

Single Bucket Group GAP



Benefits to help fill the GAP in your major medical plan

Example of How a GAP plan works

*Jessie was hurt in an auto accident. After the chaos of the ambulance ride, ER, surgery, and hospital stay, she knows that she has racked up expenses and she is not sure how much her medical insurance will pay. It's a relief to remember that she signed up for her employer's GAP Plan which will help to pay for out-of-pocket expenses like deductibles, co-insurance, and co-payments.

Jessie's *ManhattanLife Group GAP Plan* works seamlessly with her employer's medical plan. Our GAP plan provides the much-needed coverage to help Jessie fill the holes left behind, and particularly by medical plans with high deductibles and out-of-pocket costs.

Here is how it works:

YOUR ANNUAL INPATIENT AND OUTPATIENT BENEFIT

\$3,000 INDIVIDUAL / \$6,000 FAMILY

Pays a benefit for covered charges if a covered person incurs the Covered Charges while the Covered Person is an Inpatient for Injury or Sickness or for Outpatient Treatment due to an Injury or Sickness; and the expenses are covered by the Covered Person's Medical Plan. This benefit does not include expenses incurred for an examination of a Covered Person by a Doctor in a Doctor's Office; expenses incurred for Outpatient Prescription Drugs; or transportation of a Covered Person via air or ground Ambulance.

PLAN YEAR DEDUCTIBLE

\$2,000 PER COVERED PERSON / \$4,000 PER FAMILY

The amount of expenses incurred each plan year for covered charges that a covered person must pay before Inpatient and Outpatient benefits will be payable under the Policy. The plan year deductible is shown in the Schedule.

AMBULANCE BENEFIT

\$1,000 GROUND / \$2,000 AIR

Ground Ambulance: Pays a benefit for covered charges if a covered person receives transportation to a hospital in an ambulance by ground due to an injury or sickness. This transport must be necessary in the opinion of the covered persons attending doctor and is subject to the plan year maximum shown on the schedule.

Air Ambulance: Pays a benefit for covered charges if a covered person receives transportation to a hospital in an ambulance by air due to an injury or sickness. Transportation must be to a hospital or to the nearest trauma center from the covered persons location. This transport must also be necessary in the opinion of the covered persons attending doctor and is subject to the plan year maximum shown on the schedule.

**This is only an example of how coverage works and not based on an actual claim.*

Policy: M-8038

Underwritten by ManhattanLife Insurance and Annuity Company

SC-1BGAP_1125

www.manhattanlife.com

Stone County

ELIGIBILITY

You must be 18+, actively employed and working at least 20 hours per week, and all employees and their eligible dependents must be covered by the employer-sponsored major medical plan. Spouse issue ages 18+; ineligible if employee is denied coverage. Child issue under age 26; ineligible if employee is denied coverage.

If you currently have a health spending arrangement such as a Health Savings Account (HSA), or if you plan to open one in the future, please consult your tax advisor about the features offered in this supplemental medical policy, and the possible tax implications of combining these plans.

HOW TO SUBMIT A CLAIM

The ID card you will receive after enrollment should be presented at time of service, so providers are paid directly after your major medical carrier determines what you owe. If you don't do so at time of service, simply submit a ManhattanLife Group GAP claim form (<https://www.manhattanlife.com/Employers/Group-Products/Claim-Forms>), UB04 (hospital claim form) or HCFA (physician claim form), and the Explanation of Benefits (EOB) from the major medical carrier showing what you owe after what they paid.

You can find a detailed description of ManhattanLife's GAP claims process at: <https://www.manhattanlife.com/Group-GAP-Claims>

TERMINATION OF INSURANCE

Please refer to Group GAP policy certificate of coverage M-8028 for complete details regarding termination of coverage.

Benefits and riders may vary by state and may not be available in all states.

IMPORTANT NOTICE: This policy is not portable. This is not a complete disclosure of plan qualifications and limitations. Please access our website to obtain a completed list for the Workplace Voluntary Benefit products at www.manhattanlife.com. Please review this information before applying for coverage. The amount of benefits provided depends on the plan selected. Premiums will vary according to the selection made. Please refer to ManhattanLife.disclosures.com for a complete list of exclusions and limitations.

THIS POLICY PROVIDES LIMITED BENEFITS.

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