

BENEFITS GUIDE

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Overview

We are excited to offer our instructors healthcare benefits through Acrisure! We are the world's **only** fitness platform that will help pay for your medical, dental, and vision insurance coverage.

If you enroll in one of our programs, **we will reimburse every month** based on how much revenue you've generated in the previous 30 days

Tier	Trailing 30 day revenue ¹	Monthly Reimbursement
All Star	\$3K +	\$500
Pro	\$2K - \$2.9K	\$200
Collegiate	\$1K - \$1.9K	\$100
Varsity	\$500 - \$999	\$50

Note: while all instructors may enroll in our plans, you must have at least \$500 in trailing 30 day revenue to be eligible for reimbursement. In order to receive reimbursement, please submit proof of premium payment [here](#).

Please see all of the plan benefits and details on the following pages. Acrisure's Recess.tv Benefits Specialists will be assisting you with finding the right plan and will answer any and all benefits questions you have. To get started, click [here](#) to schedule your consultation and enroll!

And of course, if you have ideas on how we can make this even better or any other feedback please let us know at partners@recess.tv

IMPORTANT You must enroll by August 15th.

¹ 30 day revenue is inclusive of class revenue (live and VOD), memberships, tips, and donations

Medical: ACA

Acrisure's Recess.tv Benefits Specialists are experts in ACA medical insurance plans and are standing by to assist you with all of your enrollment needs! Due to the state-by-state complexity of coverage and costs, we must explore your plan by phone. Visit [here](#) to schedule a time with a Specialist. *Note: ACA Enrollment Expires August 15th.*

Dental & Vision: UnitedHealthcare

We also offer Dental & Vision plans from UnitedHealthcare. See below for a summary of plans & click [here](#) to schedule a time with a Specialist.

Dental Coverage Details



Primary^{1,2}

Designed to offer immediate coverage and network discounts for preventive care and basic services. Plan availability varies by state.

Lower Premium

Preventive Care Services (includes routine cleaning & exams)	Policy pays 100% day one
After Deductible:	
Basic Services (includes simple fillings & extractions)	Policy pays 50% day one 65% after policy year one 80% after policy year two
Major Services (includes crowns, root canals, oral surgery, and bridges)	Not covered
Coverage Amount (per calendar year)	\$1,000 annual maximum
Deductible (per calendar year, family max 3 deductibles)	\$50 per person (basic services)
Most Valuable Feature	Lowest premium of Dental Primary plans



Primary Plus^{2,3}

This plan pays more for non-network dentists on basic services than the other plans. There is also no waiting period for preventive care or basic services. Plan availability varies by state.

Use Any Dentist

Preventive Care Services (includes routine cleaning & exams)	Policy pays 100% day one
After Deductible:	
Basic Services (includes simple fillings & extractions)	Policy pays 50% day one 65% after policy year one 80% after policy year two
Major Services (includes crowns, root canals, oral surgery, and bridges)	Not covered
Coverage Amount (per calendar year)	\$1,000 annual maximum
Deductible (per calendar year, family max 3 deductibles)	\$50 per person (basic services)
Most Valuable Feature	Network Flexibility of higher non-network benefits



Primary Preferred^{1,2}

Major services are covered, after a 6-month waiting period, using network dentists. Plan availability varies by state.



Primary Preferred Plus^{2,3}

Enjoy the flexibility of using network or non-network dentists plus this plan covers major services after a 6-month waiting period.

Includes Major Services

Preventive Care Services (includes routine cleaning & exams)	Policy pays 100% day one
After Deductible:	
Basic Services (includes simple fillings & extractions)	Policy pays 35% day one⁴ 65% after policy year one 80% after policy year two
Major Services (includes crowns, root canals, oral surgery, and bridges)	Policy pays 15% after⁴ 6-month waiting period 50% after policy year one 60% after policy year two
Coverage Amount (per calendar year)	\$1,000 annual maximum
Deductible (per calendar year, family max 3 deductibles)	\$50 per person (combined basic and major services)
Most Valuable Feature	Major Services Coverage

Use Any Dentist + Major Services

Preventive Care Services (includes routine cleaning & exams)	Policy pays 100% day one
After Deductible:	
Basic Services (includes simple fillings & extractions)	Policy pays 35% day one⁴ 65% after policy year one 80% after policy year two
Major Services (includes crowns, root canals, oral surgery, and bridges)	Policy pays 15% after⁴ 6-month waiting period 50% after policy year one 60% after policy year two
Coverage Amount (per calendar year)	\$1,000 annual maximum
Deductible (per calendar year, family max 3 deductibles per service type)	\$50 per person (combined basic and major services)
Most Valuable Feature	Network Flexibility with Major Services Coverage

More details can be found [here](#)

Vision Coverage Details

Our Vision Plans ¹				
Covered Service/Material:	Provider Type:	Plan A	Plan B	
Eye Exam Once every 12 months	You pay:	Network	\$10 copay	\$10 copay
		Non-Network	Any charge over \$50 allowance	Any charge over \$50 allowance
Frames² Once every 12 months	You pay:	Network	Any charge over \$150 allowance	Any charge over \$150 allowance
		Non-Network	Any charge over \$75 allowance	Any charge over \$75 allowance
Lenses³ One pair every 12 months	You pay:	Network	\$10 copay	\$10 copay
		Non-Network	Single Vision: Any charge over \$40 allowance Bifocal: Any charge over \$60 allowance Trifocal/Lenticular: Any charge over \$80 allowance	Single Vision: Any charge over \$40 allowance Bifocal: Any charge over \$60 allowance Trifocal/Lenticular: Any charge over \$80 allowance
Contacts Once every 12 months	You pay:	Instead of glasses⁴		In addition to glasses
		Network	Select Contact Lenses List: \$0 Copay Non-Selection Contacts: Any charge over \$125 allowance	Select Contact Lenses List: \$0 Copay Non-Selection Contacts: Any charge over \$150 allowance
		Non-network	Any charge over \$105 allowance	Any charge over \$105 allowance

More details can be found [here](#)