



CHUBB®

Group Supplemental Medical Expense (GAP) Insurance

Helping Supplement and Fill Gaps in
Employees' Major Medical Coverage

High-deductible health plans can offer savings in monthly premiums for both employers and their employees. However, they can also create an additional financial strain on employees in the form of higher out-of-pocket expenses—which can add up to thousands of dollars a year. Over the past decade, the percentage of covered employees enrolled in employer-sponsored, high-deductible health plans has risen from 19% to 29%.

Chubb's Group Supplemental Medical Expense, or GAP Supplement, insurance is specifically designed to fill the gaps of an underlying major medical plan by helping reimburse covered out-of-pocket expenses, such as deductibles, co-pays, co-insurance, and other medical expenses. Our robust, end-to-end administrative capabilities provide a strong solution for employer groups requiring this cover.

*Source: Kaiser Family Foundation Employer Health Benefits Survey, 2018-2022.





Eligibility

- Our GAP Supplement plan is available to employer groups that have an ACA, fully insured, or self-insured major medical plan for employees.
- Enrollees in the GAP Supplement Plan must be enrolled in the employer-sponsored major medical plan. Employees must enroll at the same dependent level as they are enrolled in the major medical plan.
- Coverage is also available to dependents of employees who are covered under the major medical plan.
- A minimum of 30 days of active service is required. (Employer may choose to lengthen the number of days for this service requirement.)
- Employees must work at least 15 hours per week.
- At least 5 employees must participate in the plan.

Coverage Highlights

- Supplements an employer's major medical plan by reimbursing individuals for covered out-of-pocket expenses (such as deductibles and coinsurance) for which they are responsible.
- Coverage is guaranteed issued, with no health questions required and no pre-existing condition limitations.
- Plan designs are flexible and may be customized to support the employer's underlying major medical plan.

Benefits Overview

Benefit Options	Benefit Definitions	Maximum Benefit Amount	
		 Per Insured	 Per Family
Hospital Expense Benefit	Reimburses deductibles, coinsurance, or other eligible out-of-pocket expenses for covered benefits incurred during inpatient hospitalization <ul style="list-style-type: none"> Includes treatment of mental illness or substance abuse in an inpatient facility (Option to limit to 30 days of treatment per Benefit Period or to exclude) 	\$500-\$10,000 per Benefit Period	Up to 2-3 times the Maximum Benefit per Insured
Outpatient Benefit* <small>*There are two available Outpatient Benefit designs: Outpatient II and Outpatient I. See Maximum Benefit Amount columns to the right for additional details.</small>	Reimburses eligible out-of-pocket expenses incurred in: <ul style="list-style-type: none"> Hospital emergency room (not admitted) Outpatient surgical facility Diagnostic testing facility Similar facilities licensed to provide outpatient treatment Includes treatment of mental illness or substance abuse in an outpatient facility (Option to limit to 30 days of treatment per Benefit Period or to exclude) Option to include treatment in a doctor's office (excluding physician fees) 	Outpatient II: 5%-100% of the Maximum Benefit for Inpatient Hospital Expense Benefits Outpatient I: 5%-100% of the Maximum Benefit for Inpatient Hospital Expense Benefits, up to a maximum of 1-5 outpatient occurrences per Benefit Period	Outpatient II: Up to 2-3 times the Maximum Benefit per Insured Outpatient I: Up to 2-3 times the number of occurrences per Insured per Benefit Period
	Optional Covered Service: Ambulance Benefit	Up to \$150; \$500 per Benefit Period	Up to 2 times the Maximum Benefit per Insured
Optional Policy Benefits			
Doctor's Office Visit	Reimburses deductibles, coinsurance, or other eligible out-of-pocket expenses for treatment in a doctor's office.	\$15-\$125 per visit; up to 3-12 visits per Benefit Period	\$15-\$125 per visit; up to 2-3 times the number of visits per Insured

Optional GAP Plan Features

Feature	Definition	Applicable to
Benefit Period Deductible	Amount of expenses incurred each Benefit Period for Covered Expenses that an Insured must pay before benefits will be payable under this policy.	<ul style="list-style-type: none"> Hospital Expense Benefit Outpatient II Benefit Hospital Expense and Outpatient II Benefit Emergency Room for Sickness Only
Supplemental Medical Coinsurance	Maximum percentage that will be paid under this policy for Covered Expenses incurred by an Insured.	<ul style="list-style-type: none"> Hospital Expense Benefit Outpatient II Benefit Hospital Expense and Outpatient II Benefit
Combined Hospital Expense and Outpatient II Benefit	Combines the Hospital Expense and Outpatient II Benefits into one benefit maximum	<ul style="list-style-type: none"> Hospital Expense Benefit and Outpatient II Benefit



What's Not Covered

We will not pay benefits for any loss, treatment, or services resulting from or contributed to by:

- ▶ intentionally self-inflicted Injury;
- ▶ suicide or attempted suicide;
- ▶ war or any act of war, whether declared or not;
- ▶ active duty service in the military, naval, or air force of any country or international organization.
- ▶ repair or replacement of existing dentures, partial dentures, braces, fixed or removable bridges, or other artificial dental restoration;
- ▶ repair, replacement, examinations for prescriptions or the fitting of eyeglasses or contact lenses;
- ▶ out-of-pocket medical expenses for which the Insured is entitled to benefits under any Worker's Compensation Act, Employer's Liability Laws, or similar occupational benefits or while engaging in activity for monetary gain from sources other than the Policyholder;
- ▶ treatment or services for Injury or Sickness provided outside of the United States;
- ▶ injuries or loss that happen while the Insured is committing or attempting to commit a felony; or actively participating in a riot, or insurrection; or while the Insured is legally intoxicated (as determined by that state's laws) or while under the influence of any drug unless administered under the advice and consent of a Doctor;
- ▶ treatment which is not Medically Necessary or medical expenses which do not result from the treatment of an Injury or Sickness;
- ▶ treatment for dental or vision care not related to an accidental Injury;
- ▶ treatment for Injury or Sickness that is payable under any insurance that does not require Deductible and/or Coinsurance payments by the Insured;
- ▶ treatment for Injury or Sickness for which benefits are not payable under the Insured's major medical plan;
- ▶ treatment for Injury or Sickness if, on the Insured's Effective Date of Coverage, the Insured was not covered by a major medical plan. Our sole obligation will be to refund all premiums paid;
- ▶ prescription drugs;
- ▶ balance billing amounts incurred for non-network providers under the Insured's major medical plan; or
- ▶ expenses related to wellness visits or preventative services, including annual routine examinations and well-child care.

Exclusions may not be available in all states.

The Advantages of Doing Business with Chubb

Innovation

We are solution-oriented professionals with specialized industry knowledge and an entrepreneurial business philosophy that allows us to remain flexible in finding the right solution for our clients.

Superior Service

As a premier provider of multinational services, Chubb takes advantage of cutting-edge technology to maintain instant connectivity with our global network and to keep up-to-date on the rapidly changing regulatory environment.

Underwriting Expertise

We approach underwriting with discipline, precision, and consistency. As a result, Chubb's underwriting performance provides stability for customers and shareholders.

Claims Excellence

Chubb Accident & Health is committed to providing honest, fair, and reasonable judgment in handling claims and delivering an excellent customer experience. Our skilled claims specialists are conscientious about every detail in the most personal way possible and have demonstrated an exceptional ability to meet our customers' needs and process claims quickly.



Contact Us for a Quote

To request a proposal, please contact:

Name:

Title:

Phone:

Email:

RFP Submissions:

chubbahsupplementalhealth@chubb.com

When requesting a proposal, please be prepared to provide the following information:

- ▶ Company/policyholder information including legal name, address, industry/SIC code, and website
- ▶ Employer's underlying Major Medical plan information:
 - Final Summary Plan Description (SPD) or Schedule of Benefits of plan that will be in effect during the policy period (including any variations in plan offerings)
 - Description of eligible classes of employees
 - Exclusions/limitations
- ▶ Current census of eligible employees

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 plans. 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. This insurance does not apply to the extent that trade or economic sanctions or other laws or regulations prohibit Us from providing insurance, including, but not limited to, the payment of claims. 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.