

GAP Coverage for Insurance Deductibles and Co-Pays

As healthcare costs continue to increase, many individuals and businesses are moving towards high-deductibles and increased co-insurance on major medical plans in an effort to reduce costs.

While this approach reduces the cost of your health insurance, it puts you at greater financial risk.

Introducing a new type of health insurance policy designed to supplement your Primary Medical Insurance Policy (Major Medical Insurance). Typically referred to as **GAP coverage**, this plan helps bridge the gaps in coverage that exist in your current health insurance plan by paying co-pays, deductibles and co-insurance costs thus reducing or eliminating the Out-of-Pocket expenses associated with hospital and doctors' bills.

How does the plan work?

This plan is designed to help you by:

- ◆ Paying your in-patient hospital expenses for plan deductibles and co-insurance which are not paid by your Primary Medical Insurance
- ◆ Covers your outpatient medical expenses by paying 50% of outpatient expenses that you or a covered family member would owe and are related to co-insurance and/or deductible expenses.

EXAMPLE OF HOW INPATIENT BENEFITS ARE PAID		
Hospital Stay + Surgery = \$ 15,500		
	Without GAP Plan	With \$5,000 GAP Plan
Deductible	\$2,500	\$2,500
Co-insurance (20%) Out-of-Pocket	\$2,600	\$2,600
PALIC Complete	\$0	\$5,000
Total Out-of-Pocket	\$5,100	\$ 100

HOW THE OUTPATIENT BENEFITS IS PAID AT 50% OF ELIGIBLE EXPENSES		
Doctor office visit = \$ 150		
	Without GAP Plan	With GAPPlan
Applied to Deductible	\$150	\$150
PALIC Complete @ 50% of Outpatient	\$ 0	\$ 75
Total Out-of-Pocket	\$150	\$ 75

Benefit Options & Features:

You can select an annual benefit starting as low as \$2,000 (covers each insured person) up to a maximum benefit of \$10,000 (in \$1,000 increments). Inpatient Deductibles available: \$ 0 (no deductible) \$250, \$500 or \$1,000

- ◆ Available to Individuals and Employer Groups
- ◆ Guaranteed Renewable - Fully Portable
- ◆ Simplified / Guaranteed Issue, Yes/No underwriting
- ◆ Enrolled Online



Call Bill Fjeran, at 888-277-4456 x204
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Rates for Individual Gap (H-0230)

Monthly Premium

Inpatient Deductible: \$0.00

		Total Annual Benefit Amount								
Attained Age		2,000	3,000	4,000	5,000	6,000	7,000	8,000	9,000	10,000
<40	Insured Only	24.00	29.00	34.30	40.40	42.80	46.20	48.40	51.70	53.90
40-49	Insured Only	38.80	45.10	52.80	61.30	67.90	73.30	77.20	82.50	86.80
50+	Insured Only	60.10	68.50	80.50	93.50	104.60	113.70	120.40	129.60	136.80
<40	Insured & Spouse	48.00	58.00	68.50	80.80	85.50	92.40	96.80	103.40	107.80
40-49	Insured & Spouse	77.60	90.10	105.50	122.60	135.80	146.50	154.40	165.00	173.50
50+	Insured & Spouse	120.20	137.00	160.90	187.00	209.20	227.40	240.80	259.10	273.60
<40	Insured & Children	55.00	68.00	78.30	91.70	102.90	108.60	114.00	119.60	123.80
40-49	Insured & Children	72.80	87.10	100.00	116.00	129.10	136.50	143.50	150.70	156.70
50+	Insured & Children	91.10	113.20	123.60	143.00	159.50	169.60	178.40	188.60	196.70
<40	Insured & Family	83.00	101.90	118.20	139.00	156.30	167.00	176.00	186.10	193.60
40-49	Insured & Family	117.20	138.80	160.40	186.60	207.90	222.10	234.50	248.20	259.60
50+	Insured & Family	152.40	187.40	206.60	239.70	268.20	288.20	304.70	324.70	340.80

Inpatient Deductible: \$250.00

		Total Annual Benefit Amount								
Attained Age		2,000	3,000	4,000	5,000	6,000	7,000	8,000	9,000	10,000
<40	Insured Only	23.50	28.30	33.40	39.30	41.60	45.00	47.10	50.30	52.40
40-49	Insured Only	37.90	43.90	51.40	59.70	66.10	71.30	75.10	80.20	84.40
50+	Insured Only	58.80	66.80	78.40	91.20	102.00	110.80	117.30	126.20	133.20
<40	Insured & Spouse	47.00	56.60	66.70	78.60	83.20	89.90	94.10	100.50	104.80
40-49	Insured & Spouse	75.80	87.80	102.70	119.30	132.10	142.50	150.20	160.40	168.70
50+	Insured & Spouse	117.50	133.60	156.80	182.30	203.90	221.50	234.50	252.30	266.40
<40	Insured & Children	53.90	66.40	76.30	89.30	100.10	105.70	110.90	116.30	120.30
40-49	Insured & Children	71.30	85.00	97.50	113.00	125.70	132.90	139.60	146.60	152.40
50+	Insured & Children	89.20	110.70	120.50	139.30	155.40	165.20	173.80	183.60	191.40
<40	Insured & Family	81.20	99.40	115.10	135.30	152.10	162.40	171.10	180.90	188.20
40-49	Insured & Family	114.60	135.30	156.20	181.70	202.30	216.10	228.10	241.40	252.50
50+	Insured & Family	149.00	183.00	201.30	233.50	261.20	280.60	296.60	316.00	331.60

Application fee of \$20.00 for Individual Applications. Fee is waived for list bills of 3 or more employees

Rates for Individual Gap (H-0230)

Monthly Premium

Inpatient Deductible: \$500.00

Attained Age		Total Annual Benefit Amount								
		2,000	3,000	4,000	5,000	6,000	7,000	8,000	9,000	10,000
<40	Insured Only	23.10	27.80	32.70	38.50	40.70	44.00	46.10	49.20	51.30
40-49	Insured Only	37.30	43.10	50.30	58.40	64.70	69.80	73.50	78.50	82.50
50+	Insured Only	57.80	65.60	76.90	89.40	100.00	108.60	114.90	123.60	130.50
<40	Insured & Spouse	46.20	55.50	65.40	77.00	81.40	88.00	92.10	98.30	102.60
40-49	Insured & Spouse	74.50	86.10	100.60	116.80	129.30	139.50	147.00	156.90	165.00
50+	Insured & Spouse	115.50	131.10	153.70	178.70	199.90	217.10	229.80	247.20	261.00
<40	Insured & Children	53.00	65.10	74.80	87.40	98.00	103.40	108.50	113.80	117.70
40-49	Insured & Children	70.10	83.40	95.60	110.80	123.10	130.20	136.70	143.50	149.20
50+	Insured & Children	87.70	108.80	118.20	136.60	152.30	161.90	170.30	179.80	187.50
<40	Insured & Family	79.90	97.50	112.80	132.50	148.90	159.00	167.50	177.00	184.10
40-49	Insured & Family	112.70	132.70	153.10	178.00	198.20	211.60	223.40	236.30	247.10
50+	Insured & Family	146.50	179.70	197.30	228.90	255.90	274.90	290.50	309.40	324.60

Inpatient Deductible: \$1,000.00

Attained Age		Total Annual Benefit Amount								
		2,000	3,000	4,000	5,000	6,000	7,000	8,000	9,000	10,000
<40	Insured Only	22.40	26.70	31.40	36.90	39.00	42.10	44.10	47.00	49.00
40-49	Insured Only	35.90	41.30	48.20	56.00	61.90	66.80	70.30	75.10	78.90
50+	Insured Only	55.70	63.00	73.80	85.80	95.90	104.20	110.20	118.50	125.10
<40	Insured & Spouse	44.70	53.40	62.70	73.80	78.00	84.20	88.10	94.00	98.00
40-49	Insured & Spouse	71.70	82.60	96.30	111.90	123.80	133.50	140.60	150.10	157.70
50+	Insured & Spouse	111.40	126.00	147.50	171.60	191.80	208.30	220.40	237.00	250.10
<40	Insured & Children	51.30	62.60	71.70	83.80	93.70	99.00	103.80	108.80	112.50
40-49	Insured & Children	67.80	80.20	91.70	106.20	118.00	124.70	131.00	137.40	142.70
50+	Insured & Children	84.90	104.90	113.60	131.20	146.10	155.30	163.30	172.30	179.60
<40	Insured & Family	77.30	93.70	108.20	127.00	142.50	152.10	160.20	169.20	176.00
40-49	Insured & Family	108.80	127.60	146.90	170.70	189.80	202.70	213.80	226.10	236.40
50+	Insured & Family	141.50	173.20	189.40	219.60	245.40	263.50	278.40	296.40	310.80

Application fee of \$20.00 for Individual Applications. Fee is waived for list bills of 3 or more employees