Advantage Max Benefit Plan Summary

HOORAYHEALTH

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
ILLNESS AND SICKNESS POLICY YEAR MAXIMUM	$5,000
PLUS **ACCIDENT MEDICAL EXPENSE MAXIMUM** (PER ACCIDENT)	$5,000
LIFETIME MAXIMUM	N/A
OUTPATIENT SICK VISIT BENEFITS	**PLAN PAYS PER DAY**
URGENT CARE/RETAIL CLINIC OFFICE VISITS	Up to Policy Year Max
Hooray Health Urgent Care / Retail Clinic Network	**Includes Office Visit + In-House lab test, X-Rays, etc.** Member Pays a $25 fee*; Plan pays $275
Urgent Care or Retail Clinic Office Visits	**First Health Network Provider at discounted rates** or Out-of-Network Provider with no discounts***** Plan pays $275
OUTPATIENT PHYSICIAN OFFICE VISITS	Plan pays $75
VIRTUAL PRIMARY CARE & URGENT CARE TELEMEDICINE	$0 consult; 1 per day; Plan pays $5
VIRTUAL BEHAVIORAL HEALTH TELEMEDICINE(1)	3 visits per year; Plan pays $5
OUTPATIENT IMAGING/LAB TEST	**PLAN PAYS PER DAY**
Diagnostic Lab Indemnity Benefit	$50
Diagnostic X-Ray Indemnity Benefit	$50
Diagnostic Exam Indemnity Benefit	$100
OUTPATIENT SURGERY BENEFITS	**PLAN PAYS PER DAY**
ASC or Hospital Benefit	$125
Anesthesia Benefit	$75
INPATIENT BENEFITS	**PLAN PAYS PER DAY**
Hospital Admission Benefit (1 per year)	$100
In-Hospital Indemnity Benefit	$100
In-Hospital ICU Confinement Benefit	$100
Mental Illness Confinement Benefit	$100
Substance Abuse Confinement Benefit	$100
In-Hospital Surgery Benefit (Maternity Included) 1 per year	$100
Anesthesia Benefit (1 per year)	$75
ACCIDENT BENEFITS (INPATIENT AND OUTPATIENT)	**PLAN PAYS PER ACCIDENT**
ACCIDENT MEDICAL EXPENSE	
Maximum Benefit Per Accident	up to $5,000
Annual Deductible	***$0***
ACCIDENTAL DEATH COVERAGE	
Principal Sum	$1,000
NON-INSURANCE SERVICES(2)	
Discounted Prescriptions (SimpleScripts Rx)(3)	Included
Discount Radiology (Green Imaging)(3)	Included

Footnotes referenced on the last page.

Advantage Max Benefit Plan Summary

HOORAYHEALTH

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!

MAX $5,000	MONTHLY RATES
EMPLOYEE ONLY	$74.23
EMPLOYEE + SPOUSE	$108.16
EMPLOYEE + CHILD(REN)	$112.28
FAMILY	$144.65

METLIFE DENTAL $500/MAX	MONTHLY RATES
EMPLOYEE ONLY	$26.59
EMPLOYEE + SPOUSE	$51.75
EMPLOYEE + CHILD(REN)	$60.58
FAMILY	$92.05

METLIFE DENTAL $1,000/MAX	MONTHLY RATES
EMPLOYEE ONLY	$41.48
EMPLOYEE + SPOUSE	$81.16
EMPLOYEE + CHILD(REN)	$88.50
FAMILY	$136.94

METLIFE VISION	MONTHLY RATES
EMPLOYEE ONLY	$10.07
EMPLOYEE + SPOUSE	$20.42
EMPLOYEE + CHILD(REN)	$23.21
FAMILY	$35.80

METLIFE LIFE	MONTHLY RATES
EMPLOYEE ONLY	$3.74
EMPLOYEE + SPOUSE	$6.70
EMPLOYEE + CHILD(REN)	$6.70
FAMILY	$6.70

GLOBE LIFE CRITICAL ILLNESS (CI)	MONTHLY RATES
EMPLOYEE ONLY	$17.10
EMPLOYEE + SPOUSE	$28.49
EMPLOYEE + CHILD(REN)	$19.25
FAMILY	$30.62

Footnotes referenced on the last page.

Footnotes and Disclaimers

IMPORTANT: This is a fixed indemnity policy, NOT comprehensive health insurance. (More details on the Enrollment Site)

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

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

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

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

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

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

The Accident and Hospital Indemnity benefits are not dependent upon the use of the Hooray Health Network, the First Health Network, or any network. The Insurance benefits described above are underwritten by Zurich American Insurance Company, 1299 Zurich Way, Schaumburg, IL 60196, 1-800-987-3373. This document provides a general description of certain provisions and features of this insurance program and does not revise or amend the applicable policies. In the event of a discrepancy between this document and your certificate of insurance or the group policy, the terms of the group policy shall apply. All benefits are subject to the terms and conditions of the group policy. Please refer to your Certificate of Insurance for a detailed description of the insurance coverage, including the exclusions, limitations, reductions and termination. Coverage may not be available in all states or certain terms, conditions and exclusions may be different where required by state law. This insurance provides limited benefits. Limited benefits plans are insurance products with reduced benefits and are not intended to be an alternative, it is intended to help supplement Comprehensive coverage. This insurance does not provide major medical or comprehensive medical coverage and is not designed to replace major medical insurance. Further, this insurance is not minimum essential benefits as set forth under the Patient Protection and Affordable Care Act.