

Effective January 1, 2025

### BENEFIT HIGHLIGHTS

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

	Provider Type		
<b>MAJOR MEDICAL PLAN (QHDHP/HSA-Compatible)</b>	<b>Preferred</b>	<b>Standard</b>	<b>Out-of-Contract</b>
Lifetime Benefit Maximum	Unlimited		
Individual Deductible	\$1,650	\$4,000	
Family Deductible	\$3,300 (aggregate)	\$8,000	
Individual Out-of-Pocket (OOP) Limit (includes medical deductible & medical co-insurance)	\$1,650	\$4,000	Unlimited
Family Out-of-Pocket (OOP) Limit (includes medical deductible & medical co-insurance)	\$3,300 (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)

<b>Prescription Drug Program</b>	<b>Rx subject to shared Standard medical/Rx deductible.</b>		
PAT Rx Program Drugs	0%	n/a	
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 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 <i>(HRP also available on an optional basis for individuals enrolled in Medicare Parts A, B, &amp; 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.*

The HOPE Trust Health Care Plan is Sponsored by the HOPE Joint Self-Insurance Risk Pool Association

Printed 9-25-2024