



HOPE 1000 OPTION

Effective January 1, 2026

BENEFIT HIGHLIGHTS

Basic Group Term Life and AD&D Insurance	\$20,000 for each covered active employee/official Reductions in benefit for those age 65 and up
Provider Access <i>Map directory available via online participant account (paper directory also available)</i>	HOPE Trust Direct Contract Network with Patient Advocacy Team (PAT)

	Provider Type		
	Preferred	Standard	Out-of-Contract
MAJOR MEDICAL PLAN			
Lifetime Benefit Maximum	Unlimited		
Individual Deductible	\$0	\$1,000	
Family Deductible	\$0	\$3,000	
Individual Out-of-Pocket (OOP) Limit (includes medical deductible & medical co-insurance)	\$0	\$2,000	Unlimited
Family Out-of-Pocket (OOP) Limit (includes medical deductible & medical co-insurance)	\$0	\$6,000	Unlimited

After deductible (if applicable), you pay:

Physician Office Visit (OV)	\$0 (deductible n/a)	20%	50% (OOP n/a)
Preventive Services	0% (deductible n/a)		50% (OOP n/a)
Chiropractic Services (40 visits maximum per year)	0%	20%	50% (OOP n/a)
Physician/Surgeon/Practitioner & Non-Facility Ancillary Provider Services	0%	20%	50% (OOP n/a)
Facility Services (Hospital, Lab, Surgery Center)	0%	20%	50% (OOP n/a)

Prescription Drug Program **Prescription drugs not subject to deductible.**

Preventive Drugs	\$0	Member Reimbursed at Discounted Cost (Less Penalty of 25% of Cost for Out-of- Network Pharmacies)
Generic Drugs	\$7	
Formulary Brand Drugs	\$30	
Non-Formulary Brand Drugs	\$45	
Specialty Drugs	20%	
90-Day Supply of Maintenance Drugs	\$14/\$60/\$90	
Prescription Drug Out-of-Pocket (OOP) Limit (includes drug co-pays & drug co-insurance)	\$2,750 per person	

HEALTH REIMBURSEMENT PLAN (HRP) (Alternative Benefit)

Reimbursement for In-Network Deductible, Co-insurance, & Co-pay Expenses Incurred Under Other Group Medical or Prescription Drug Plan <i>(HRP also available on an optional basis for individuals enrolled in Medicare Parts A, B, & D)</i>	100% reimbursement (no dollar limit)	Out-of-Network Expenses Not Reimbursable
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This document contains benefit highlights only. You should review the Summary Plan Description (SPD) for complete benefits, limitations, and exclusions.