CHUBB®

GAP Supplement Insurance Plans

Helping Employers Maximize Benefits and Minimize Costs

The Chubb GAP supplement insurance plan is designed to help employees and their dependents manage out-of-pocket expenses that aren't covered by their major medical plan.

By bridging the "gap" between what major medical insurance pays and what employees owe, our GAP plans can provide meaningful cost savings for employees and their families. Plus, when paired with a high-deductible major medical plan, GAP plans can also help employers reduce the overall cost of their health benefits program.

Employees want:

- Insurance protection from unexpected medical bills
- Help managing deductibles and out-of-pocket expenses
- Benefits that deliver value



36% of adults skipped or postponed necessary healthcare due to cost in the past 12 months[1]

1 Kaiser Family Foundation. "Americans' Challenges with Health Care Costs," updated Apr. 30, 2026, https://www.kff.org/health-costs/americans-challenges-with-health-care-costs/.

Employers want:

- Predictable, cost-effective benefits strategies
- Tools to attract and retain talent
- Benefits that employees understand and value



Less than **2%** Average year-over-year renewal premium increase for Chubb GAP plans[2]

2 Chubb proprietary data

Why Implement a GAP Plan?

Can help lower medical benefit costs and reduce financial strain on employees by reimbursing deductible, copay, and coinsurance expenses

Supports access to care by lowering cost barriers

Drives recruitment and retention by enhancing overall benefit package and offering employees additional insurance protection

Addresses concerns around rising healthcare costs by acting as a strategic complement to existing medical coverage

What the GAP Plan Covers

The GAP plan provides reimbursement for the out-of-pocket expenses associated with services covered by a major medical plan such as:

- Hospital Emergency Room
- Outpatient Surgery
- Inpatient Hospital
- Durable Medical Equipment
- Lab Work
- Imaging — X-Rays / MRIs
- Outpatient Rehab
- Ground Ambulance

Add-On Out-of-Pocket Expense Coverage:

- Primary and Specialty Physician Office Visits

Using GAP Coverage: Process Overview

Employee Presents GAP ID Card



When receiving medical care, a covered employee presents the GAP plan ID card along with the major medical insurance card.

Claims Submission



The healthcare provider submits the claim to the major medical plan first. After processing, any eligible expenses not covered are submitted to the GAP plan by either the healthcare provider or the employee.

Payment or Reimbursement



The GAP plan administrator reviews the claim and pays the provider or employee, ultimately reducing out-of-pocket costs and streamlining the reimbursement process.

GAP: Delivering Cost Savings to Employers *and* Employees

Employer View — **Lower Total Plan Cost per Employee**

Cost Driver *Per employee, per month*	**Current Medical Plan**	**Revised Medical Plan + GAP Plan**
Deductible and coinsurance	20% after $500 deductible	20% after $2,500 deductible
Major medical annual premium	$500	$350
GAP supplement premium	$0	$50
Total monthly cost per employee	**$500**	**$400**
Employer savings per employee	Baseline	**$100 / month** (20%)
Estimated annualized savings (For 100 employees)	Baseline	**$120,000 / year**

Employee View — **Out-of-Pocket Expense Savings with a Claim**

Claim Scenario: $5,500 Hospital Stay	**Current Medical Plan Only**	**Revised Medical Plan + GAP Plan**
Covered charges	$5,500	$5,500
Employee pays major medical deductible	$500	$2,500
Employee pays major medical coinsurance (20% after deductible)	$1,000*	$600*
GAP benefit reimburses provider (inpatient benefit)	$0	**- $2,500**
Total employee out-of-pocket	**$1,500**	**$600**
Employee savings	Baseline	**$900** (40%)

Note: Content is hypothetical and for illustrative purposes only.

*Coinsurance = (Covered charges — Deductible amount) x 20%

GAP Client Profile and Requirements

- Our GAP plan is available to employer groups that have qualified ACA fully insured or self-funded major medical plans.
- Enrollees in the GAP plan must be enrolled in the employer-sponsored major medical plan.
- Coverage is available to dependents of employees provided they are covered under the major medical plan.

The Bottom Line

GAP plans deliver a powerful dual advantage: essential out-of-pocket relief for employees and a smarter path to cost control for employers.

While self-funded models and Health Reimbursement Arrangement strategies often leave organizations vulnerable to cash flow uncertainties, a GAP strategy provides the security of fixed, predictable premiums. By eliminating the volatility of traditional funding, GAP plans allow employers to lock in their maximum spend upfront, transforming their benefits program into a stable, sustainable asset.



Contact our Business Development team at AffinitySales@chubb.com to learn more about our GAP solutions and to request a proposal.

The products described in this material are a supplement to health insurance and are not a substitute for major medical coverage. This is not qualifying health coverage ("minimum essential coverage") that satisfies the health coverage requirement of the Affordable Care Act. This information is a brief description of the important features of the insurance plan. It is not an insurance contract. This communication contains product summaries only. Coverage is subject to the language of the policies as actually issued. Insurance benefits are underwritten by ACE American Insurance Company. Coverage may not be available in all states or certain terms may be different where required by state law. Chubb is the marketing name used to refer to subsidiaries of Chubb Limited providing insurance and related services. For a list of these subsidiaries, please visit our website at www.chubb.com. © 2026 (Rev. 11/2026)