

Supplemental Gap – Group Medical Insurance Product Sheet



Our Gap plan follows the employer's major medical plan, providing supplemental coverage to employees, thus requiring less out of pocket expense to them. Combining the Gap plan with a major medical plan can deliver affordable coverage that is attractive to many groups. The Gap plan can also replace the risk of an HSA or HRA with a fully insured option.

How It Works

It pays off of the underlying major medical plan's Explanation of Benefits (EOB) directly to the subscriber or provider. Gap covers the same expenses as the major medical plan with the exception of charges for professional fees in a doctor's office or medical clinic, outpatient prescription drugs, vision, dental and plan copayments.

Flexibility

- Our Gap plans are flexible as they may be written with a supplemental deductible/coinsurance (out of pocket), which must be met prior to plan reimbursement. The Gap plan pays the benefits described in the Schedule of Benefits up to the maximum benefit amount.
- Groups may choose from various plan designs with maximum benefit amounts of up \$4,000 per policy/per calendar year.
- Supplemental (out of pocket) deductibles typically range from \$250 to \$3,000. We are willing to work with you on unique situations, however, as we strive to accommodate groups of various sizes.

Underwriting Guidelines

- All groups are eligible for coverage, with a minimum group size of ten (10) members.
- The Aegis Gap Plan requires that all employees and dependents enrolled on the group's major medical plan are also enrolled on the group's Gap Plan.

How Are Claims Handled?

- All members will be provided with an Aegis Gap Card that should be presented to the provider along with the major medical insurance card at the time services are rendered. Most providers will bill both plans for the applicable charges.
- If a member receives a bill, submit copies of both sides of the Explanation of Benefits to us indicating the amount applied to the deductible.