HOPETRUST®
Health Options for Public Entities
Health Care Plan

HOPE 4000 QHDHP 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 *Map directory available via online participant account (paper directory also available)*	**HOPE Trust Direct Contract Network** with Patient Advocacy Team (PAT)

	Provider Type		
MAJOR MEDICAL PLAN (QHDHP/HSA-Compatible)	**Preferred**	**Standard**	**Out-of-Contract**
Lifetime Benefit Maximum	Unlimited		
Individual Deductible	$1,700	$4,000	
Family Deductible	$3,400 (aggregate*)	$8,000	
Individual Out-of-Pocket (OOP) Limit (includes medical deductible & medical co-insurance)	$1,700	$4,000	Unlimited
Family Out-of-Pocket (OOP) Limit (includes medical deductible & medical co-insurance)	$3,400 (aggregate*)	$8,000	Unlimited

Preferred, Standard, & Out-of-Contract expenses will be applied equally to the satisfaction of Preferred and Standard/Out-of-Contract Deductibles.
Preferred & Standard expenses will be applied equally to the satisfaction of Preferred and Standard OOP Limits.

	After deductible (if applicable), you pay:	
Physician Office Visit (OV)	0%	50% (OOP n/a)
Preventive Services	0% (deductible n/a)	50% (OOP n/a)
Chiropractic Services (40 visits maximum per year)	0%	50% (OOP n/a)
Physician/Surgeon/Practitioner & Non-Facility Ancillary Provider Services	0%	50% (OOP n/a)
Facility Services (Hospital, Lab, Surgery Center)	0%	50% (OOP n/a)

Prescription Drug Program	***Prescription drugs subject to shared Standard medical/Rx OOP.***		
Preventive Drugs	0% (deductible n/a)		Member Reimbursed at Discounted Cost (*Less* Penalty of 25% of Cost for Out-of-Network Pharmacies)
Generic Drugs	n/a	0%	
Formulary Brand Drugs	n/a	0%	
Non-Formulary Brand Drugs	n/a	0%	
Specialty Drugs	n/a	0%	
90-Day Supply of Maintenance Drugs	n/a	0%	
Prescription Drug Out-of-Pocket (OOP) Limit	Included in Standard Medical OOP		

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 *(HRP also available on an optional basis for individuals enrolled in Medicare Parts A, B, & D)*	100% reimbursement (no dollar limit)	Out-of-Network Expenses Not Reimbursable

* Note for Preferred tier only: When enrolled with more than Individual coverage, the entire Family Deductible and OOP Limit must be met before any benefits are payable for any covered individual in the family unit (except certain preventive services).