

HOPE TRUST

Health Options for Public Entities

HEALTH CARE PLAN

HOPE 2500 Option

Effective January 1, 2019

BENEFIT HIGHLIGHTS

Basic Group Term Life and AD&D Insurance	\$15,000 for each covered active employee/official Reductions in benefit for those age 65 and up
Provider Network	HealthLink Open Access III (OAIII) + ELAP Services www.healthlink.com

Major Medical Plan

	In-Network	Out-of-Network
Lifetime Benefit Maximum	Unlimited	
Individual Deductible	\$2,500	\$5,000
Family Deductible	\$7,500	\$15,000
Individual Out-of-Pocket (OOP) Limit (includes deductible, co-insurance, & OV co-pays)	\$4,500	Unlimited
Family Out-of-Pocket (OOP) Limit (includes deductible, co-insurance, & OV co-pays)	\$12,700	Unlimited

After deductible (if applicable), you pay:

Physician Office Visit (OV) (co-pay waived for HealthLink Telemedicine only)	\$30 co-pay (deductible n/a)	50% co-insurance
Preventive Services	0% (deductible n/a)	Not Covered
Any Covered Services of Plan at Participating Health Departments	0% (deductible n/a)	n/a
Chiropractic Services (40 visits maximum per year)	20% co-insurance	50% co-insurance
Physician/Surgeon/Practitioner & Ancillary Provider Services	20% co-insurance	50% co-insurance
Facility Services (Hospital, Surgery Center, Ambulance) (subject to <i>in-network</i> deductible only)	20% co-insurance	20% co-insurance

Prescription Drug Program

Prescription drugs not subject to deductible.

Preventive Drugs	\$0 co-pay	Member Reimbursed at Discounted Cost, Less Penalty of 25% of Cost
Generic Drugs	\$7 co-pay	
Formulary Brand Drugs	\$30 co-pay	
Non-Formulary Brand Drugs	\$45 co-pay	
Specialty Drugs	20% co-insurance	
90-Day Supply of Maintenance Drugs	\$14/\$60/\$90 co-pay	
Prescription Drug Out-of-Pocket (OOP) Limit (includes drug co-pays & drug co-insurance only)	\$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 (HRP also available on an optional basis for individuals enrolled in Medicare Parts A, B, & D)	100% reimbursement (no dollar limit)	Not Covered
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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 3-1-2019