



Medical and GAP Overview



Benefits	HAP EPO 6500/30	\$5,000 "Single Bucket" GAP Plan
Deductible (single/family)	\$6,500/\$13,000	Combined Inpatient & Out Patient Benefit \$10,000 for Doubles and Families Pays "First Dollar" For: <ul style="list-style-type: none"> * Deductible * Co-Insurance * Office Visits * Urgent Care * Emergency Room * Rx: Generic and Name Brand <i>Includes \$0 Copay Telemedicine!</i>
Co-Insurance	30%	
Out of Pocket Maximum	\$6,900/\$13,800	
Preventive Services	100%	
Office Visits PCP	30% after deductible	
Office Visits Specialist	30% after deductible	
Urgent Care	30% after deductible	
Emergency Room	30% after deductible	
In-Patient Hospital	30% after deductible	
Out-Patient Hospital	30% after deductible	
Prescriptions	30% after deductible	

\$0 Copay Telemedicine

iSelectMD

877-775-3006

Please Note: These are brief plan descriptions. Please read plan certificates for limitations, exclusions and plan specifics

OptiMed GAP Excludes: specialty medication



In addition to your **Health Alliance Plan** policy, your program also includes is a secondary plan known as a **GAP Plan**. The **OptiMed GAP** plan is fully insured by a **highly rated National Insurance Company** providing benefits for both in-patient and out patient services. These benefits will help cover some of the out-of-pocket expenses from your major medical plan such as deductibles, co-insurance and some copays. Many employees may realize a \$0 out-of-pocket cost when including a **GAP Plan** (See policy for more details and exclusions).



**Combined Inpatient and Out Patient
Benefit \$5,000 Single, \$10,000 D or F
Pays "First Dollar" For**

- ♦ Deductible and Co-insurance
- ♦ Office Visits
- ♦ Urgent Care
- ♦ Emergency Room
- ♦ Outpatient Surgical
- ♦ Diagnostic Testing Facility
- ♦ Rx (excluding specialty medication)

Instructions for Use

Tell your Provider that you have a GAP Plan that pays directly to your Provider for most services that go towards the deductible, co-insurance, as well as emergency room and urgent care copays. Submit your **OptiMed Health Plan** card with your Health Alliance Plan (HAP) ID card.

- ♦ Provider bills HAP first.
- ♦ HAP generates an "Explanation of Benefits" (EOB) and sends to the Provider to confirm payment eligibility
- ♦ Provider sends EOB to **OptiMed**.
- ♦ **OptiMed** pays Provider directly.

Present Both Cards



Medical ID Card

Name: John Sample Policy Number: 54321
Deductible: \$6,500 Single/\$13,000 Family
Co-Insurance: 30%
Out of Pocket: \$6,900 Single/\$13,800 Family



GAP ID Card

Insured: John Sample Plan # 12345

Combined Inpatient Benefit
& Out Patient
\$5,000 per person, \$10,000 Doubles or Families

\$0 Copay Telemedicine

iSelectMD

877-775-3006



*For the few Providers that will not bill OptiMed directly, you will be required to submit the EOB with a claim form to OptiMed. Payment will be sent to you for your remittance to the Provider.
Claim form is available on "Member" page at www.optimedhealth.com*