

Beazley Supplemental Medical (Gap) Insurance Policy

Frequently Asked Questions

About the Hays ISD Supplemental Medical plan

For employees participating in the TRS-ActiveCare Primary, TRS-ActiveCare Primary+, TRS-ActiveCare 2, or the TRS-Active Care High Deductible plan (AND ARE NOT CONTRIBUTING TO AN H.S.A).

- **What is Supplemental Medical insurance?**

Even with major medical insurance, many people have healthcare expenses that are not covered. For example, they may need to meet a deductible before health insurance kicks in, or cover co-pays and co-insurance out of their own pocket. Supplemental Medical (Gap) insurance covers those eligible out-of-pocket medical expenses incurred in inpatient and outpatient settings (as defined by the policy).

Note: Supplemental Medical does NOT replace health insurance. It is only available if your employer/plan sponsor has a major medical plan in place.)

- **What are the Supplemental Medical benefits under my plan?**

Employees of Hays ISD who enroll in the TRS-ActiveCare Primary, TRS-ActiveCare Primary+, TRS-ActiveCare 2, or the TRS-Active Care High Deductible plan (AND ARE NOT CONTRIBUTING TO AN H.S.A.) may also select the **Supplemental Medical Insurance** coverage through Beazley.

Note: If you enrolled in the TRS-ActiveCare HD plan (AND YOU CONTRIBUTED TO AN H.S.A.), or you enrolled in the Scott and White HMO plan, you are not eligible for Supplemental Medical coverage.

Benefit amounts for Supplemental Medical are:

- **\$2,500 inpatient benefit:** Covers eligible out-of-pocket expenses incurred during inpatient hospitalization
- **\$1,000 outpatient benefit:** Covers eligible out-of-pocket expenses performed in select outpatient settings

- **What about dependents?**

Employees may elect Supplemental Medical coverage for their spouse, child(ren) or family, as long as they are covered under the company's major medical plan. The family coverage maximum is **two times** the benefit amounts stated above.

- **How much does the Supplemental Medical coverage cost?**

The grid below identifies the Monthly Premium Amount, based on your age and whether you want to cover family members. Premiums are deducted from your paycheck.

Coverage type	Monthly Premium Amount		
	Age bands	Ages 18-49	Ages 50 and above
EE only		\$36.89	\$66.78
EE + Spouse		\$79.31	\$143.56
EE + Child(ren)		\$64.55	\$100.17
Family		\$116.19	\$183.64

- **Do I need to answer any medical questions to qualify for coverage?**

No, this plan is offered Guarantee Issue. That means you are eligible for this coverage, regardless of your health status.

- **How do the inpatient benefits work with my major medical plan?**

If you (or your spouse/child) are *hospitalized*, your plan would cover eligible out-of-pocket expenses (deductibles/co-pays/co-insurance) incurred during your stay

SUPPLEMENTAL MEDICAL: INPATIENT EXAMPLE (Benefit amount: \$2,500)	
Major Medical plan	Supplemental Medical (Gap) plan
-Amount of hospital bill: \$4,200	- Amount Gap covers for hospital bill: \$2,500
-Amount applied to deductible: \$4,200	
Out-of-pocket costs (w/o Gap): \$4,200	Out-of-pocket costs (w/Gap): \$1,700

About the Hays ISD Supplemental Medical plan (continued)

- **How do the outpatient benefits work with my major medical plan?**

If you had knee surgery at an outpatient surgery center, the plan would cover some out-of-pocket expenses (deductibles, co-pays and co-insurance):

SUPPLEMENTAL MEDICAL: OUTPATIENT EXAMPLE (Benefit amount: \$1,000)	
Major Medical plan	Supplemental Medical (Gap) plan
-ER visit: \$250 co-pay -Specialist office visit: \$50 co-pay -Outpatient surgery, surgeon, anesthesia: \$3,800	-Amount Gap covers for ER visit: \$250 -Amount Gap covers for MD office visit: \$0 -Amount Gap covers for outpatient surgery, surgeon, anesthesia: \$750
Out-of-pocket costs (w/o Gap): \$4,100	Out-of-pocket (w/Gap): \$3,100

- **What are other examples of expenses covered by the plan?**

The **inpatient hospital benefit** covers eligible out-of-pocket expenses (deductibles, co-pays, and co-insurance) when incurred during an inpatient hospitalization. Here are some examples of covered items:

- Hospital room and board for sickness or accident
- Maternity and newborn nursery care
- Surgery in an inpatient hospital
- Radiological imaging (X-ray, CT, MRI) in an inpatient hospital
- Professional fees (Surgeon, Radiologist, Anesthesiologist, etc.) in an inpatient hospital
- Mental and nervous admission
- Other ancillary hospital expenses

The **outpatient hospital benefit** covers eligible out-of-pocket expenses (deductibles, co-pay, and coinsurance) incurred in these outpatient settings:

- ER visit for sickness or accident
- Surgery in an Outpatient Facility, or Freestanding Surgery Center, or Physician's Office/Urgent Care facility
- X-rays, MRI and CT scans, in a Hospital Outpatient or MRI facility, or Physician's Office/Urgent Care facility
- Chemotherapy or Radiation Therapy performed in a licensed facility

Inpatient services that are not covered include Drug or Alcohol treatment in a rehabilitation center, and Nursing Home, Skilled Nursing facility, or Hospice Care facility.

Outpatient services that are not covered include (but are not limited to): Physician office visits, Lab work (unless part of ER or Surgical Outpatient services), Chiropractic services, Ambulance transportation, Preventive exams, Prescription drugs, Durable medical equipment, Outpatient therapy (such as physical therapy, speech therapy, occupational or rehabilitation therapy), Outpatient immunotherapy (such as treatment for rheumatoid arthritis or Crohn's Disease), Outpatient dialysis, and EKG, EEG or ECG, when standalone (if part of an eligible outpatient procedure, they're covered).

- **Do I need an ID card when I visit a medical provider?**

Yes. Once you are enrolled in the Supplemental Medical plan, you will receive ID cards for you and any covered family members.

When you or your family members seek medical services from a provider, you will present the ID card, along with your major medical card. You may assign benefits to the provider at that time, allowing them to submit the itemized bill to Beazley on your behalf, and allowing Beazley to send payment directly to the provider.

- **How do I submit a claim? Do I need a claim form?**

You must submit to Beazley the *Explanation of Benefits (EOB)* received from the major medical plan, which shows the expenses (deductible, co-pays and co-insurance) you are responsible for paying out-of-pocket. If the EOB does not show services and diagnosis, then also submit the itemized bill from the provider. No claim form is necessary. Submit the EOB to Beazley, either by mail or fax or email. *For Claim Customer Service, call: 1-877-503-7064, menu option #4.*

By Mail: Beazley c/o HealthPlan Services P.O. Box 3889 Seattle, WA 98124-9998	By Fax: (813) 289-7937 Attn: CLAIMS	By Email: beazleyclaims@healthplan.com
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Insurance is underwritten by Beazley Insurance Company, Inc., 30 Batterson Park Road, Farmington, Connecticut, 06032. Beazley is rated A by A.M. Best. Beazley is licensed in all 50 states and the District of Columbia. This Supplemental Medical Expense (Gap) policy is offered under **Policy Form Series AHGMM0001**. It is not a major medical plan. The product is designed to reimburse certain covered expenses, and is only available if an employer has a major medical plan in place. Out-of-pocket expenses submitted for reimbursement must be eligible under the major medical plan, and must meet the coverage definitions under our policy (may not include full reimbursement, if annual plan limits have been met). Riders for outpatient services performed in a physician's office/urgent care, or for outpatient chemotherapy/radiation performed in a licensed facility, may not be available in all states. Benefits may vary by state. Premium will vary based on the plan chosen. A waiting period for late entrants may apply. This policy is renewable at the option of Beazley. Refer to the Master Policy and Certificate for all terms, conditions, exclusions and limitations. Beazley uses the services of a third party administrator.