



IMPORTANT REMINDER regarding Plan Documents and Other Plan Resources

This is an important reminder from the HOPE Trust Health Care Plan regarding your health benefits coverage. As you may have already seen on other plan-related materials, to access your claims, lookup in-contract providers, review your plan documents, and so much more please register for the online portal at <http://srm.vbagateway.com>. Enter your ID number or the last 4 digits of your Social Security Number in the Registration Code Field.

- Your Summary Plan Description (SPD) is available to you at the online portal and contains all key provisions under the Plan, including, but not limited to: eligibility rules, benefit plan descriptions, covered expenses, and limitations and exclusions.
- You may also request a copy of the SPD to be e-mailed to you or a printed copy to be mailed to you free of charge. Call SRM at 800-331-0546 or e-mail hopememberservices@clientsadvocate.com if you wish to request a copy of the SPD to be e-mailed or mailed.
- *HRP claim submission and direct deposit setup forms are also available via the portal, if applicable.*

The HOPE Trust released a restated Summary Plan Description (SPD) for 2024. The restated SPD incorporates any previously approved amendments since the prior restatement along with the following amendments for 2024:

- References to the Plan's medical claims processor have been updated to reflect the Plan's change *from* Allied Benefit Systems *to* Snedeker Risk Management for claims processed on and after January 1, 2024 (regardless of date of service).
(Applies to all Major Medical Plans/QHDHPs and Health Reimbursement Plan (HRP).)
- List of services subject to pre-certification requirements modified. Review Pre-Certification Program within SPD for details or contact the appropriate phone number as indicated on the member ID card.
(Applies to all Major Medical Plans/QHDHPs.)
- For Preferred/Tier 1 provider claims under Qualified High Deductible Health Plan (QHDHP) options only, the deductible and out-of-pocket limit is changed to \$1,600/individual (\$3,200/family on an aggregate basis) to ensure continued compliance with IRS requirements (statutory minimums).
(Applies to all QHDHP options only.)
- Claim filing limit clarified to note extended deadline for providers directly contracted with HOPE Trust.
(Applies to all Major Medical Plans/QHDHPs.)
- Exclusion of coverage for prescription drug refills dispensed after 1 year from the physician's original order changed to 15 months.
(Applies to all Major Medical Plans/QHDHPs.)
- Coverage modified for abortion, gender affirming care/gender dysphoria, hospice care, and mastectomy-related treatment to ensure continued compliance with federal and/or state law.
(Applies to all Major Medical Plans/QHDHPs.)
- Additional requirements for the coverage of obesity surgery have been adopted; review Other Covered Services within SPD for details.
(Applies to all Major Medical Plans/QHDHPs.)