



Welcome to the Health Reimbursement Plan (HRP)!

- The HRP has **no annual dollar limit on reimbursements** and **reimburses, payable to you, 100%** of expenses classified by your other health plan as **deductibles, co-insurance, and co-pays** incurred at the other plan's in-network medical providers and pharmacies. (*Out-of-network expenses, non-covered expenses, expenses in excess of plan limits, dental and vision plan expenses, etc. are not reimbursable by the HRP.*)
- **HRP members are not issued ID cards by the HOPE Trust.** When obtaining care from medical providers or pharmacies you should only present the ID card associated with your *other* health plan coverage (i.e., your source of comprehensive medical and prescription drug benefits), whether via a spouse's employer plan or otherwise.
- Enclosed please find a copy of the **HRP Claim Form** for submitting reimbursement requests to the claims administrator, **Allied** *(New for 2023)*.
 - Be sure to include copies of relevant Explanations of Benefits (EOBs) for medical claims and detailed pharmacy receipts for prescription claims when submitting the form.
 - Please make additional copies of the form as needed for future use or download a form from your member account at <http://www.alliedbenefit.com>.
 - You may register for a member account at <http://www.alliedbenefit.com> to view your submitted HRP claims.
- Feel free to file HRP reimbursement requests as needed; however, all HRP **reimbursement requests must be submitted to Allied no later than 365 days following the end of the calendar year** in which the claim was incurred.

A few more details:

- Employees *already enrolled* in other employer-sponsored group medical coverage may *only* be enrolled in the HRP when covered through the HOPE Trust.
- If you involuntarily lose the other group coverage while enrolled in the HRP, you may immediately switch back to a HOPE Trust major medical plan as long as you make the request within 30 days of losing the other coverage.
- An employee who changes to the HRP may enroll his or her otherwise eligible dependent spouse and/or children in the HRP effective upon such change as long as enrollment of such dependents is requested no later than 30 days after the effective date of your HRP coverage.
- The HRP is not considered a Medigap policy (Medicare Supplement Health Insurance) and thus will not serve as creditable coverage in the event you later wish to enroll in a Medigap policy immediately after being covered by the HRP.

We hope you enjoy the benefits of the HOPE Trust HRP. Thank you!



HRP Claim Form

Allied Benefit Systems, Inc.
 200 West Adams, Suite 500
 Chicago, IL 60606

P 800.288.2078
 F 312.416.2870
 E flexclaims@alliedbenefit.com

SECTION A - EMPLOYER/EMPLOYEE INFORMATION			
Employer Name	Group Number	Employer Location (if applicable)	
HOPE Trust	A23101		
Employee Name	Employee UID/ SSN		
Address	City	State	Zip
Employee Email Address	Daytime Phone		

SECTION B - REIMBURSEMENT REQUEST				
Please attach all receipts or Explanation of Benefits that apply to required reimbursements.				
HEALTH EXPENSES				
Date of Service	Medical	Rx	Other	Amount of Expenses
				\$
				\$
				\$
				\$
				\$
Total Reimbursement Requested:				\$

SECTION C - EMPLOYEE CERTIFICATION
<p>I certify that the expenses for which I am requesting reimbursement for meet the following conditions:</p> <ul style="list-style-type: none"> - The above expenses were incurred for services or supplies for me and/or my eligible dependents listed above which either reside with me in a parent child relationship or are legally dependent on me for their support. - The above services and supplies were furnished to me or my dependents on or after my effective date with the Plan. - I have not been reimbursed for the above expenses, nor have any of my dependents been reimbursed for these expenses. - I understand that reimbursement will be made in accordance of the provisions of the Plan.
<p>_____ Employee Signature</p>
<p>_____ Date</p>