



Limited Benefit Hospital GAP PLAN Choice[®] Insurance

Be Prepared for Unexpected Expenses

Rising medical costs can be troubling, and there may be times when your Other Medical Plan coverage won't cover all of your medical expenses. If you have an unexpected hospital stay, how would you manage to pay your share, including the deductible and copays? **Limited Benefit Hospital GAP PLAN Choice[®] Insurance** may help you and your family cover some of those costs.

Gap insurance is a supplemental, medical expense policy that is designed to help with certain out-of-pocket costs when you or a covered family member visit or stay in the hospital.

Plan Highlights



Benefits Are Paid Directly to You

Use the funds where they're most needed, like copayments, deductibles, emergency room visits, outpatient surgery, diagnostic testing and more.



Inpatient and Outpatient Benefits

Options to help you pay for inpatient hospital stays, outpatient surgery, emergency room treatment and more.



Physician's Office Benefits

Provides a reimbursement amount for up to five physician visits per year.



Several Benefit Amounts Available

Based on your individual need, there are multiple benefit amounts for you to choose from.

Other (or Another) Medical Plan means any group basic major medical or group comprehensive medical policy, through the insured's employer, through which a covered person has coverage. The term Other Medical Plan does not include TRICARE, Medicaid, Health Savings Accounts or Health Reimbursement Accounts.



How the Plan Works

As an example, let's assume your Other Medical Plan deductible is \$1,500 and your co-insurance is 80/20 with a total out-of-pocket maximum of \$2,500. The hypothetical example is based on a \$2,000 Inpatient Benefit and \$800 for the Outpatient Benefit.

Inpatient and Outpatient Benefits

Example: Hospital Stay and Surgery, totaling \$10,000

Inpatient Benefit Payment Example*	Without Hospital GAP PLAN Choice® Insurance Coverage	WITH Hospital GAP PLAN Choice® Insurance Coverage
Deductible:	\$1,500	\$1,500
Co-insurance	\$1,000	\$1,000
Out-of-Pocket Costs:	\$2,500	\$2,500
Hospital GAP PLAN Choice® Insurance Benefit:	\$0	\$2,000
Your Out-of-Pocket Costs:	\$2,500	\$500

Example: Hospital Stay and Surgery, totaling \$10,000

Outpatient Benefit Payment Example*	Without Hospital GAP PLAN Choice® Insurance Coverage	WITH Hospital GAP PLAN Choice® Insurance Coverage
Deductible:	\$1,500	\$1,500
Co-insurance	\$1,000	\$1,000
Out-of-Pocket Costs:	\$2,500	\$2,500
Hospital GAP PLAN Choice® Insurance Benefit:	\$0	\$800
Your Out-of-Pocket Costs:	\$2,500	\$1,700

**These are hypothetical examples and are for illustrative purposes only.*

Policy Benefits and Features

Inpatient Hospital Benefit

What it Covers:

- Inpatient Hospital stays
- Inpatient surgery
- Physician expenses from inpatient stay
- Lab expenses from inpatient stay

How it Pays:

The Inpatient Hospital Benefit pays the difference between the actual expenses you incur and the amount your Other Medical Plan pays, up to the maximum amount provided under the policy.

Maximum Reimbursement:

Benefit amounts available range from \$1,000, \$3,000, or \$5,000 per confinement for qualified out-of-pocket expenses for injury or sickness. Your reimbursement can not exceed the benefit amount you initially select under this plan.

Length of Hospital Stay:

A Hospital stay of 18 consecutive hours or over is considered an Inpatient Benefit. Anything under 18 hours is considered an Outpatient Benefit.

Outpatient Benefit

What it Covers:

- Treatment in a Hospital emergency room
- Outpatient surgery
- Treatment in a Hospital
- Freestanding outpatient surgery center
- Outpatient diagnostic testing

Repeat visits for the same or related conditions will be subject to a single maximum Outpatient Benefit. After 90 consecutive days without a related condition, a new maximum Outpatient Benefit will apply.

How it Pays:

The Outpatient Benefit pays the difference between the actual expenses you incur and the amount your Other Medical Plan pays, up to the maximum amount provided under the policy.

Maximum Reimbursement:

The plan covers qualified out-of-pocket expenses for injury or sickness (depending upon the plan selected) up to a maximum Outpatient Benefit of:

- \$400, \$800, or \$1,200 for outpatient surgery or treatment performed in a Hospital or a freestanding outpatient surgery center;
- \$100, \$200, or \$300 for outpatient diagnostic testing procedure performed in a hospital or a freestanding Magnetic Resonance Imaging (MRI) facility; or
- \$50, \$100, or \$150 for outpatient treatment in a Hospital emergency room, without the covered person subsequently being considered an inpatient.

Physician Office Visit Benefit

What it Covers:

Qualified visits are for outpatient treatment due to sickness, or outpatient emergency care for an injury. The covered person must be covered by Another Medical Plan, when such charges are incurred at a Hospital outpatient clinic, free-standing emergency care clinic or physician's office.

How it Pays:

The Physician Office Visit Benefit provides reimbursements for physician visits at \$25 per visit, for up to five visits (\$125) per family per calendar year for out-of-pocket covered charges. See your certificate for benefit amounts.

Additional Plan Information

Effective Date of Coverage:

This plan will take effect on the application's requested effective date, or on an adjusted effective date as assigned by American Fidelity upon application approval, whichever is later, if:

- **Underwriting rules are met;**
- **You are actively employed;**
- **You are covered under Another Medical Plan; and**
- **Premium has been paid.**

Important Plan Details:

- **Benefits are paid directly to you and you are responsible for paying the providers.**
- **The policy does not cover 100% of out-of-pocket costs.**
- **This is not major medical coverage.**
- **Actual Expense means after any discounts or reductions take place as negotiated between the Other Medical Plan carrier and the service provider.**

Coverage Available For:

- **Employee,**
- **Spouse, and/or**
- **Children**

Hospital:

The term "Hospital" shall **not** include an institution, or part thereof, used by a covered person as:

- **A place for rehabilitation;**
- **A place for rest or for the aged;**
- **A nursing or convalescent home;**
- **A long-term nursing unit or geriatrics ward; or**
- **An extended care facility for the care of convalescent, rehabilitative, or ambulatory patients.**

Excluded Benefits:

Only charges approved by the Other Medical Plan carrier may be considered under this plan. If this plan is employer-paid, the Pre-Existing Condition exclusion will not apply. For a list of all exclusions, please refer to your certificate.

Policy Exclusions


- Suicide or any attempt, while sane or insane;
- Any intentionally self-inflicted injury or sickness;
- Rest care or rehabilitative care and treatment;
- Routine newborn care during the initial hospital confinement period, including routine nursery charges;
- Voluntary abortion except, with respect to you or your covered dependent spouse, where such person's life would be endangered if the fetus were carried to term or where medical complications have arisen from abortion;
- Pregnancy of a dependent child;
- Participation in a riot, civil commotion, civil disobedience, or unlawful assembly. This does not include a loss which occurs while acting in a lawful manner within the scope of authority;
- Commission of a felony;
- Participation in a contest of speed in power-driven vehicles, parachuting or hang gliding;

Policy Exclusions (cont.)

- Air travel, except:
 - As a fare-paying passenger on a commercial airline on a regularly scheduled route; or
 - As a passenger for transportation only and not as a pilot or crew member;
- Intoxication (whether or not a person is intoxicated is determined and defined by the laws and jurisdiction of the geographical area in which the loss occurred.);
- Alcoholism or drug use, unless such drugs were taken on the advice of a physician and taken as prescribed;
- Sex changes;
- Elective surgery, including complications of elective surgery;
- Experimental treatment, drugs, or surgery;
- **Pre-Existing Conditions**, unless the covered person has satisfied the 12-month pre-existing condition exclusion period; “Pre-Existing Condition” means a disease, injury, sickness or physical condition for which the covered person: had treatment; incurred expense; took medication; or received a diagnosis or advice from a physician, during the 12-month period of time immediately before the covered person’s effective date of coverage. The term “Pre-Existing Condition” will also include conditions which are related to such disease, injury, sickness or physical condition. Please see rate inserts for how it applies.
- Performance of military, naval, or air force service of any country;
- Injury or sickness arising out of and in the course of any occupation for compensation, wage or profit (this does not apply to those sole proprietors or partners not covered by Workers’ Compensation.);
- Dental or routine vision services, unless:
 - Resulting from an injury occurring while the covered person’s coverage is in force and if performed within 12 months of the date of such injury; or
 - Due to congenital disease or anomaly of a covered newborn child;
- Routine examinations, such as health exams, periodic checkups, or routine physicals;
- Air or ground ambulance; or
- Any expense for which benefits are not payable under the covered person’s Other Medical Plan.

This policy may exclude expenses that are covered under the Other Medical Plan. In those instances, there may be out-of-pocket expenses that are not covered. Coverage will continue as long as the policy remains active, the premiums are paid, and the insured remains eligible for coverage. Coverage will end when you no longer qualify as an insured, you retire, you are not on active service or your coverage under another medical plan ends. Your coverage can end on any premium due date with 31 days advance notice. If premium rates are increased, we will provide a 60 day advance notice of the amount of the increase and the date on which the increase is to take effect.

This product may contain limitations, exclusions, and waiting periods. This product is not intended for people who are eligible for Medicaid coverage. This brochure highlights important features of the policy. Please refer to your certificate for complete details.



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