

Advantage Max Plan Overview

Enroll Today!

Visit <https://bit.ly/CSNHC> or call 888-855-1665



✔ 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!

**No
Deductibles!**

✔ Telemedicine

If you'd rather see a provider from the comfort of your own home, your Hooray Health Max Plan also includes **24/7 access** to board-certified doctors for treatment of common medical concerns.

**\$0 Virtual
Primary &
Urgent Care
Visits!**

Simply call 855-673-2876 to connect with Telemedicine.

✔ 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.*

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

✔ Prescriptions

Need a prescription? No problem! Embedded in this plan is an Rx Copay Plan (Data Rx) and a prescription discount program.

**Prescription
Discount
Program!**

✔ Minimum Essential Coverage (MEC)

100% of Preventive Services outlined by the government are covered through a **First Health Network provider.**

**Preventive
& Wellness
Services!**

✔ 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.**

**Additional
Provider
Network for
Savings!**

Other Features Include:

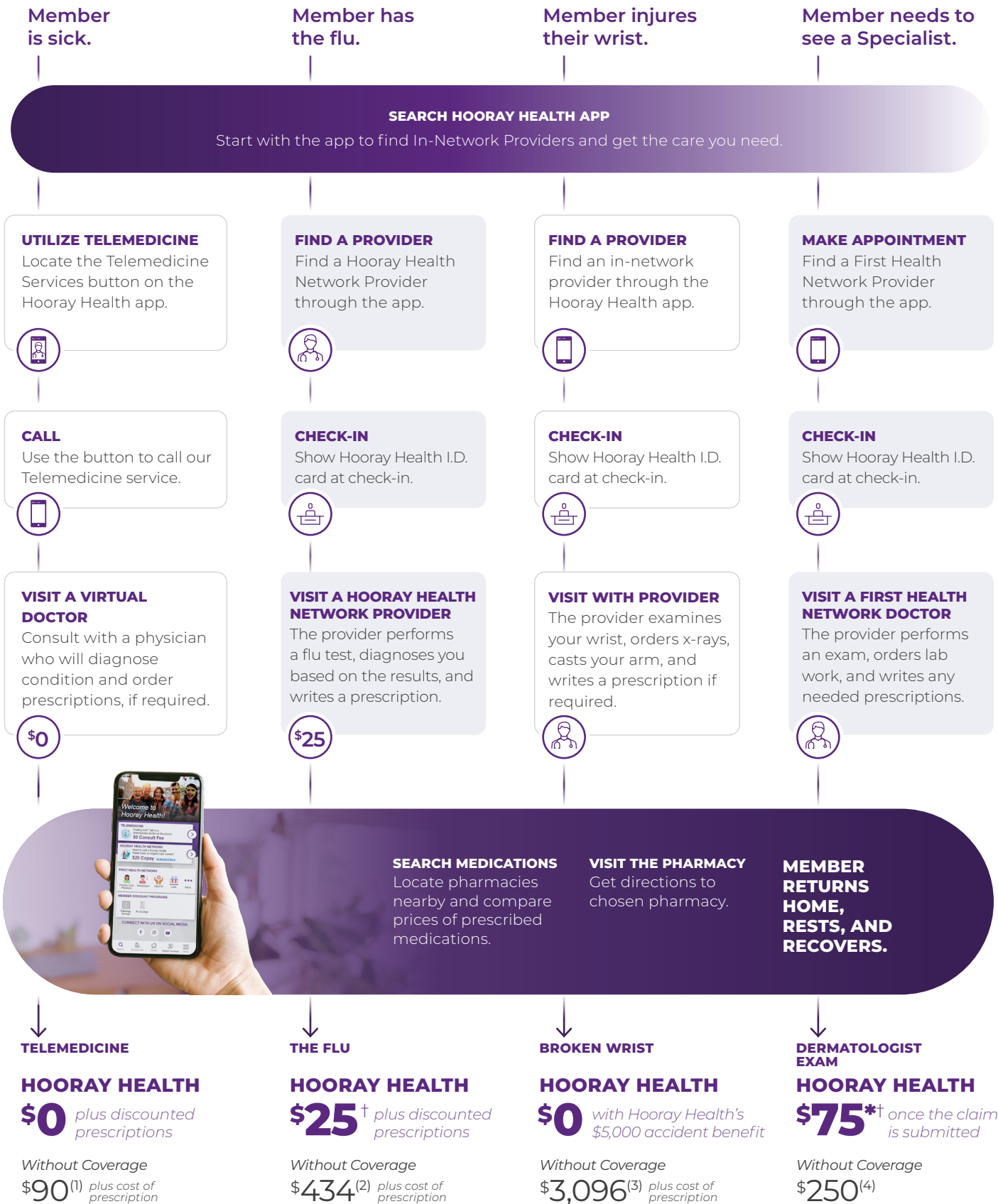
- ✔ Accident Coverage
- ✔ Accidental Death Coverage
- ✔ Hospital Benefits

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. This plan does not provide comprehensive medical coverage and is not intended to replace a major medical plan

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/howmuch-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 SQRSTM (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 \$15,000 + MEC	MAX \$30,000 + MEC
ILLNESS AND SICKNESS POLICY YEAR MAXIMUM	\$15,000	\$30,000
PLUS ACCIDENT MEDICAL EXPENSE MAXIMUM (PER ACCIDENT)	\$5,000	\$5,000
LIFETIME MAXIMUM	N/A	N/A
MINIMUM ESSENTIAL COVERAGE		
Preventive Benefits	100% covered in FHN	100% covered in FHN
OUTPATIENT SICK VISIT BENEFITS	Plan Pays Per Day	Plan Pays Per Day
URGENT CARE/RETAIL CLINIC OFFICE VISITS		
Hooray Health Network includes Office Visit + In-House lab test, X-Rays, etc.	Member Pays \$25 copay No Balance Bills* \$175	Member Pays \$25 copay No Balance Bills* \$175
Urgent Care or Retail Clinic Office Visits (First Health Network Provider at discounted rates** or Out-of-Network Provider with no discounts)***	\$175	\$175
Outpatient Physician Office Visits	\$100	\$100
OUTPATIENT IMAGING/LAB TEST	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	\$200	\$350
OUTPATIENT SURGERY BENEFITS	Plan Pays Per Day	Plan Pays Per Day
ASC or Hospital Benefit	\$250	\$500
Anesthesia Benefit	\$400	\$200
INPATIENT BENEFITS	Plan Pays Per Day	Plan Pays Per Day
Hospital Admission Benefit (1 per year)	\$1,500	\$1,500
In-Hospital Indemnity Benefit	\$300	\$1,000
In-Hospital ICU Confinement Benefit	\$600	\$2,000
Mental Illness Confinement Benefit	\$250	\$500
Substance Abuse Confinement Benefit	\$250	\$500
In-Hospital Surgery Benefit (Maternity Included) (1 per year)	\$1,500	\$1,500
Anesthesia Benefit (1 per year)	\$400	\$400
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 & DISMEMBERMENT		
Benefit Amount	\$15,000 Employee \$7,500 Spouse \$3,000 Child	\$15,000 Employee \$7,500 Spouse \$3,000 Child
NON-INSURANCE SERVICES⁽¹⁾		
Virtual Primary Care & Urgent Care (Reкуро Telemedicine)	\$0 consult; 1 per day	\$0 consult; 1 per day
Rx Copay Plan (DataRx)	Included	Included
Discount Prescription Program (SimpleScripts RX) ⁽²⁾	Included	Included
Discount Radiology (Green Imaging) ⁽²⁾	Included	Included
BI-WEEKLY RATES	MAX \$15,000 + MEC	MAX \$30,000 +MEC
EMPLOYEE ONLY	\$63.23	\$75.45
EMPLOYEE + SPOUSE	\$110.43	\$146.02
EMPLOYEE + CHILD(REN)	\$112.37	\$139.75
FAMILY	\$164.45	\$218.59

These rates reflect Employer Contribution of \$20 per month.

Footnotes referenced on the last page.

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.



Preventative

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

24/7 access to board-certified doctors 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

Self Insured MEC Summary

Minimum Essential Coverage⁽¹⁾

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 Plan Overview

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

Find a First Health Network provider using the Hooray Health App or at 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.

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.



+ INCLUDED RX COPAY IN ALL PLANS

With Hooray Health discounted prescription drugs are included and embedded in our app with our “Point of Prescription” technology. With this buy-up you can get your covered prescription medications filled at over 62,000 participating pharmacy locations across the United States. Simply present your Hooray Health member ID card when picking up your prescriptions.

List of pharmacies participating in Hooray Health Rx (many independent pharmacies are also contracted):

- Costco Pharmacies
- CVS Pharmacy
- Doc’s Drugs
- Epic Rx
- Fred’s Pharmacy
- Giant of Maryland
- H.E.B. Pharmacy
- Harveys Supermarkets
- HD Smith
- K-Mart
- Kroger Pharmacies
- Major Value
- Meijer Pharmacy
- OMNICARE
- Pharmaca
- Publix Super Markets
- Rite Aid Corporations
- Safeway
- United Drugs
- Vantage Rx
- Walgreens Headquarters
- Wal-Mart Pharmacy
- and much more...

Prescription Benefit ⁽¹⁾	Included in all plans
Formulary	Restricted Formulary
Deductible	None
Tier 1 (Retail Most Generics)	\$10 Copay
Tier 2 (Retail Some Generics and Preferred/Formulary Brand)	\$50 or 50%, whichever is greater
Tier 3 (Retail Non-Preferred/Non-Formulary Brand Name)	Employees pay 100% after Discount
Tier 1 (Mail Order Most Generic Prescription Drugs)	\$25 Copay
Tier 2 (Mail Order Some Generics and Preferred/Formulary Brand)	\$125 or 50%, whichever is greater
Monthly Prescription Maximums	\$250 Employee/\$500 Family
Maximum Orders	Limited to a maximum 30 day supply at Retail Pharmacies, and a maximum 90 day supply at Mail Order.

⁽¹⁾Maintenance Drugs: Sharing eligible for the first 120 days following a new diagnosis. After 120 of new diagnosis, drugs should be paid for using Hooray Health Rx Insurance Plan. Prescription insurance is underwritten by an Insurance Company. Coverage may not be available in all states or certain terms or conditions may be different if required by state law.

Prescription insurance is underwritten by an Insurance Company. Coverage may not be available in all states or certain terms or conditions may be different if required by state law.

Prescriptions filled at licensed pharmacies are subject to the terms and conditions described in your benefit plan documents. Hooray Health Rx does not provide care or guarantee access to health services. See plan documents for a complete description of benefits, exclusions, limitations and conditions of coverage. The formulary list will provide covered members with both brand and generic drugs that are available under the prescription plan.

Additional Benefits

Included in Hooray Health Plan



SAVE UP TO 70% ON YOUR X-RAY, MRI, CT, ULTRASOUND, MAMMOGRAM

or other medical imaging procedure.*

When you need diagnostic imaging for your medical needs, trust **Green Imaging** to provide you with high-quality facilities, great service, and transparent & affordable rates.

No surprise bills. One flat rate from Green Imaging will include both the exam fee and the radiologist fee, with no additional cost to you. **Call Green Imaging to save today!**

Cardiac diagnostic imaging services:

- ✓ CT Coronary Angiography (CTCA)
- ✓ Coronary Artery Calcium Scoring
- ✓ Cardiac MRI



CALL 844-968-4647 AND BOOK YOUR APPOINTMENT

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.