

Supplemental Medical (Gap) Identification Card

Print and present this ID card to your provider at the time of service.


This card indicates you have Supplemental Medical (Gap) coverage through Beazley Insurance Company, Inc.

At the time of service, present your Supplemental Medical ID card, along with your Major Medical card, to your medical service provider.

To submit a claim, you will need a copy of the Explanation of Benefits (E.O.B.) from your major medical plan that reflects services provided. If the EOB does not specify specific services and diagnosis, please also submit the itemized bill from the provider to expedite the claim process. It is helpful to write the name of your employer and group number, as identified on your ID card.

To verify benefits, or for claims eligibility or other claims related questions, call the phone number that appears on your identification card. To facilitate service, please have your Group ID number handy when you call (it appears on the front of ID card).

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SUPPLEMENTAL MEDICAL INSURANCE IDENTIFICATION CARD PRESENT TO PROVIDERS FOR INSURANCE COVERAGE Provided by Beazley Insurance Company, Inc.	
Group name:	HAYS CONSOLIDATED ISD
Group #:	P2D550
Insured name:	_____
<small>Print your name on the line above</small>	
For Providers:	
To verify eligibility please call: 1-877-503-7064	
Please include insured name and group ID number on all inquiries.	
Possession of card does not guarantee eligibility for benefits.	
	Beazley Insurance Company, Inc.

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<p>Claims procedures: To submit a claim for eligible Inpatient or Outpatient benefits, please submit the Explanation of Benefits (EOB) from your major medical plan.</p> <p style="text-align: center;">Note: If the EOB does not provide a description of services, you may also submit the itemized bill.</p> <p>Claims are paid to the insured. If you wish payment to go directly to a provider, please request an assignment of benefits from your provider at the time of service.</p> <p>Please submit claims to: Beazley Insurance Company, Inc. c/o HealthPlan Services, Inc. P.O. Box 3889 Seattle, Washington 98124-9998 Or fax: 1-813-289-7937 Attn: Claims</p>




The Supplemental Medical Expense (out-of-pocket) plan 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 chemotherapy/radiation performed in a licensed facility may not be available in all states.

This policy is offered under form number AHGMM0001 052011 Ed. Benefits and range of options may vary by state. Premium will vary based on plan chosen. A waiting period for late entrants may apply. This policy is renewable at the option of the company.

Beazley includes the issuing company of Beazley Insurance Company, Inc., 30 Batterson Park Road, Farmington, Connecticut, 06032.