

Medical GAP Plan (Pretax)

City of Fort Lauderdale

Major Medical Complement Insurance (Only Available For Cigna Enrollees)

HOSPITAL CONFINEMENT BENEFIT (HCB)

This benefit helps pay the out-of-pocket expenses an insured person incurs for a hospital confinement due to injury or sickness, provided:

- The insured is under the regular care and attendance of a physician; and
- Such expenses are covered by the insured person's medical plan; and
- The injury or sickness begins after the effective date.

Such benefits are limited to the deductible and/or the coinsurance amount the insured person is required to pay under their medical plan, and include:

- In-patient hospital stays
- In-patient surgeries
- Physician's in-hospital charges

Benefits will also be payable for hospital emergency room treatment for injuries and for sicknesses if the sickness results in a hospital confinement within 24 hours of the hospital emergency room treatment.

Benefits are "per Insured person per calendar year." The benefit selected cannot exceed the insured person's out-of-pocket responsibility under their Cigna Plans. **The Medical GAP insurance policy will provide Cigna OAPIN1 and OAPIN2 participants with up to \$2,500 for in-patient hospital services and Cigna Choice Fund participants with up to \$4,000 for in-patient services.**

OUT-PATIENT BENEFIT (OPB)

Pays up to the maximum benefit selected for medically necessary out-patient treatment of an injury or sickness. Out-patient benefits include treatment under the regular care and attendance of a physician at a hospital, physician's office (except those expenses allocated as a physician's office visit expense), out-patient surgical or emergency facility or a diagnostic testing facility or similar facility that is licensed to provide out-patient treatment. Benefits are limited to the difference between the benefit paid by your medical plan and actual out-patient expenses incurred.

The OPB is a "per person per calendar year" benefit with a family maximum limit equal to 2 times the "per person" benefit. **The GAP insurance policy will provide Cigna OAPIN1 and OAPIN2 participants with up to \$1,250 for out-patient and Cigna Choice Fund participants with up to \$2,000 for out-patient services.**

ELIGIBILITY

All active full-time employees working at least 30 hours or more per week and engaged in an eligible occupation, their lawful spouse/domestic partner, and their unmarried, dependent children who are under 19 years of age; 26 if a full or part-time student, dependent upon the insured for support and living with the insured; 30, if unmarried with no dependents, a Florida resident and a full or part-time student and whose coverage under this policy has become effective and has not terminated. Dependent children will be terminated in accordance with the policy provisions (end of month in which they turn 26 unless they qualify to continue to age 30). Additionally, in order to be eligible, each person must be covered under a group Medical Plan that includes coinsurance and deductible.

LATE ENROLLEES

If an eligible employee does not apply for coverage on their initial eligibility date, they may not apply for coverage until the next policy anniversary date, unless: (a) they are allowed to enroll in, or change their enrollment in the employer's Medical Plan because they qualify as a Special Enrollee as defined by law; or (b) they are allowed to enroll in the employer's Medical Plan during an employer sponsored period of open enrollment.

Bi-weekly Pretax Premiums

HMO Plans	
\$2,500 Hospital Confinement Benefit	
Under Age 40:	Bi-Weekly
Insured Only	\$12.24
Insured & Spouse	\$22.04
Insured & Children	\$27.08
Insured & Family	\$36.86
Ages 40-49:	Bi-Weekly
Insured Only	\$16.63
Insured & Spouse	\$29.95
Insured & Children	\$30.65
Insured & Family	\$43.95
Ages 50 & Above:	Bi-Weekly
Insured Only	\$27.76
Insured & Spouse	\$49.96
Insured & Children	\$44.99
Insured & Family	\$67.17

CDHP Plan

\$4,000 Hospital Confinement Benefit	
\$2,000 Outpatient Benefit (R-02822)	
Under Age 40:	Bi-Weekly
Insured Only	\$16.83
Insured & Spouse	\$30.31
Insured & Children	\$37.33
Insured & Family	\$50.80
Ages 40-49:	Bi-Weekly
Insured Only	\$23.04
Insured & Spouse	\$41.48
Insured & Children	\$42.52
Insured & Family	\$60.93
Ages 50 & Above:	Bi-Weekly
Insured Only	\$37.67
Insured & Spouse	\$67.79
Insured & Children	\$61.14
Insured & Family	\$91.24

EXAMPLE

TERMINATION OF COVERAGE

Provided premiums are current, coverage will end on the last day of the month in which employment ends or the Benefits Section, HR receives a completed Benefits Election Change Form and Flex Change in Status Form for a qualified life event.

EXCLUSIONS

Benefits will not be paid for losses caused by or resulting from any one or more of the following:

- Declared or undeclared war or any act thereof;
- Suicide or intentionally self-inflicted injury or any attempt thereat, while sane or insane (while sane in Colorado and Missouri)
- Any Hospital Confinement or other covered treatment for Injury or Sickness while an Insured Person is in the service of the armed forces of any country. Orders to active military service for training purposes of two months or less do not, for the purposes of this exclusion, constitute service in the armed forces of any country. Upon notification to the Company of entering the armed forces of any country, the Company will return to the Insured pro rata any premium paid, less any benefits which have been paid, for any period during which the Insured Person is in such;
- Confinement in a Hospital or other covered treatment provided in a facility operated by an agency of the United States government or one of its agencies, unless the Insured Person is legally required to pay for the services;
- Confinement or other covered treatment for Injury or Sickness which is not medically necessary;
- Confinement or other covered treatment for Dental or Vision care not related to an accidental Injury;
- Mental or nervous disorders;
- Alcoholism, drug addiction or complications thereof;
- Any Hospital Confinement or other covered treatment for Injury or Sickness for which compensation is payable under any Workers' Compensation Law, any Occupational Disease Law, the 4800 Time Benefit Plan or similar legislation;
- Any Hospital Confinement or other covered treatment for Injury or Sickness that is payable under any insurance that does not require Deductible and/or Coinsurance payments by the Insured Person;
- Any Hospital Confinement or other covered treatment for Injury or Sickness for which benefits are not payable under the Insured Person's basic Medical Plan;
- Any Hospital Confinement or other covered treatment for Injury or Sickness if, on the Insured Person's effective date of coverage, the Insured Person was not covered by a Medical Plan. Our sole obligation will then be to refund all premiums paid for that Insured Person;
- An Insured Person engaging in any act or occupation, which is a violation of the law of the jurisdiction where the loss or cause occurred. A violation of the law includes both misdemeanor and felony violations.

LIMITATIONS

A condition must be covered under the Insured's Medical Plan in order for benefits to be payable under this plan.

PREGNANCY

Pregnancy is covered the same as an illness for insured employees and their insured spouse/domestic partner if it is covered under their group Medical Plan, but pregnancy (except for complications of pregnancy) is not covered for dependent children, unless required by state law.

Premium rates are assessed based on individual factors and deducted from employee's paycheck pretax on a biweekly basis. Schedule an appointment with a Professional Benefits Counselor/Enroller to learn more, including premium rate information, and determine if Allstate Benefits' **Major Medical Complement Insurance** plan is right for you. Schedule an appointment online at www.myenrollmentschedule.com/lauderdale or by calling **1-866-998-2915**.

The exact provisions governing the insurance are contained in the master policy issued to each group on form number M-9054, policy series MG-108. This product is not available in all states.

The Major Medical Complement is underwritten by Fidelity Security Life Insurance Company (FSL) of Kansas City, Missouri, and is managed by Special Insurance Services, Inc. (SIS). SIS is located in Plano, Texas and is responsible for all aspects of policy/certificate issuance and claims administration for FSL. Allstate Benefits markets the Major Medical Complement program and provides premium administration for FSL.

Fully Insured Deductible & Coinsurance Limited Benefit Plan

Name: JOHN DOE
Policy#: MG-108 G91134 **Eff. Date:** 1/1/2016
Employer: FORT LAUDERDALE, CITY OF
Coverage: Employee Only

In Hospital Benefit: \$4000
Out Patient Benefit: \$2000
Office Visit: \$0
Wellness Benefit: \$0
All benefits are subject to the policy terms and conditions.
See back for more information.

Will I receive an ID card or some other proof of insurance?

Yes. After you enroll, you'll receive an ID card. Present your ID card to providers at the time of service. In addition to the ID Card an electronic Certificate of Insurance is available by visiting the FBMC Learning Center at www.fbmlearningcenter.com/ftlauderdale2018py.