



# Advantage Plan Overview

Visit [nextaff.myhoorayhealth.com](https://nextaff.myhoorayhealth.com)  
or Call 855-479-4008

## ✔ Hooray Health Network

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

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

Search for a provider by visiting [myhoorayhealth.com/providers](https://myhoorayhealth.com/providers) and selecting "Hooray Health Network."

## ✔ Accident Medical Expense

### Accident Coverage

Accident Benefits are available for inpatient and outpatient services. 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 Per Accident**

## ✔ First Health Network

You also have access to additional providers through the First Health Network. With First Health Network Providers, you can receive discounts on services with a Primary Care Physician, Specialist, or even a Retail Clinic or 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](https://myhoorayhealth.com/providers) and selecting "First Health Network."

## ✔ Prescription Discounts

**Need a prescription? No problem!** Use the Hooray Health App to locate the closest and least-expensive pharmacy. **It's that simple!**

**Savings!**

## ✔ Careington Dental & Vision

Through Careington's Discount program, you will save big on dental and vision services.

**Discount Plan!**

## ✔ Telemedicine

If you'd rather see a provider from the comfort of your own home, your Hooray Health Benefit Plan also includes unlimited \$0 Telemedicine services **available 24-7-365**.

**\$0 Virtual Visits!**

Simply connect to the Hooray Health App to schedule an appointment.

## ✔ Minimum Essential Coverage (MEC)

MEC can be added to an Advantage Plan or as a standalone. **100% of Preventive Services are covered through the First Health Network.**

**Preventive & Wellness Services!**

\*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?

I'm sick.

I have the flu.

I think I broke my wrist.

I need to see a Specialist.

## SEARCH HOORAY HEALTH APP

Start with the app to find In-Network Providers and get the care you need.

### UTILIZE TELEMEDICINE

Locate the Telemedicine Services button on the Hooray Health app.

\$0

### CALL

Use the button to call our Telemedicine service.



### VISIT A VIRTUAL DOCTOR

Consult with a physician who will diagnose your condition and order you prescriptions, if required.



### FIND A PROVIDER

Find a Hooray Health Network Provider through the app.

\$25

### CHECK-IN

Show your Hooray Health I.D. card at check-in.



### VISIT A HOORAY HEALTH NETWORK DOCTOR

The physician performs a flu test, diagnoses you based on the results, and writes a prescription.



### FIND A PROVIDER

Find an in-network provider through the Hooray Health app.



### CHECK-IN

Show your Hooray Health I.D. card at check-in.



### VISIT WITH DOCTOR

The doctor examines your wrist, orders x-rays, casts your arm, and writes a prescription if required.



### MAKE APPOINTMENT

Find a First Health Network Provider through the app.



### CHECK-IN

Show your Hooray Health I.D. card at check-in.



### VISIT A FIRST HEALTH NETWORK DOCTOR

The doctor performs an exam, orders lab work, and writes any needed prescriptions.



### SEARCH MEDICATIONS

Locate pharmacies near you and compare prices of prescribed medications.

### VISIT THE PHARMACY

Get directions to your chosen pharmacy.

### GO HOME, REST, AND RECOVER

#### TELEMEDICINE

#### HOORAY HEALTH

**\$0** plus discounted prescriptions

Without Coverage

**\$N/A** plus cost of prescription

#### THE FLU

#### HOORAY HEALTH

**\$25<sup>†</sup>** plus discounted prescriptions

Without Coverage

**\$434<sup>\*\*</sup>** plus cost of prescription

#### BROKEN WRIST

#### HOORAY HEALTH

**\$0** with Hooray Health's \$5,000 accident benefit

Without Coverage

**\$3,096<sup>\*\*\*</sup>** plus cost of prescription

#### DERMATOLOGIST EXAM

#### HOORAY HEALTH

**\$75<sup>†\*</sup>** once the claim is submitted

Without Coverage

**\$250<sup>\*\*\*\*</sup>**

\*Estimated Member balance after the network discounts and insurance plan claim filed.

The claim scenarios are intended to show the types of situations that may result in a claim. Scenarios are not based on actual claims.

\*\*Fairhealthconsumer.org Uninsured/Out-of-Network cost in Zip Code 75248 for CPT Code 99202 Patient visit and 88106 Examination of body fluid

\*\*\*CDC - WI SQRSTM (Web-based Injury Statistics Query and Reporting in System). Retrieved from <https://www.cdc.gov/injury/wisqars/nonfatal.html>

\*\*\*\*Actual billable charge from a Provider in Zip Code 75266 for Procedure Code 88305 Gross & Micro, Level 4 Biopsy

<sup>†</sup>With a hospital indemnity plan benefit.

# Benefit Plan and Rate Summary

	HOORAY HEALTH ADVANTAGE BASIC	HOORAY HEALTH ADVANTAGE PLUS	HOORAY HEALTH ADVANTAGE PREMIUM
<b>OUTPATIENT SICK VISIT BENEFITS</b>			
<b>URGENT CARE/RETAIL CLINIC OFFICE VISITS</b>			
Hooray Health Network includes Office Visit + In-House lab test, X-Rays, etc.	Member Pays \$25 copay <b>No Balance Bills*</b>	Member Pays \$25 copay <b>No Balance Bills*</b>	Member Pays \$25 copay <b>No Balance Bills*</b>
	Plan Pays \$175	Plan Pays \$175	Plan Pays \$175
First Health Network Provider (Discounted Rates)**	Plan Pays \$175	Plan Pays \$175	Plan Pays \$175
Out-of-Network Provider (No Discounts)***	Plan Pays \$175	Plan Pays \$175	Plan Pays \$175
<b>Maximum annual provider visits</b>	<b>2 per year</b>	<b>3 per year</b>	<b>3 per year</b>
<b>OUTPATIENT PHYSICIAN OFFICE VISITS</b>			
Outpatient Doctor Visit (First Health Provider Network or Out-of-Network Provider)	\$100 per day	\$100 per day	\$100 per day
<b>Maximum annual provider visits</b>	<b>2 per year</b>	<b>3 per year</b>	<b>3 per year</b>
<b>IMAGING AND LAB TEST</b>			
Diagnostic Laboratory Indemnity Benefit	\$50 per day x 2 days	\$50 per day x 3 days	\$50 per day x 3 days
Diagnostic X-Ray Indemnity Benefit	\$50 per day x 2 days	\$50 per day x 2 days	\$50 per day x 2 days
Diagnostic Exam Indemnity Benefit	N/A	\$350 per day x 1 day	\$350 per day x 1 day
<b>INPATIENT BENEFITS</b>			
Hospital Admission Benefit	N/A	\$750 per day x 1 day	\$1,000 per day x 1 day
In-Hospital Indemnity Benefit	\$50 per day X 1 day	\$750 per day x 5 days	\$1,000 per day x 5 days
Surgery Benefit	N/A	\$750 per day x 1 day	\$1,500 per day x 1 day
Anesthesia Benefit	N/A	\$150 per day x 1 day	\$350 per day x 1 day
<b>ACCIDENT BENEFITS (INPATIENT AND OUTPATIENT)</b>			
<b>ACCIDENT MEDICAL EXPENSE BENEFIT</b>			
Maximum Benefit per year	up to \$5,000 per year	up to \$5,000 per year	up to \$10,000 per year
Annual Deductible	\$0 Deductible	\$0 Deductible	\$0 Deductible
<b>ACCIDENTAL DEATH COVERAGE</b>			
Principal Sum	\$1,000	\$1,000	\$1,000
<b>NON-INSURANCE SERVICES<sup>(1)</sup></b>			
Telemedicine Doctor	\$0 consult; unlimited visits	\$0 consult; unlimited visits	\$0 consult; unlimited visits
Discount Prescription Program (ScriptSave WellRX)	Included	Included	Included
Discount Radiology (Green Imaging)	Included	Included	Included
Careington Dental and Vision Discounts	Included	Included	Included
<b>WEEKLY RATES</b>	<b>BASIC</b>	<b>PLUS</b>	<b>PREMIUM</b>
<b>EMPLOYEE ONLY</b>	\$20.90	\$30.90	\$35.42
<b>EMPLOYEE + SPOUSE</b>	\$30.61	\$51.15	\$60.02
<b>EMPLOYEE + CHILD(REN)</b>	\$31.66	\$49.41	\$57.14
<b>FAMILY</b>	\$42.31	\$72.33	\$84.80

## 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](http://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.

10 month pregnancy limitation period.

The Group Hospital Indemnity and Group Accident 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. You can view a copy of the certificate at [members.myhoorayhealth.com](http://members.myhoorayhealth.com).

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.

# Dental & Vision Savings

Included in Hooray Health Plan



## Careington Discount Dental

Save big on discounted dental care through the Careington Dental Plan, one of the country's largest dental networks. Members save an average of 20% to 60% off the standard fees of dental procedures, such as routine exams, adult and child cleanings and root canals.

### Plan Features

- Save 20% to 60% on most dental procedures
- Save up to 20% on orthodontics
- Save up to 20% on specialists' fees where available
- Cosmetic dentistry, including bonding & veneers
- Visit any participating plan dentist; change at any time

Description	Retail Cost <sup>(1)</sup>	Plan Cost <sup>(2)</sup>	Savings (\$)	Savings %
Adult Cleaning	\$132	\$63	\$69	52%
Four Bitewing X-Rays	\$89	\$42	\$47	53%
Crown	\$1459	\$777	\$682	47%
Extraction	\$253	\$109	\$146	57%



## VSP Vision Discount Program

VSP Vision Savings Pass is a discount vision program that offers savings on eye care and eyewear. With the best choices in eyewear, VSP makes it easy to find the perfect frame. Members can choose from great brands like Anne Klein, bebe®, Calvin Klein®, Flexon®, Lacoste™, Nike®, Nine West, and more.<sup>(3)</sup>

### Members Receive:

- Access to discounts through a trusted, private practice VSP doctor
- One rate of \$50 for eye exams<sup>(4)</sup>
- Save up to 15% on contact lens exams<sup>(5)</sup>
- Special pricing on complete pairs of glasses and sunglasses
- Unlimited use on materials throughout the year

Service	Reduced Prices & Savings
WellVision Exam®	<ul style="list-style-type: none"> <li>• \$50 w/purchase of complete pair of prescription glasses.</li> <li>• 20% off without purchase.</li> <li>• Once every calendar year.</li> </ul>
Lenses	With purchase of a complete pair of prescription glasses: <ul style="list-style-type: none"> <li>• Single vision: \$40</li> <li>• Lined bifocals: \$60</li> <li>• Lined trifocals: \$75</li> <li>• Polycarbonate for children: \$0</li> </ul>
Frames	<ul style="list-style-type: none"> <li>• 25% savings when a complete pair of prescription glasses is purchased.</li> </ul>
Contact Lenses	<ul style="list-style-type: none"> <li>• 15% savings on contact lens exam (fitting &amp; evaluation)</li> </ul>
Laser Vision Correction	<ul style="list-style-type: none"> <li>• Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities</li> </ul>

DENTAL AND VISION PROGRAMS ARE NOT INSURANCE AND ARE NOT UNDERWRITTEN BY AN INSURANCE COMPANY.

(1) Retail cost is based on the national average of the 80th percentile usual and customary rates as detailed in the 2018 Fair Health report in the Los Angeles, Orlando, Chicago and New York City metropolitan areas.

(2) These fees represent the average of the assigned Careington Care POS fees in the Los Angeles, Orlando, Chicago, and New York City metropolitan statistical areas. Prices subject to change.

(3) Brands subject to change

(4) This cost is only available with the purchase of a complete pair of prescription glasses; otherwise you'll receive 20% on eye exam only.

(5) Applies only to contact lens exam, not materials. you're responsible for 100% of the contact lens material cost.

THIS PLAN IS NOT INSURANCE and is not intended to replace health insurance. This plan does not meet the minimum creditable coverage requirements under M.G.L. c. 111M and 956 CMR 5.00. This plan is not a Qualified Health Plan under the Affordable Care Act. The range of discounts will vary depending on the type of provider and service. The plan does not pay providers directly. Plan members must pay for all services but will receive a discount from participating providers. The list of participating providers is at [www.careington.com/members](http://www.careington.com/members). A written list of participating providers is available upon request. Discount Plan Organization and administrator: Careington International Corporation,

7400 Gaylord Parkway, Frisco, TX 75034; phone 800-441-0380.

This plan is not available in Vermont or Washington.

# MEC Package Summary

Minimum Essential Coverage<sup>01</sup>

**Can be added to an Advantage Plan or enrolled in as a standalone.**

The MEC plan covers preventive and wellness-related tests and treatments defined by the Affordable Care Act.



## MEC Plan Overview

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

### MEC (MINIMUM ESSENTIAL COVERAGE) STANDALONE WEEKLY PLAN PRICING

WEEKLY RATES	MEC
EMPLOYEE ONLY	\$16.15
EMPLOYEE + SPOUSE	\$20.15
EMPLOYEE + CHILD(REN)	\$20.15
FAMILY	\$25.15

Self-Funded Minimum Essential Coverage (MEC) <sup>01</sup>	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.

<sup>01</sup>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.

# 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.

\*For the most up to date coverage, please visit [healthcare.gov/coverage/preventive-care-benefits/](https://www.healthcare.gov/coverage/preventive-care-benefits/)

# 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.

HOORAY HEALTH ADVANTAGE PLANS			
WEEKLY RATES	BASIC	PLUS	PREMIUM
EMPLOYEE ONLY	\$20.90	\$30.90	\$35.42
EMPLOYEE + SPOUSE	\$30.61	\$51.15	\$60.02
EMPLOYEE + CHILD(REN)	\$31.66	\$49.41	\$57.14
FAMILY	\$42.31	\$72.33	\$84.80

MEC (MINIMUM ESSENTIAL COVERAGE) STANDALONE PLAN	
WEEKLY RATES	MEC
EMPLOYEE ONLY	\$16.15
EMPLOYEE + SPOUSE	\$20.15
EMPLOYEE + CHILD(REN)	\$20.15
FAMILY	\$25.15

HOORAY HEALTH ADVANTAGE PLANS + MEC			
WEEKLY RATES	BASIC + MEC	PLUS + MEC	PREMIUM + MEC
EMPLOYEE ONLY	\$37.05	\$47.05	\$51.57
EMPLOYEE + SPOUSE	\$50.76	\$71.30	\$80.17
EMPLOYEE + CHILD(REN)	\$51.81	\$69.56	\$77.29
FAMILY	\$67.46	\$97.48	\$109.95