

HOPE TRUST[®]

Health Options for Public Entities

Health Care Plan

HOPE 1000 OPTION

Effective January 1, 2025

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)

MAJOR MEDICAL PLAN	Provider Type		
	Preferred	Standard	Out-of-Contract
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.

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

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