



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

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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>