

**BENEFIT HIGHLIGHTS**

Basic Group Term Life and AD&D Insurance	<b>\$15,000 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)

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
<b>After deductible (if applicable), you pay:</b>			
Physician Office Visit (OV)	\$0 (deductible n/a)		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, Ambulance)	0%	20%	50% (OOP n/a)

<b>Prescription Drug Program</b>	<b>Prescription drugs not subject to deductible.</b>		
Preventive Drugs (& PAT Rx Program Drugs)	\$0		Member Reimbursed at Discounted Cost (Less Penalty of 25% of Cost for Out-of-Network Pharmacies)
Generic Drugs	n/a	\$7	
Formulary Brand Drugs	n/a	\$30	
Non-Formulary Brand Drugs	n/a	\$45	
Specialty Drugs	n/a	20%	
90-Day Supply of Maintenance Drugs	n/a	\$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, &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.*