

Select Plan Overview

Enroll Today!

Call 855-479-4008 or visit

lululemon.myhoorayhealth.com



✔ Hooray Health Network

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

Best Value and \$25 Copay!

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

✔ No Deductibles

With a Hooray Health plan, you have fixed payments for illness and sickness services outlined in the benefit schedule with no deductibles. You also have \$0 urgent care and primary care consults, Hooray Health's \$25 copay network, accident coverage, and more!

No Deductibles!

✔ 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!

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

✔ Accident Medical Expense

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

Up to \$5,000 or \$10,000

✔ Prescriptions

Need a prescription? No problem! Use the Hooray Health App to locate the closest and least-expensive pharmacy!

Rx Savings

✔ Telemedicine

If you'd rather see a provider from the comfort of your own home, your plan includes **24/7 access** for Virtual Urgent Care visits to board-certified doctors for treatment of common medical concerns.

\$0 Virtual Primary and Urgent Care Visits!

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

Other Features Include:

- ✔ Out-of-Network Benefits
- ✔ Discount Radiology Services

Other Plans Offered:

- ✔ Dental and Vision

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

How does Hooray Health work?



*Estimated Member balance after the plan payment.

Benefit Plan Summary

| | HOORAY HEALTH SELECT BASIC | HOORAY HEALTH SELECT PLUS | HOORAY HEALTH SELECT PREMIUM |
|---|--|--|--|
| HOORAY HEALTH PLAN (OUTPATIENT) | | | |
| RETAIL CLINIC & URGENT CARE BENEFITS | | | |
| 1. Physician Visit Hooray Health Network (No Balance Bills)* includes office visit, plus in-house lab, x-rays, etc. | Member Pays \$25 No Balance Bills* | Member Pays \$25 No Balance Bills* | Member Pays \$25 No Balance Bills* |
| 2. Physician Visit with First Health Provider (Discounted rates)** | Plan Pays up to \$175 | Plan Pays up to \$175 | Plan Pays up to \$175 |
| 3. Physician Visit with Out-of-Network Provider (No discounts)*** | Plan Pays up to \$175 | Plan Pays up to \$175 | Plan Pays up to \$175 |
| Total Sick Visits | 3 per year | 4 per year | 5 per year |
| PHYSICIAN VISITS | | | |
| Outpatient Doctor Visit (First Health Provider Network or Out-of-Network Provider) | \$75 per day | \$75 per day | \$75 per day |
| Maximum annual provider visits | 1 per year | 2 per year | 3 per year |
| IMAGING AND LABORATORY TEST | | | |
| Diagnostic X-Ray & Laboratory benefit | \$25 per day x 2 days | \$25 per day x 3 days | \$25 per day x 3 days |
| Specialty Radiology - MRI, CT & PET | N/A | \$350 per day x 1 day | \$350 per day x 1 day |
| Other Specialty Radiology | N/A | \$150 per day x 1 day | \$150 per day x 1 day |
| INPATIENT BENEFITS | | | |
| Hospital Admission Benefit | N/A | N/A | \$2,000 per day x 1 day |
| Hospital Confinement Benefit | N/A | N/A | \$1,000 per day x 5 days |
| Surgery Benefit (Maternity Included) | N/A | N/A | \$1,500 per day x 1 day |
| ICU Benefit | N/A | N/A | \$1,000 per day x 5 days |
| Anesthesia Benefit | N/A | N/A | \$375 per day x 1 day |
| ACCIDENT BENEFIT | | | |
| Maximum Benefit Amount | up to \$5,000 per year | up to \$5,000 per year | up to \$10,000 per year |
| Deductible | \$0 Deductible | \$0 Deductible | \$0 Deductible |
| Benefit % Payable | 100% U&C | 100% U&C | 100% U&C |
| NON-INSURANCE SERVICES⁽²⁾ | | | |
| Virtual Primary Care & Urgent Care (Recuro Telemedicine) | \$0 Consults/1 per day | \$0 Consults/1 per day | \$0 Consults/1 per day |
| 37 Acute Medication Program (Rx Valet) | \$0 Cost | \$0 Cost | \$0 Cost |
| Prescription Discount Program (SimpleScripts by Rx Valet) | Included | Included | Included |
| Discount Radiology (Green Imaging) | Included | Included | Included |
| MONTHLY RATES⁽¹⁾ | BASIC | PLUS | PREMIUM |
| EMPLOYEE ONLY | \$62.83 | \$78.67 | \$141.63 |
| EMPLOYEE + SPOUSE | \$102.05 | \$135.78 | \$282.47 |
| EMPLOYEE + CHILD(REN) | \$96.75 | \$122.20 | \$212.72 |
| FAMILY | \$131.78 | \$175.12 | \$349.37 |

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

⁽¹⁾Pricing includes 4% credit card processing fee

⁽²⁾THE SERVICES DESCRIBED ARE NOT INSURANCE AND ARE NOT PROVIDED BY AN INSURANCE COMPANY.

HOORAY HEALTH OFFERS A VARIETY OF FIXED INDEMNITY, ACCIDENT AND HOSPITAL INDEMNITY POLICIES AS LIMITED BENEFIT PLANS AND THE USE OF THE TERMS "HEALTH COVERAGE", "HEALTHCARE COVERAGE" "HEALTH INSURANCE" OR "HEALTH BENEFITS", OR ANY OTHER DESCRIPTIVE LANGUAGE, ARE NOT INTENDED TO AND DO NOT IMPLY OR CONVEY OTHERWISE.

Limited benefit plans are insurance products with reduced benefits and are not intended to be an alternative to or integrated with comprehensive coverage. Please see plan documents for further details.

The Hooray Health plans listed above are summarized, full terms and conditions of coverage, including effective dates of coverage, benefits, limitations and exclusions, are set forth in the policy.

All Day Limits are per plan year.

*Members \$25 payment only applies to sickness visits performed at a Hooray Health's in-network provider. No balance billing applies to covered services received at Hooray Health's in-network retail clinic and urgent care centers.

**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.

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

855-673-2876 | member.recurohealth.com

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 Angography (CTCA)
- ✓ Coronary Artery Calcium Scoring
- ✓ Cardiac MRI



CALL 888-458-8746 AND BOOK YOUR APPOINTMENT

Ameritas Dental



DENTAL

Hooray Health is proud to partner with Ameritas to provide our members with an A+ rated affordable dental insurance plan for the whole family with special group pricing; guaranteed issue; \$1500 calendar year maximum per person.

Type 1 procedures 100% Covered:

- Routine Exam (1 in 6 months)
- Bitewing X-rays (1 in 12 months)
- Full Mouth / Panoramic X-rays (1 in 5 years)
- Periapical X-rays
- Cleaning (1 in 6 months)
- Fluoride for Children 13 and under (1 in 12 months)

Type 2 procedures 80% Covered:

- Sealants (age 13 and under)
- Space Maintainers
- Restorative Amalgams
- Restorative Composites
- Simple Extractions
- Complex Extractions

Type 3 procedures 50% Covered*:

- Onlays
- Crowns (1 in 10 years per tooth)
- Crown Repair
- Endodontics (nonsurgical)
- Endodontics (surgical)
- Periodontics (nonsurgical)
- Periodontics (surgical)
- Denture Repair
- Prosthodontics (fixed bridge; removable complete/partial dentures) (1 in 10 years)
- Anesthesia

See Any Dentist.

Your Ameritas dental plan allows you and your family members to see any dentist you chose, regardless if they are in- or out-of network. Family members do not need to see the same dentist.

Save Money.

Dentists in the Ameritas network have agreed to charge you 25-50% less than their regular rates. Many of them also offer discounted fees on non-covered dental services as allowed by state law.

Avoid Paperwork.

When visiting our network providers, there are no claim forms to submit. Our providers handle everything. All you need to do is make the appointment and show up.

Know What's Covered.

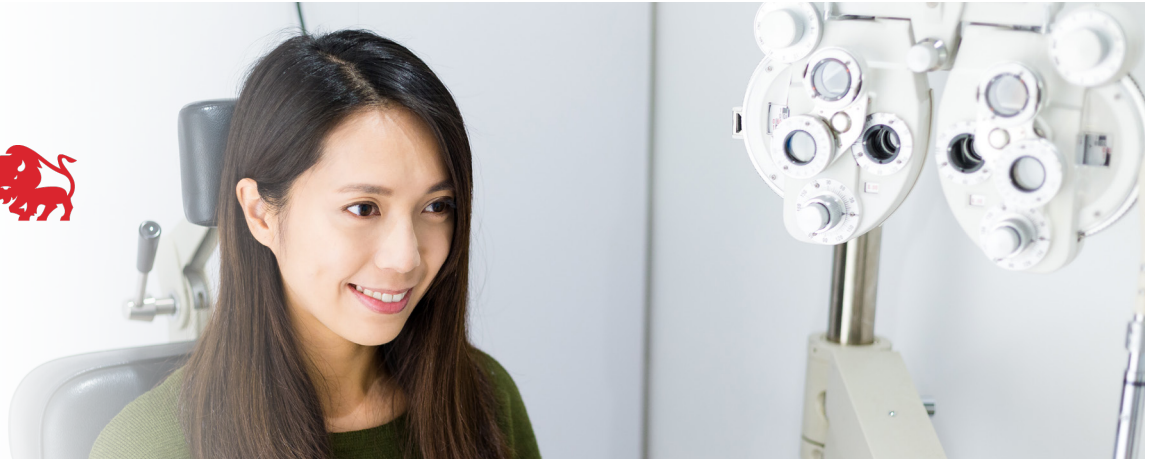
As a smart consumer, it's best for you to know your share of the cost up front. For services over \$200 we recommend you ask your dentist to request a pretreatment estimate from our customer relations department. You will receive a written response showing what Ameritas estimates your dental plan will pay, and the amount that you will be responsible for.

| | EMPLOYEE ONLY | EMPLOYEE + SPOUSE | EMPLOYEE + CHILD(REN) | FAMILY |
|------------------------------------|---------------|-------------------|-----------------------|----------|
| MONTHLY RATES⁽¹⁾ | | | | |
| Ameritas Dental | \$32.73 | \$63.20 | \$71.64 | \$102.11 |

*There is a 6 month Waiting Period for Type 3 procedures.

⁽¹⁾Pricing includes 4% credit card processing fee

Ameritas Vision



VISION

Hooray Health is proud to partner with Ameritas to provide a robust vision plan utilizing the VSP Choice Network of doctors giving our members over 86,000 vision provider access points across the country. Plus, get additional access online and at more than 8,000 retail locations such as: Costco, Shopko, Pearle Vision, Eyeonic, Visionworks, & more.

VSP Choice Network + Affiliates


- Annual Eye Exam with VSP Choice Network & Affiliates Covered in Full
- \$10 Deductible Eye Exam
- \$25 Deductible Eye Glass Lenses or Frames*
- Lenses Covered in Full
- \$130 Frame Allowance**
- Member Cost Up to \$60 for Contact Lenses Fit & Follow Up Exams
- Up to \$130 for Contacts (Elective)
- Contacts Covered in Full (Medically Necessary)


Out of Network


- Plan Covers Up to \$45 for Out-of-Network Annual Eye Exams
- \$10 Deductible Eye Exam
- \$25 Deductible Eye Glass Lenses or Frames*
- Up to \$30 for Lenses (single vision)
- Up to \$70 Frame Allowance
- No Benefit for Contact Lenses Fit & Follow Up Exams
- Up to \$105 for Contacts (Elective)
- Up to \$210 for Contacts (Medically Necessary)


The VSP Choice Network

 More than 86,000 provider access points nationwide

 VSP offers the nation's largest network of independent doctors. Find your local providers at vsp.com

 Over 8,000 retail locations plus an online option

 **Use your out-of-network benefits at Walmart or Sam's Club**
They'll file your claim; however, your benefit will be lower compared to an in-network VSP provider.

 **No claim forms for in-network services**
When you visit a VSP provider, your claim is submitted for you.

| | EMPLOYEE ONLY | EMPLOYEE + SPOUSE | EMPLOYEE + CHILD(REN) | FAMILY |
|-----------------|---------------|-------------------|-----------------------|---------|
| MONTHLY RATES | | | | |
| Ameritas Vision | \$10.82 | \$20.88 | \$19.34 | \$29.41 |

*Deductible applies to a complete pair of glasses or to frames, whichever is selected.

**The Costco and Walmart allowance will be the wholesale equivalent.