

CHUBB Gap Supplement

Gaps in Medical Coverage May Result in Unexpected Costs...
We've Got You Covered

Need coverage to help
pay your Kaiser out-of-pocket costs?

The rising cost of health care is a real challenge to both employees and employers! Affordable health care coverage often means more risk to employees through increased deductibles and high out-of-pocket expenses.

The Chubb Gap Supplement plan is designed to help you pay for covered out-of-pocket expenses you may incur while you are confined in a hospital or while being treated as an outpatient, due to an illness or injury.

How does the Chubb GAP Supplement work?

- Reimburses 100% of the eligible out-of-pocket costs (deductibles and co-insurance) for in-hospital or outpatient services resulting from an injury or sickness, not paid by your group major medical plan up to the maximum amount stated for each benefit.
- Eligible expenses must be covered by group major medical plan.
- You can submit copies of your bill and the completed Claim Questionnaire to Chubb for payment. If the claim is approved, a check will be mailed to your home.
- You can submit your claim at the time you receive the bill, or you can wait to submit it until the end of the year, but must be filed no later than 12 months from the date of service in order to be eligible for coverage. Necesita cobertura para ayudar pagar de su bolsillo costos aplicados por su médico plan?!?!?

Basic Plan Benefits:

Hospital Confinement Benefit

- Up to **\$3,000** per Insured Person per Calendar Year
- Includes hospital stays that are 15 consecutive hours or longer and the associated charges (ex: In-patient Hospitalization, Surgeries and Physician's In-Hospital charges)
- Includes Emergency Room treatment for injury.
- Includes Emergency Room treatment for a sickness if it results in a hospital confinement within 24 hours

Outpatient Benefit

- Up to **\$1,500** per occurrence subject to a maximum of 4 occurrences per family per calendar year
- Covers out of pocket expenses for outpatient treatment under the regular care and attendance of a physician at a hospital, outpatient surgical or emergency facility, a diagnostic testing facility or similar facility that is licensed to provide outpatient treatment.
- Same or related conditions are considered a new "occurrence" if separated by at least 90 days consecutive treatment-free days

The policy excludes the out-of-pocket expenses related to these services, even if they are covered by your major medical plan:

- Costs associated with treatment in a doctor's office
- Prescription Drugs
- Well-newborn care in hospital
- Wellness or Preventive Care
- Mental and Nervous Conditions
- Ambulance

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This is a supplement to health insurance and is not a substitute for major medical coverage.

Arranged/Administered By:
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A Turn For The Better

For More Information, Please Contact Your
Plan Administrator:
**Health Care Employees/Employer
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Necesita cobertura para ayudar pagar de su bolsillo costos aplicados por su médico plan?

¡El creciente costo de la atención médica como un verdadero desafío tanto para los empleados como para los empleadores! La cobertura de atención médica asequible a menudo significa más riesgo para los empleados a través de mayores deducibles y altos gastos de bolsillo.

El plan de suplementos Chubb gap está diseñado para ayudarlo a pagar los gastos de bolsillo cubiertos en los que pueda incurrir mientras está confinado en un hospital o mientras recibe tratamiento. como paciente ambulatorio, debido a una enfermedad o lesión.

¿Cómo funciona el suplemento Chubb GAP?

- Reembolsa el 100% de los costos de bolsillo elegibles (deducibles y coseguro) por servicios hospitalarios o ambulatorios resultantes de una lesión o enfermedad, no pagados por su plan médico mayor grupal hasta el monto máximo indicado para cada beneficio
- Los gastos elegibles deben estar cubiertos por un plan médico mayor grupal
- Puede enviar copias de su factura y el Cuestionario de reclamo completado a Chubb para su pago. Si se aprueba el reclamo, se enviará un cheque por correo a su hogar, a menos que se asignen beneficios al proveedor.
- Puede presentar su reclamo en el momento en que reciba la factura o puede esperar para presentarlo hasta el final del año, pero debe presentarse a más tardar 12 meses. a partir de la fecha de servicio para ser elegible para la cobertura.

Beneficios básicos del plan:

Beneficio de confinamiento hospitalario

- Hasta **\$3,000** por persona asegurada por año calendario
- Incluye estadias en el hospital que son de 15 horas consecutivas o más y los cargos asociados (por ejemplo: cirugías hospitalarias y cargos hospitalarios del médico)
- Incluye tratamiento en la sala de emergencias para una lesión
- Incluye tratamiento en la sala de emergencias para una enfermedad si resulta en un confinamiento hospitalario dentro de las 24 horas

Beneficio para pacientes ambulatorios

- Hasta **\$1,500** por ocurrencia sujeta a un máximo de 4 ocurrencias por familia por año calendario
- Cubre los gastos de bolsillo para el tratamiento ambulatorio bajo el cuidado regular y la asistencia de un médico en un hospital, centro quirúrgico o de emergencia ambulatorio, un centro de pruebas de diagnóstico o un centro similar que tiene licencia para proporcionar pacientes ambulatorios. tratamiento.
- Las mismas condiciones o relacionadas se consideran una nueva "ocurrencia" si están separadas por al menos 90 días consecutivos sin tratamiento.

La póliza excluye los gastos de bolsillo relacionados con estos servicios, incluso si están cubiertos por su plan médico mayor:

- Costos asociados con el tratamiento en el consultorio de un médico
- Medicamentos recetados
- Atención al recién nacido sano en el hospital
- Bienestar o atención preventiva
- Condiciones mentales y nerviosas
- Ambulancia

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