\$18.93

METLIFE VISION

WEEKLY RATE

EMPLOYEE ONLY	\$2.22
EMPLOYEE + SPOUSE	\$4.29
EMPLOYEE + CHILD(REN)	\$4.29
FAMILY	\$6.01

METLIFE STD

WEEKLY RATE

EMPLOYEE ONLY	\$4.26
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METLIFE LIFE

WEEKLY RATE

EMPLOYEE ONLY	\$0.61
EMPLOYEE + SPOUSE	\$0.92
EMPLOYEE + CHILD(REN)	\$0.92
FAMILY	\$1.22

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/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 \$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 and are not provided by Zurich American Insurance Company.

(2) 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.