

Group GAP

SUMMARY OF BENEFITS



ManhattanLife™

Standing By You. Since 1850.

The ManhattanLife Group GAP Plan is customizable to work seamlessly with an employer medical plan. Our GAP plan is easy to understand and provides the much-needed coverage to help fill the holes left behind, particularly by HDHPs.*

Product Base

Group

Coverage Type

Provides benefits for inpatient and outpatient services with employee and family-based coverage, with benefit minimums and maximums based on the major medical coverage provided to the group.

BENEFITS & FEATURES

Inpatient Benefits

Benefits are determined by the employer based on the employer's major medical plan. Available coverage amounts for the employer to select from are:

\$500, \$1,000, \$1,250, \$1,500, \$2,000, \$2,500, \$3,000, \$3,500, \$4,000, \$4,500, \$5,000, \$5,500, \$6,000, \$6,500, \$7,000, \$7,500

The selected amount covers inpatient hospital stays, inpatient surgeries, physician's inpatient charges.

The total benefit amount is payable each calendar year for an individual and up to two times the benefit amount for a family.

Outpatient Benefits

Available coverage amounts are:

\$250, \$300, \$350, \$400, \$450, \$500, \$600, \$700, \$750, \$800, \$900, \$1,000, \$1,100, \$1,200, \$1,250, \$1,300, \$1,400, \$1,500, \$1,600, \$1,700, \$1,750, \$1,800, \$1,900, \$2,000, \$2,100, \$2,200, \$2,250, \$2,300, \$2,400, \$2,500, \$3,000, \$3,500, \$4,000, \$4,500, \$5,000, \$5,500, \$6,000, \$6,500, \$7,000, \$7,500

Covers outpatient treatment of injury/sickness. Treatment must be performed in a:

- An Emergency Room
- An Urgent Care Facility
- A Free-Standing Facility
- An Ambulatory Surgical Center and/or Outpatient Hospital Facility

The total benefit amount is payable each calendar year for an individual and up to two times the benefit amount for a family.

*Please note - this plan is not HSA compatible.

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GAP-SB 0622

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CHOOSE OPTIONS TO OFFER TO YOUR EMPLOYEES

Outpatient Prescription Drugs

Generic Outpatient Prescription Drug Benefit:
\$10 - \$50 in \$10 Increments
Brand Name Outpatient Prescription Drug Benefit:
\$10 - \$50 in \$10 Increments
Plan Year Maximum: \$100 - \$500 in \$100 Increments

Ambulance Benefits

Ground Ambulance Benefit: \$150 - \$1000 per day in \$150 Increments
Air Ambulance Benefit: \$300 - \$2,000 per day in \$300 Increments
Plan Year Maximum: 4 transports

Doctor's Office Visit

We will pay benefits for Covered Charges if a Covered Person:

- Receives treatment by a Doctor due to Injury or Sickness; or
- For routine well child examinations and immunizations for Eligible Dependent children.

Benefits are only payable if the Covered Charges are incurred in a Doctor's Office setting. Covered Charges for Doctor Office Visits are subject to the Plan Year Maximum shown in the Schedule.

- \$25 per office visit
- Max 4 visits per Plan Year

PLAN PROVISIONS

Eligibility

Employee issue ages 18+
Full-time, benefit eligible employees, actively at work and working at least 20 hours per week.
All employees and their eligible dependents must be Covered by the employer-sponsored major medical plan.
Spouse issue ages 18+; ineligible if employee is denied coverage.
Child issue ages 0-25*; ineligible if employee is denied coverage.
**Child issue ages 0-30 in Florida*

Termination Provision

Please refer to Group GAP policy certificate of coverage M-8128 for complete details regarding termination of coverage.

Benefits and riders may vary by state and may not be available in all states. This policy is not portable.

This is not a complete disclosure of plan qualifications and limitations. Please access our website to obtain a completed list for the Workplace Voluntary Benefit products at www.manhattanlife.com. Please review this information before applying for coverage. The amount of benefits provided depends on the plan selected. Premiums will vary according to the selection made. THIS POLICY PROVIDES LIMITED BENEFITS.

Policy: M-8028

Underwritten by ManhattanLife Insurance and Annuity Company
NY - Manhattan Life Insurance Company



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