



Advantage Plan Overview⁽¹⁾

Plans include Supplemental Accident and Hospital Indemnity Insurance Benefits underwritten by Zurich American Insurance Company

Enroll today



✓ Hooray Health Network

Access a nearby Retail Clinic or Urgent Care Center for everyday illness and injury. When paired with your sickness urgent care benefit⁽²⁾, pay **\$25** with no medical bills following your visit.*

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

**Best Value
and \$25 per
visit!**

✓ First Health Network

You also have access to additional providers through the First Health Network. With First Health Network Providers, your fixed insurance 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. Because not all fees are covered with the First Health Network, you may be billed after the benefit payment.**

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

**Additional
Provider
Network for
Savings!**

✓ Telemedicine

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

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

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

✓ Accident Medical Expense⁽²⁾

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.

**Accident
Benefits
with No
Deductible**

✓ Prescriptions

Need a prescription?

No problem! Use the Hooray Health App to locate the closest and least-expensive pharmacy with 37 Acute Medications for \$0 cost and the ProPlus 5 with 200 Chronic Medications for \$5 cost.

**\$0 Cost
Prescriptions
& Discounts**

Other Features Include:

- ✓ Accidental Death Coverage⁽²⁾
- ✓ Inpatient and Outpatient Indemnity Benefits⁽²⁾
- ✓ Discount Radiology Services

AFEUSA Membership

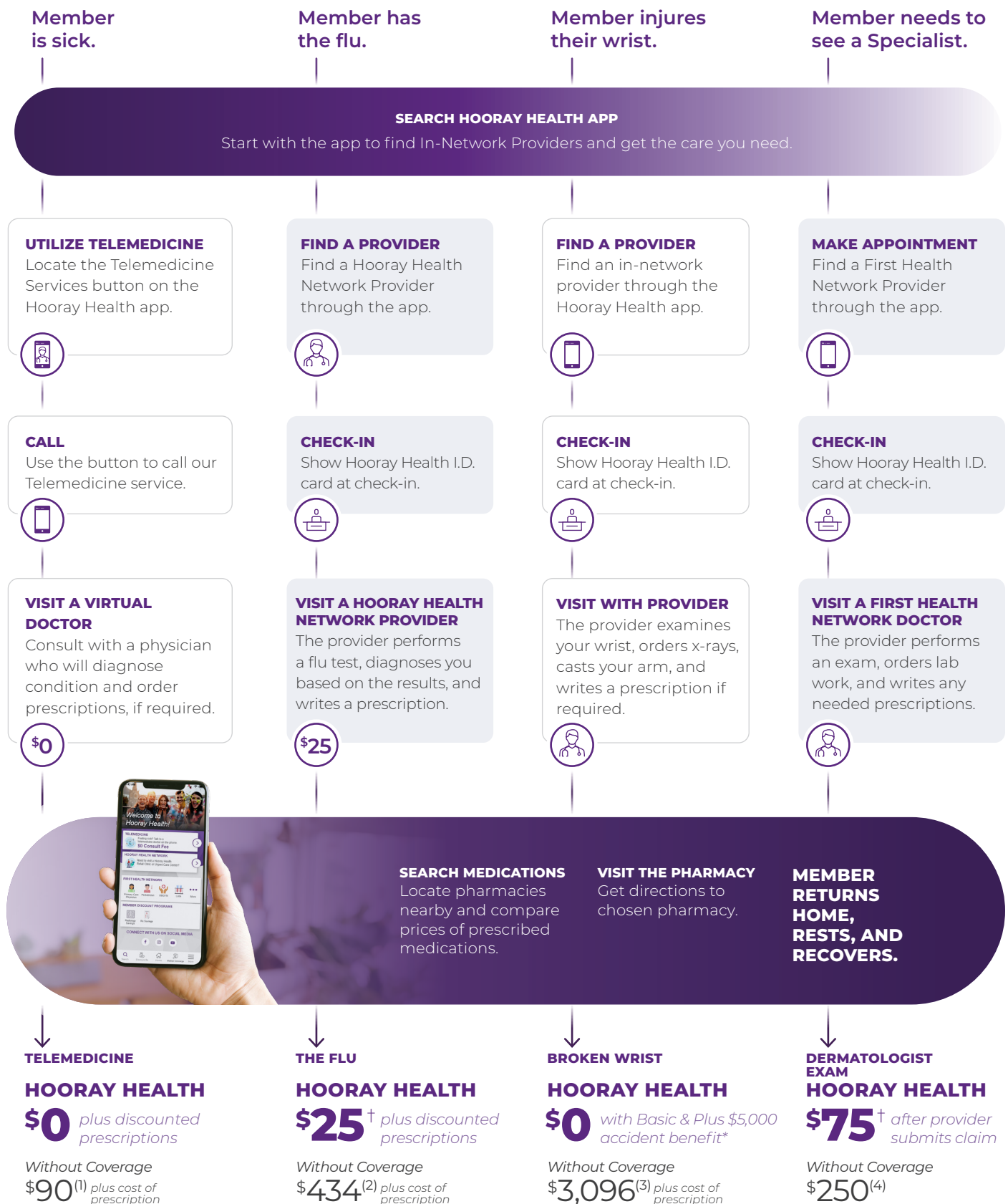
Plans are available to members of the Association for Entrepreneurship USA (AFEUSA), into which your company has arranged for you to enroll. AFEUSA is a trade association for entrepreneurs, micro entrepreneurs, and gig workers and includes access to other valuable benefits. AFEUSA provides its members with discounts for various services that can benefit startups, self-employed individuals, gig workers, and small businesses alike. These discounts can help you save money on essential services such as marketing, accounting, and legal services. Whether you're just starting out or you're an established business owner, AFEUSA has created a large portfolio of products and services to support your business needs. Monthly cost does not include required monthly Association Dues Membership. [See brochure](#) for full details.

⁽¹⁾This plan does not provide comprehensive medical coverage and is not intended to replace a major medical plan.

⁽²⁾Benefits provided through hospital indemnity and accident medical insurance policies underwritten by Zurich American Insurance Company.

*Applies to covered services performed within the Hooray Health Network facility. Services performed by another provider may result in additional bills. Please see pgs. 3, 4, 12-14 for additional terms.

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. 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 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

Benefit Plan and Rate Summary

Includes the following states: CA, IA, MA, OH, TX

	HOORAY HEALTH ADVANTAGE BASIC	HOORAY HEALTH ADVANTAGE PLUS	HOORAY HEALTH ADVANTAGE PREMIUM	HOORAY HEALTH ADVANTAGE ULTRA
TELEMEDICINE BENEFIT AND VIRTUAL AND PRIMARY CARE BENEFIT⁽¹⁾				
Virtual Urgent and Primary Care Benefit ⁽¹⁾	\$0 consult fee (1 visit per day)			
PROVIDER NETWORKS⁽¹⁾ AND ZURICH HOSPITAL INDEMNITY INSURANCE SICKNESS URGENT CARE BENEFIT⁽²⁾				
URGENT CARE / RETAIL CLINIC OFFICE VISITS				
Sickness Urgent Care Benefit ⁽²⁾ (regardless of network used below)	\$175 per day (2 days per year)	\$175 per day (3 days per year)	\$175 per day (3 days per year)	\$175 per day (4 days per year)
With Hooray Health Network Provider ⁽¹⁾ (includes Office Visit + In-House lab test, X-rays, etc.)	Member discounted rate: \$200 per visit* \$25 when Sickness Urgent Care Benefit is applied			
With First Health Network Provider ⁽¹⁾	Sickness Urgent Care Benefit ⁽²⁾ + Discounted Rates ^{(1)**}			
With Out-of-Network Provider ⁽¹⁾	Sickness Urgent Care Benefit ⁽²⁾ No Discounts ^{(1)***}			
ADDITIONAL HOSPITAL INDEMNITY INSURANCE BENEFITS⁽²⁾				
WELLNESS BENEFIT				
Annual Wellness Visit ⁽⁴⁾	Plan pays \$180 per day (1 day per year)	Plan pays \$180 per day (1 day per year)	Plan pays \$180 per day (1 day per year)	Plan pays \$180 per day (1 day per year)
OUTPATIENT SICKNESS INDEMNITY BENEFITS				
Outpatient Physician Office Visit	Plan pays \$100 per day (2 days per year)	Plan pays \$100 per day (3 days per year)	Plan pays \$100 per day (3 days per year)	Plan pays \$100 per day (4 days per year)
Outpatient Diagnostic Laboratory Benefit	Plan pays \$50 per day (2 days per year)	Plan pays \$50 per day (3 days per year)	Plan pays \$50 per day (3 days per year)	Plan pays \$50 per day (4 days per year)
Outpatient Diagnostic X-Ray Benefit	Plan pays \$50 per day (2 days per year)	Plan pays \$50 per day (2 days per year)	Plan pays \$50 per day (2 days per year)	Plan pays \$50 per day (2 days per year)
Outpatient Advanced Diagnostic Exam Benefit	N/A	Plan pays \$350 per day (1 day per year)	Plan pays \$350 per day (1 day per year)	Plan pays \$350 per day (1 day per year)
INPATIENT SICKNESS INDEMNITY BENEFITS				
Hospital Admission Benefit	Plan pays \$50 per day (1 day per year)	Plan pays \$750 per day (1 day per year)	Plan pays \$1,000 per day (1 day per year)	Plan pays \$1,500 per day (1 day per year)
In-Hospital Indemnity Benefit	N/A	Plan pays \$750 per day (5 days per year)	Plan pays \$1,000 per day (5 days per year)	Plan pays \$1,500 per day (5 days per year)
In-Hospital Surgery Benefit (Maternity Included)****	N/A	Plan pays \$750 per day (1 day per year)	Plan pays \$1,500 per day (1 day per year)	Plan pays \$2,000 per day (1 day per year)
Inpatient Anesthesia Benefit	N/A	Plan pays \$150 per day (1 day per year)	Plan pays \$350 per day (1 day per year)	Plan pays \$500 per day (1 day per year)
ACCIDENT INSURANCE⁽³⁾				
ACCIDENT MEDICAL EXPENSE BENEFIT				
Maximum Benefit per accident	Plan pays up to \$5,000	Plan pays up to \$5,000	Plan pays up to \$10,000	Plan pays up to \$10,000
Annual Deductible	\$0	\$0	\$0	\$0
ACCIDENTAL DEATH BENEFIT				
Principal Sum	\$1,000	\$1,000	\$1,000	\$1,000
NON-INSURANCE SERVICES⁽¹⁾				
Hooray Health Mobile App	Included	Included	Included	Included
RX Valet Prescription Program	\$0 cost Acute; \$5 cost Chronic Generic Prescriptions			
Prescription Assistance Program	Included	Included	Included	Included
First Health Provider Network	Included	Included	Included	Included
Discount Radiology (Green Imaging)	Included	Included	Included	Included

Please see following page for additional footnotes and full disclaimers on these plans and their costs.

⁽²⁾The Hospital Indemnity Insurance is underwritten by Zurich American Insurance Company. For the Hospital Indemnity Insurance Limitations and Exclusions, please see pages 12-13.

⁽³⁾The Accident Insurance is underwritten by Zurich American Insurance Company. For the Accident Insurance Limitations and Exclusions, please see pages 13-14.

⁽⁴⁾Wellness Benefit is payable for an Annual Physical Exam or other certain Routine Examinations or Preventative Tests. Please see your Certificate for a complete list of qualifying examinations and tests.

Plan Summary

Benefit & Cost Analysis

MONTHLY COST	BASIC	PLUS	PREMIUM	ULTRA
EMPLOYEE ONLY	\$165.06	\$199.49	\$238.23	\$260.71
EMPLOYEE + SPOUSE	\$213.24	\$272.67	\$379.73	\$434.36
EMPLOYEE + CHILD(REN)	\$207.74	\$266.11	\$315.34	\$350.45
FAMILY	\$245.18	\$341.27	\$445.48	\$511.17

Monthly cost includes fees for provider networks and non-insurance services, billing and administrative fees, and insurance premiums. Monthly cost does not include required monthly AFEUSA Association Membership Dues of \$4.99.

Hooray Health Advantage Plans include Supplemental Accident and Hospital Indemnity Benefits underwritten by Zurich American Insurance Company which are not a substitute for major medical insurance.

*A provider within the Hooray Health network will charge \$200 per visit. When you assign the \$175 Sickness Urgent Care/Retail Clinic Office Visit Benefit, which is applicable up to the max days per year and for sickness visits only, you pay the net cost of \$25.

**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 when applicable. Please see plan policy for details.

***Out-of-Network provider visits are paid \$175 per the plan policy and up to policy maximums. Member will be responsible for any payment balance above the plan payment of \$175. Please see plan policy for details.

****The Hospital Indemnity Insurance has a 10 month pregnancy limitation period.

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

Hospital Indemnity and Personal Accident are two Independent Policies.

The Accident and Hospital Indemnity benefits are not dependent upon the use of the Hooray Health Network, First Health Network, or any network. Hospital Indemnity and Personal Accident are two Independent Policies. The Hospital Indemnity and Accident insurance benefits (included in the Advantage Plans) described are underwritten by Zurich American Insurance Company (Zurich), 1299 Zurich Way, Schaumburg, Illinois 60196, 1 800 987 3373 (NAIC # 16535). This document provides a general description of certain provisions and features of this insurance program for informational purposes only 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. Enrollment is available from age 18 to 64 years old. Coverage terminates at age 75. The Hospital Indemnity Insurance and the principal sum payable for the Accidental Death Benefit is reduced by 50% if the Covered Person is age 67 or older on the date of a covered loss. This insurance provides limited benefits. Limited benefit 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.

The monthly insurance premiums related to coverage underwritten by Zurich American Insurance Company and included in monthly costs above.

ACCIDENT INSURANCE RATES	BASIC	PLUS	PREMIUM	ULTRA
EMPLOYEE ONLY	\$13.30	\$13.30	\$17.73	\$17.73
EMPLOYEE + SPOUSE	\$21.33	\$21.33	\$28.38	\$28.38
EMPLOYEE + CHILD(REN)	\$26.70	\$26.70	\$36.51	\$35.51
FAMILY	\$33.38	\$33.38	\$44.38	\$44.38

HOSPITAL INDEMNITY INSURANCE RATES	BASIC	PLUS	PREMIUM	ULTRA
EMPLOYEE ONLY	\$28.81	\$69.43	\$84.35	\$111.24
EMPLOYEE + SPOUSE	\$57.67	\$141.08	\$171.90	\$227.12
EMPLOYEE + CHILD(REN)	\$55.97	\$128.18	\$153.26	\$202.01
FAMILY	\$91.03	\$213.05	\$256.23	\$338.17

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

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 Medication at \$0 Cost

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 Chronic Medication at \$5 Cost

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			
Ocuflax 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			
Meclozine 12.5 mg Tablet	20 Tablets	Promethazine 25 mg Tablet	12 Tablets
Meclozine 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
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
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-211-20 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.

Additional Benefits

Included in Hooray Health Plan

HOORAYHEALTH



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- ✓ Coronary Artery Calcuim Scoring
- ✓ Cardiac MRI



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Group Hospital Indemnity Insurance Limitations & Exclusions:

Underwritten by Zurich American Insurance Company.

The benefit amount payable is reduced by 50% if the Covered Person is age 67 or older on the date of a covered loss.

General Limitations

Pre-existing Condition Limitation

No benefits are payable for any Covered Illness that results from, or is caused or contributed to by, a Pre-existing Condition. A condition will no longer be considered a Pre-existing Condition after the Covered Person's coverage under the Policy has been in effect for 12 consecutive months. A Pre-existing Condition limitation will also apply to any benefit amount increase or the addition of any benefit under the Policy, including any changes from the Prior Policy (if applicable).

If a Covered Person becomes Confined as the result of a Pre-Existing Condition prior to completing the 12-month limitation period, benefits will only be payable for any day of Confinement that extends after the end of the limitation period.

Pregnancy Limitation Period

A Covered Person must complete a 10-month Pregnancy Limitation Period before becoming eligible for benefits for pregnancy or childbirth under the Policy. If a Covered Person receives Treatment for pregnancy or childbirth during this Pregnancy Limitation Period, benefits are not payable.

If the Covered Person becomes Confined as the result of pregnancy or childbirth prior to completing the Pregnancy Limitation Period, benefits will only be payable for any day of Confinement that extends after the end of the Pregnancy Limitation Period.

This limitation does not apply to Complications of Pregnancy.

Other Hospital Indemnity Policy Limitation (Over- Insurance Limitation)

If the Covered Person is insured under any Other Hospital Indemnity Policy, any claim for benefit is only payable under the one policy elected by You or Your beneficiary or estate, in the event of death.

We will return the amount of premium paid for any Other Hospital Indemnity Policy that is declined by You retroactive to the later of:

1. the last date any benefit was paid for any Covered Person under the Other Hospital Indemnity Policy; or
2. the effective date of insurance for You under the Other Hospital Indemnity Policy.

Limitation on Multiple Options. If a Covered Person suffers a Covered Loss under more than one Option, We will pay only one benefit, the largest benefit.

General Exclusions

Benefits will not be provided under the Policy for any Illness that is caused by, or results from:

- A. suicide or attempted suicide while sane or insane or from intentionally self-inflicted injury.
- B. war or any act of war, whether declared or undeclared.
- C. involvement in any type of active military service. Reserve or National Guard active duty training is not excluded, unless it extends beyond 31 consecutive days. If you notify us of active duty service or training, We will refund any premiums paid for any period for which no coverage is provided as a result of the exclusion.
- D. participation in the commission or attempted commission of any felony, insurrection or Participation in a Riot.
- E. engaging in an illegal organization.

Limitations & Exclusions:

F. being intoxicated while operating a motor vehicle.

- ▶ a Covered Person will be conclusively presumed to be intoxicated if the level of alcohol in a Covered Person's blood exceeds the amount at which a person is presumed, under the law of the locale in which the Accident occurred, to be intoxicated, if operating a motor vehicle.
- ▶ an autopsy report from a licensed medical examiner, law enforcement officer reports, or similar items will be considered proof of the Covered Person's intoxication.

G. being under the influence of any Prescription Drug, controlled substance, or hallucinogen, unless such Prescription Drug, controlled substance, or hallucinogen was prescribed by a Physician and taken in accordance with the prescribed dosage.

H. ride in or on any motor vehicle or aircraft engaged in acrobatic tricks/ stunts (for motor vehicles), acrobatic/ stunt flying (for aircraft), endurance tests, off-road activities (for motor vehicles), or racing;

I. participation in any organized sport in a professional or semi-professional capacity;

J. participation in abseiling, base jumping, bossaball, bouldering, bungee jumping, cave diving, cliff jumping, free climbing, freediving, free-running, hang gliding, ice climbing, Jai Alai, jet powered flight, kite surfing, kiteboarding, luging, missed climbing, mountain biking, mountain boarding, mountain climbing, mountaineering, parachuting, paragliding, parakiting, paramotoring, parasailing, Parkour, proximity flying, rock climbing, sail gliding, sandboarding, scuba diving, sepak takraw, slacklining, ski jumping, skydiving, sky surfing, speed flying, speed riding, train surfing, tricking, wingsuit flying or other similar extreme sports or high risk activities

In addition, We will not pay for any benefits under the Policy, unless required by law for:

K. elective abortion or complications thereof;

L. artificial insemination, in vitro fertilization, test tube fertilization;

M. gender change, sterilization, tubal ligation or vasectomy, and reversal thereof;

N. aroma therapeutic, herbal therapeutic, or homeopathic services;

O. any Mental and Nervous Disorder, unless specifically allowed by a provision of this Certificate;

P. Substance Abuse, unless specifically allowed by a provision of this Certificate;

Q. medical mishap or negligence on the part of any Physician, Medical Professional, or Therapist, including malpractice;

R. Treatment, supplies or services provided by, through or, behalf of any government agency or program; unless payment is required by a Covered Person;

S. Custodial Care, unless specifically allowed by a benefit provision in this Certificate or any rider attached to the Policy (if applicable);

T. elective or cosmetic surgery or procedures, except for reconstructive surgery;

1. incidental to or following surgery for disease, infection or trauma of the involved body part; or
2. due to Congenital Anomaly or disease of a Dependent Child which has resulted in a functional defect;

U. dental care or Treatment, except for Treatment due to an Injury to sound natural teeth within 12 months of the Accident;

V. Treatment necessary due to Congenital Anomaly or disease; Congenital Anomalies of newborn and newly adopted children are not excluded if otherwise covered under the terms of the Policy.

Group Personal Accident Limitations & Exclusions:

Underwritten by Zurich American Insurance Company

The principal sum payable for the Accidental Death Benefit is reduced by 50% if the Covered Person is age 67 or older on the date of a covered loss.

General Limitations

This section applies to all Hazards, Coverages and Benefits unless otherwise stated.

Limitation on Multiple Covered Losses. If a Covered Person suffers more than one Covered Loss as a result of the same Accident, We will pay only one benefit, the largest benefit.

Limitation on Multiple Coverages and Benefits. If a Covered Person suffers a Covered Loss which is payable under more than one benefit as a result of the same Accident, the most We will pay for these benefits in total is the Covered Person's Principal Sum. If a Covered Person suffers a Covered Loss under more than one Hazard, We will pay only one benefit, the largest benefit.

General Exclusions

This section applies to all Hazards, Coverages and Benefits unless otherwise stated.

A loss will not be a Covered Loss if it is the direct result of:

1. War or any Act of War, whether declared or undeclared; or the release of radiation which is the result of war;
2. involvement in any type of active military service.
3. illness or disease, regardless of how contracted; medical or surgical treatment of illness or disease; or complications following the surgical treatment of illness or disease; except for Accidental ingestion of contaminated foods;
4. participation in the commission or attempted commission of any felony, an assault, insurrection or riot;
5. parasailing, bungee jumping, heli-skiing, scuba diving or any other activity that would reasonably be deemed extra-hazardous;
6. being legally intoxicated.
 - A. a Covered Person will be conclusively presumed to be legally intoxicated if the level of alcohol in his or her blood exceeds the amount at which a person is presumed, under the law of the state in which the Accident occurred, to be intoxicated, if operating a motorized vehicle.
 - B. a Covered Person will be conclusively presumed to be legally intoxicated if the level of alcohol in his or her blood exceeds the amount at which a person is presumed, under the law of the state in which the Accident occurred, to be intoxicated, if operating a motorized vehicle.
7. intentional use of illegal drugs or intentional misuse of prescription or over the counter drugs (not taken as directed);
8. travel or flight in any aircraft except to the extent stated in the certificate. You can view a sample of the certificate in the link below the benefit chart above.
9. a cardiovascular event or stroke caused by exertion prior to or at the same time as an Accident;
10. alcoholism.