



## Group Supplemental Medical Expense (GAP) Insurance

Chubb's Group Supplemental Medical Expense, or GAP Supplement, insurance is specifically designed to fill the gaps of your underlying major medical plan by reimbursing you for covered out-of-pocket expenses, such as deductibles, co-pays, and co-insurance.

### Benefits under the GAP Insurance

#### HOSPITAL EXPENSE BENEFIT:

|                                     |   |
|-------------------------------------|---|
| Maximum Benefit Per Covered Person: | \$1,500 per Calendar Year                       |
| Maximum Benefit Per Family:         | \$1,500 per Covered Member<br>Per Calendar Year |

#### OUTPATIENT BENEFIT:

|                                     |  |
|-------------------------------------|--|
| Maximum Benefit Per Covered Person: | \$1,500 up to a maximum of 2 Outpatient<br>occurrences per Calendar Year |
| Maximum Benefit Per Family:         | \$1,500 up to a maximum of 4 Outpatient<br>occurrences per Calendar Year |

Hospital Expense Benefit reimburses eligible out-of-pocket expenses for covered benefits incurred during inpatient hospitalization. Includes out of pocket expenses incurred for:

- treatment in an emergency room if hospital confined within 48 hours;
- durable medical equipment received while hospital confined; and
- ambulance transportation to hospital if hospital confined within 24 hours.

Outpatient benefit reimburses eligible out-of-pocket expenses provided by or under the supervision of a Doctor in: a Doctor's office, hospital emergency room (if not admitted), outpatient surgical facility, diagnostic testing facility, or similar facilities licensed to provide outpatient treatment. Benefits are not payable for examination by a physician. Includes out of pocket expenses for:

- durable medical equipment received as an outpatient;
- ambulance transportation to a hospital if not hospital confined.

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 Covered Person 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 Covered Person is committing or attempting to commit a felony; or actively participating in a riot, or insurrection; or while the Covered Person 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 Covered Person.
- Treatment for Injury or Sickness for which benefits are not payable under the Covered Person's Major Medical Plan.
- Treatment for Injury or Sickness if, on the Covered Person's Effective Date of Coverage, the Covered Person was not covered by a Major Medical Plan. Our sole obligation will be to refund all premiums paid.
- Prescription Drugs except medicines prescribed by a Doctor while Hospital Confined.
- Balance billing amounts incurred for non-network providers under the Covered Person's Major Medical Plan.
- Expenses related to wellness visits or preventative services, including annual routine examinations and well-child care.

This insurance does not apply to the extent that trade or economic sanctions or other laws or regulations applicable to a U.S. policy enforced by the Office of Foreign Assets Control (OFAC) prohibit Us from providing insurance, including, but not limited to, the payment of claims.

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. 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](http://www.chubb.com).