

Overview of Eligible Sharing Services Per Member¹

Personal Responsibility (PR)	Available Options: \$5,000 \$7,500 \$10,000 (Per Member Per Program Year)	
Maternity Labor Delivery and Hospitalization PR	\$1,000	
Visit Fees	PCP: \$35 Visit Fee Specialist: \$75 Visit Fee Urgent Care Facility \$100 Visit Fee Emergency Room (ER) Visit Fee: In-Network: \$200 Visit Fee Out-of-Network: \$500 Visit Fee Outpatient Occupational, Physical & Speech Therapy Visit Fee - \$50 Visit Fee	
In/Out-of-Network Co-Sharing Percentages	Unless stated otherwise: After the Member's PR is met, eligible expenses are shared subject to In/Out-of-Network Sharing expenses. In-Network: Hope Health Share shares 80% Member Shares 20% Out-of-Network: Hope Health Shares 70% Member Shares 30%	
Maximum Reasonable Allowed Charges	Out-of-Network eligible expenses are subject to the Maximum Reasonable Allowed Charges.	
Maximum Limit per Diagnosed Medical Condition and all related treatment or Incident	Unless stated otherwise: \$200,000	
Lifetime Sharing Maximum	\$1,000,000	
Preferred Provider Network	First Health® Network	
Eligible Sharing Services	In-Network	Out-of-Network
Preventive and Routine Care Primary Care Physician (PCP) Visits Specialist Visits Urgent Care Facility Visits	6 Visits per Member per Program Year PCP: \$35 Visit Fee Specialist: \$75 Visit Fee Urgent Care Facility \$100 Visit Fee After the Member's Visit Fee eligible expenses are shared up to the per Visit Maximum Sharing Limit: PCP: \$500 Specialist: \$500 Urgent Care Facility \$750 PR and In/Out-of-Network Co-Sharing Percentages are Waived Pre-Existing Condition Limitation does not Apply Out-of-Network Services are subject to the Maximum Reasonable Allowed Charge	
Diagnostic/X-Ray/Labs	After the Member's PR is met Hope Health Share shares 80% Member shares 20%	After the Member's PR is met Hope Health Share shares 70% Member shares 30%
Emergency Room	In-Network: \$200 Visit Fee After the Member's PR is met Hope Health Share shares 80% Member shares 20%	Out-of-Network: \$500 Visit Fee After the Member's PR is met Hope Health Share shares 70% Member shares 30%
	Limit: 2 Emergency Room Visits per Program Year	
Inpatient Hospitalization	After the PR is met Hope Health Share shares 80% Member shares 20%	After the PR is met Hope Health Share shares 70% Member shares 30%
Inpatient/Outpatient Surgery	After the PR is met Hope Health Share shares 80% Member shares 20%	After the PR is met Hope Health Share shares 70% Member shares 30%
	Limit: 2 Per Program Year	
Other Limited Eligible Services	Non-Hospital Admission Cardiac Rehab Home Health Care Prosthetics Outpatient Physical, Occupational and Speech Therapy Emergency Room Visits per Program Year	

¹Unless stated otherwise, there is a 90-day Waiting Period for any medical expenses, other than Accidents, Injuries, and Acute Illnesses. Specific eligible services and medical diagnosis or incidents have additional Waiting Periods, Frequency and Sharing Maximum Limits. Unless stated other wise the Pre-Existing Conditions Limitations apply to Sharing Services. Out-of-Network Services Share Requests are subject to the Maximum Allowable Charge. Review the Program Guidelines for full explanation of Waiting Periods, Pre-Existing Condition Limitations, and eligible sharing guidelines, frequencies and limitations. The Member's Personal Responsibility (PR) apply to each Member and resets at each Program Year Anniversary.