



Gap Plan



CUSTOM LINK

GAP PLAN OPTIONS

The GAP Plans provide coverage for medically necessary eligible out-of-pocket expenses related to the insured's major medical plan's co-insurance and deductibles up to the maximum benefit selected, provided such expenses are the result of treatment for a covered injury or sickness.

INPATIENT HOSPITAL BENEFIT

The benefit options are: \$1,500 or \$2,500 In-Hospital benefit per covered person per calendar year. Note: This coverage may not cover 100% of out-of-pocket expenses.

BENEFITS INCLUDE:

- Coverage for out-of-pocket expenses due to an inpatient hospital confinement
- Inpatient surgeries and physician in-hospital charges
- Emergency room treatment and ambulance for a covered injury or sickness when it results in hospital confinement within 24 hours
- Routine Newborn Care
- Durable medical equipment (DME) when provided while confined in a hospital

OUTPATIENT HOSPITAL BENEFIT

The Outpatient Hospital benefit limit is 50% of the In-hospital benefit amount selected and three times the individual outpatient benefit for dependent coverage.

BENEFITS INCLUDE:

- Emergency room treatment and ambulance as long as the person is NOT hospitalized within 24 hours of being transported to the hospital and ER treatment,
- Outpatient surgery in an outpatient surgical facility, emergency facility or physician's office
- Diagnostic testing, x-rays, labs, MRI's, and CT scans
- Outpatient radiation therapy or chemotherapy
- Physical therapy or chiropractic care
- Durable medical equipment (DME)

The Outpatient Benefit does not cover a physician's office visit charge.

Please note that in order for a service to be covered under the GAP Plan, it needs to be covered under the major medical plan.

EXAMPLE OF GAP PLAN PAYOUT VS NO GAP PLAN

How It Works

INPATIENT HOSPITAL CLAIM <i>example</i>	WITHOUT GAP PLAN	W/CUSTOM LINK GAP PLAN
INPATIENT HOSPITAL BILL	\$5,000	\$5,000
BENEFIT PAID	N/A	\$2,500
PATIENT RESPONSIBILITY	\$5,000	\$2,500

The chart above is for illustrative purposes only and is not representative of an actual claim.

GAP PLAN PRICING

AGE BASED MONTHLY COST BY COVERAGE AMOUNT

Benefit Amount	\$1,500	\$2,500
Under Age 40:		
Insured Only	\$24.54	\$36.09
Insured & Spouse	\$44.18	\$64.96
Insured & Child(ren)	\$54.25	\$79.76
Insured & Family	\$73.89	\$108.63
Ages 40 – 49:		
Insured Only	\$34.04	\$50.04
Insured & Spouse	\$61.28	\$90.09
Insured & Child(ren)	\$62.64	\$92.09
Insured & Family	\$89.87	\$132.12
Ages 50 & Above:		
Insured Only	\$54.96	\$80.80
Insured & Spouse	\$98.92	\$145.44
Insured & Child(ren)	\$89.03	\$130.90
Insured & Family	\$133.00	\$195.54

Plan exclusions

The Policy does not provide any benefits for the following:

1. any Expenses Incurred during any period the Insured Person does not have coverage under a Medical Plan; 2. any expenses which are not Medically Necessary; 3. war, declared or undeclared; 4. suicide or any attempt thereat, while sane or insane (in Colorado, Missouri or Montana, while sane); 5. any intentionally self-inflicted Injury or Sickness, while sane or insane (in Colorado, Missouri or Montana, while sane); 6. any loss while the Insured Person is in the service of the Armed Forces of any country. Orders to active military service for training purposes of two months or less will not constitute service in the Armed Forces. Upon notice to the Company of entering the Armed Forces, the Company will return to the Insured Person pro rata any premium paid, less any benefits paid, for any period during which the Insured Person is in such service; 7. any expense for which there is no legal obligation to pay, no charge is made or in the absence of coverage, no charge would be made; 8. drugs or medicines, except medicines prescribed and taken while Hospital Confined; 9. dental or vision services unless: a. resulting from an Injury occurring while the Insured Person's coverage under the Policy is in force; or b. due to congenital disease or anomaly of a Dependent newborn child; 10. mental illness or functional or organic nervous disorders, regardless of the cause; 11. treatment of alcoholism, drug addiction or complications thereof; 12. any Injury that occurs while an Insured Person has been determined to be intoxicated: a. by judicial or administrative judgment or order; b. by evidence of an alcohol concentration in the Insured Person's blood, breath or urine which equals or exceeds the limits set by applicable motor vehicle laws; or c. by other evidence demonstrating the Insured Person was under the influence of any alcohol, narcotic, barbiturate or hallucinatory drug, unless the same was administered on the advice of a Physician and was taken according to the prescribed dosage; and the use of such substance was a proximate cause of the Injury; 13. any treatment, services or supplies for Wellness Services. For this exclusion, "Wellness Services" means treatment, services or supplies provided for routine health care, including, but not limited to, routine health or check-up examinations, routine well child visits, mammograms and other charges incurred during the course of a routine physical examination or checkup; 14. Injury or Sickness for which compensation is payable under any Workers' Compensation Law, any Occupational Disease Law or similar legislation, or if the Policyholder opts out of such requirements, any similar coverage purchased or self-funded by the Policyholder to cover work-related Injuries or Sicknesses; 15. any loss for which the Insured Person is not required to pay a Deductible, Copayment and/or Coinsurance under the Insured Person's Medical Plan; 16. any expense for which benefits are excluded under the Insured Person's Medical Plan; or 17. an Insured Person engaging in any act or occupation which is a violation of the law of the jurisdiction where the loss or cause of loss occurred. A violation of law includes both misdemeanor and felony violations.

Limitations

Medical Plan. If the Insured Person did not have a Medical Plan on the Insured Person's Effective Date under the Policy, the Company's sole obligation will then be to refund all premiums paid for that Insured Person.

This plan is underwritten by Fidelity Security Life Insurance Company arranged through Special Insurance Services, Inc.