



# GAP HEALTH COVERAGE: FILLING THE GAPS FOR YOUR COMPLETE PROTECTION

Comprehensive coverage is important. Our GAP program complements your existing employer's medical plan, providing the missing pieces to create a robust safety net. With a simple selection process and customized options, our GAP coverage meets your employees' specific needs and seamlessly integrates with your medical benefits.

Understanding the complexities of healthcare coverage can be overwhelming. That's why we've made our GAP plan easy to understand, so you and your employees can confidently make informed decisions. Our coverage fills the holes left behind by your primary medical plan, ensuring your employees receive the much-needed protection they deserve.

## What Benefits Does Our GAP Coverage Offer You?

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- **Receive a Cash Benefit:** Our program offers a valuable cash benefit that provides financial support when needed most. This flexible cash benefit empowers your employees to address expenses not covered by their primary medical plan, allowing them to prioritize their well-being without the added financial strain.
- **No Physical Exam Required:** We believe in simplifying the process for your employees. Our GAP coverage allows them to access the benefits without the hassle or stress of a physical exam. We prioritize convenience and accessibility, ensuring your employees can focus on their health instead of paperwork.

- **Convenient Payroll Deduction:** Managing premiums should be hassle-free. That's why we offer the convenience of paying premiums through payroll deduction. By seamlessly integrating with your existing payroll system, we ensure a smooth and efficient process that saves time and reduces administrative burdens.

## How Does It Work?

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It's straightforward. Our plan reimburses you a specified amount for covered inpatient and outpatient care. The benefits are paid directly to you, allowing you to use the cash however you see fit. You have complete control, whether it's covering medical expenses, transportation, or other essential needs. Our goal is to make the process as simple as possible, so you can focus on what matters most – your well-being.

Make sure to fill in your employees' coverage. Choose our GAP Health Coverage today and provide them with the comprehensive protection they deserve. Contact us now to learn more and embark on a worry-free journey toward peace of mind.

Remember, with our GAP coverage, every gap is filled.

Coverage Type	GAP is a group Supplemental Medical Expense policy form that is designed to work seamlessly with an employer medical plan to help fill in the gaps.	
<b>Product</b>	Policy Type:	Group
	Policy Name:	GAP
	Policy Form:	M-8028
<b>Eligibility</b>	Issue Ages:	Employee: Ages 18 - 99
		Spouse: Ages 18 - 99
		Child: Under Age 26
	Criteria:	<ul style="list-style-type: none"> <li>Employee is benefit eligible, actively at work full-time, working at least 20 hours per week. Spouse and children not eligible if Employee is not issued coverage.</li> <li>Spouse includes domestic partner where allowed by state and Employer.</li> </ul>
	Termination Age:	<ul style="list-style-type: none"> <li>Employee: Age 99 unless actively at work, then on last day of active employment</li> <li>Spouse: When Employee terminates</li> <li>Child: Age 26, or when Employee terminates, whichever is earlier</li> </ul>
	Coverage Tier	Guarantee Issue
<b>Underwriting Offer</b>	Employee:	Guarantee Issue
	Spouse:	Guarantee Issue
	Child(ren):	Guarantee Issue
<b>Target Participation</b>	Minimum to Issue:	2 Employee applications or 1% of eligible Employees, whichever is greater
	Guarantee Issue:	15% of all eligible

Option Silver 302	
<u>Inpatient Hospital Indemnity</u> Maximum Per Covered Person Per plan Year: \$6,000 Maximum Per Family Per Plan Year: \$12,000	
<u>Outpatient Hospital Indemnity</u> Maximum Per Covered Person Per plan Year: \$6,000 Maximum Per Family Per Plan Year: \$12,000	
Coverage for Normal Pregnancy:	Included

Option Bronze 403	
<u>Inpatient Hospital Indemnity</u> Maximum Per Covered Person Per plan Year: \$6,000 Maximum Per Family Per Plan Year: \$12,000	
<u>Outpatient Hospital Indemnity</u> Maximum Per Covered Person Per plan Year: \$3,000 Maximum Per Family Per Plan Year: \$6,000	
Coverage for Normal Pregnancy:	Included

**INPATIENT HOSPITAL INDEMNITY BENEFIT:** Pays a benefit for covered charges if a covered person is an inpatient due to an injury or sickness; and the expenses are covered by the person’s medical plan. Benefits payable are limited to any deductible, and any coinsurance and/or copayment amount applied to the expenses covered by the covered person’s medical plan.

**OUTPATIENT HOSPITAL INDEMNITY BENEFIT:** Pays a benefit for covered charges if a covered person receives treatment on an outpatient basis due to an injury or sickness. This includes in an Emergency Room, Urgent Care Facility, Free-Standing Facility, Ambulatory Surgical Center and/or Outpatient Hospital Facility. Benefits payable are limited to any deductible amount and any coinsurance and/or copayment applied to the covered person’s medical plan.

**NORMAL PREGNANCY:** Benefits for a normal pregnancy are payable on the same basis as for any other illness.

Rate Assumption Information	
Rate Structure	Issue Age – Tiered
Tobacco Status	Uni-Tobacco
Contributions	100% Employee Paid
Commissions	Level
Benefits Included	As shown above in the "Benefits" and "Optional Benefits" Section
Participation Expectation	15% of all eligible

### Displaying Monthly payroll deductions including \$6,000 Inpatient Hospital / \$6,000 Outpatient Hospital

Issue Age	12-Month Premium			
	Employee	Employee/Spouse	Employee/Child(ren)	Family
<b>Option 1 - Silver 302</b>				
18-40	\$90.11	\$171.93	\$177.96	\$255.10
41-49	\$115.18	\$220.81	\$209.64	\$297.98
50-99	\$176.37	\$346.73	\$259.79	\$420.45

Note: Final implementation rate may vary slightly due to rounding.

(States rates approved for: AK, AL, AR, AZ, GA, HI, IA, IL, KS, KY, LA, MA, ME, MI, MO, MS, MT, NC, ND, NV, OK, SC, SD, TN, TX, VA, WI, WV, WY)

### Displaying Monthly payroll deductions including \$6,000 Inpatient Hospital / \$3,000 Outpatient Hospital

Issue Age	12-Month Premium			
	Employee	Employee/Spouse	Employee/Child(ren)	Family
<b>Option 2 – Bronze 403</b>				
18-40	\$75.06	\$143.21	\$148.24	\$212.49
41-49	\$95.95	\$183.94	\$174.63	\$248.23
50-99	\$146.91	\$288.82	\$216.39	\$350.23

Note: Final implementation rate may vary slightly due to rounding.

(States rates approved for: AK, AL, AR, AZ, GA, HI, IA, IL, KS, KY, LA, MA, ME, MI, MO, MS, MT, NC, ND, NV, OK, SC, SD, TN, TX, VA, WI, WV, WY)

# GROUP SUPPLEMENTAL MEDICAL EXPENSES (GAP)



Displaying Monthly payroll deductions including \$6,000 Inpatient Hospital / \$6,000 Outpatient Hospital  
(States rates approved for: FL)

Issue Age	12-Month Premium			
Option 1 - Silver 302	Employee	Employee/Spouse	Employee/Child(ren)	Family
18-40	\$75.09	\$143.27	\$148.30	\$212.58
41-49	\$95.99	\$184.01	\$2174.70	\$248.32
50-99	\$146.97	\$288.94	\$216.49	\$350.38

Displaying Monthly payroll deductions including \$6,000 Inpatient Hospital / \$3,000 Outpatient Hospital  
(States rates approved for: FL)

Issue Age	12-Month Premium			
Option 2 - Bronze 403	Employee	Employee/Spouse	Employee/Child(ren)	Family
18-40	\$62.55	\$119.34	\$123.53	\$177.07
41-49	\$79.96	\$153.28	\$145.53	\$206.85
50-99	\$122.42	\$240.68	\$180.33	\$291.86

Displaying Monthly payroll deductions including \$6,000 Inpatient Hospital / \$6,000 Outpatient Hospital  
(States rates approved for: DC, DE, IN, NE, NH, and OH)

Issue Age	12-Month Premium			
Option 1 - Silver 302	Employee	Employee/Spouse	Employee/Child(ren)	Family
18-40	\$82.60	\$157.60	\$163.13	\$233.84
41-49	\$105.59	\$202.41	\$192.17	\$273.15
50-99	\$161.67	\$317.84	\$238.14	\$385.42

Displaying Monthly payroll deductions including \$6,000 Inpatient Hospital / \$6,000 Outpatient Hospital  
(States rates approved for: DC, DE, IN, NE, NH, and OH)

Issue Age	12-Month Premium			
Option 2 - Bronze 403	Employee	Employee/Spouse	Employee/Child(ren)	Family
18-40	\$68.80	\$131.28	\$135.89	\$194.78
41-49	\$87.96	\$168.61	\$160.08	\$227.54
50-99	\$134.66	\$264.75	\$198.36	\$321.04

## Proposal Expectation:

Participation requirement is the number of enrolled needed for Guaranteed Issue offer. If the participation requirement is waived, then all applications will be Guaranteed issue up to the amount listed in the Underwriting offer of the proposal, for the initial enrollment period.

At the end of the enrollment period, it will be expected that a minimum percentage of all eligible will be enrolled into the product. This participation percentage is in the participation section of the proposal. If the participation expectation is not met, then all applications will be Underwritten on a Simplified Issue basis.

## Other Contingencies:

- All applicants must be enrolled in the Employer's in force medical insurance plan to be eligible for benefits.
- Only one option may be sold to a group, unless pre-approved by underwriting.
- Late enrollees will not be allowed to enroll until the next approved open enrollment.
- If spouse is also an Employee, they may apply as an Employee or as a dependent, but not as both.
- If both parents are Employees of the company, then the child(ren) may be covered under only one parent, not both.
- Prior to the release of each annual renewal, ManhattanLife must be notified of any anticipated changes to the current in force medical plan.
- Annually at each renewal, the group must provide a copy of the in force medical plan.
- Please refer to certificate/policy for full benefit and limitation information.
- If either options sells, underwriting must receive a copy of the medical plan per group, for underwriting approval prior to any signing of documents or officially sold.

**Group Effective Date:**

**Valid Through:**

**Situs State:**

**Eligible Employees:**

### Proposal Qualifications and Contingencies:

- All Employees are U.S. citizens or resident legal aliens. This offer excludes volunteer, temporary or seasonal Employees.
- Unless otherwise noted, the Service Waiting Period will be waived for the initial enrollment. Riders may only be added at issue, not at subsequent renewals.
- Offer does not include fees for technology.
- ManhattanLife Assurance Company of America reserves the right to withdraw or modify this offer upon renewal. Factors such as, but not limited to, participation, experience, non-adherence to offer terms or plan design, or availability of contract type could make this necessary.

<b>Employer Agreement</b>	<ul style="list-style-type: none"><li>• Makes available ManhattanLife's voluntary insurance plan to all eligible Employees.</li><li>• Agrees to deduct premiums for voluntary insurance plan and remit to ManhattanLife in a timely manner.</li></ul>
<b>Agent Agreement</b>	<ul style="list-style-type: none"><li>• Develops an enrollment plan ensuring all eligible Employees are presented plan benefits.</li><li>• Assists Employer with questions related to ManhattanLife's insurance plan and administrative practices.</li><li>• This offer is valid contingent on the agent having a valid active license with ManhattanLife.</li><li>• Single Case Agreement form is required.</li></ul>

**Employer of Record:**

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Signature of Officer and Title

\_\_\_\_\_  
Date

**Agent of Record:**

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Signature of Officer and Title

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Date