



# MED-BRIDGE PLUS

Designed to help control health cost



## Supplemental Out-of Pocket Medical Expense Insurance Policy for Employer Groups



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SLIC-GAP-12.11.07

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# Controlling Health Cost

High Medical Rates...  
Annual Rate Increases...

## What Is The Employer Going To Do?

- Reduce benefits?
- Shift rising cost to the employees?
- Raise deductibles and co-insurance?
- Absorb the increase?

**MED-BRIDGE PLUS:** *Now there is a new and BETTER alternative*

### Here is how it works:

- Lower Health Cost by increasing the primary carriers deductible and / or co-insurance
- Choose the Med-Bridge Plus Plan that best meets your needs
- Use a portion of the savings to pay for the Med-Bridge Plus
- SAVE THE REST

**MED-BRIDGE PLUS** can help pay out-of-pocket expenses for:

- In-Hospital
- Outpatient
- Ambulance
- Outpatient Physician (optional)



# Base Plan or Enhanced Plan

Choose the plan that works best for you

		Base Plan	Enhanced Plan
<b>Policy Maximum</b>		\$500-\$5,000	\$500- <b>\$6500</b>
<b>In-Hospital Benefit</b>	In-Patient Maximum	\$500-\$5000 equal to overall policy Maximum	\$500- <b>\$6500</b> equal to overall policy Maximum
<b>Outpatient Benefit</b>	Outpatient Maximum	50% of In-Patient up to a maximum \$2500	<b>80%</b> of In-Patient up to a maximum <b>\$3,000</b>
	<b>Outpatient Covered Facilities and Treatments</b>	<b>Eligible expenses:</b>	
	Free-Standing Surgery Clinic	Surgery	Surgery, <b>Diagnostic Testing and Lab Fees</b>
	Hospital Outpatient Facility	Surgery, Diagnostic Testing (no lab fees)	Surgery, Diagnostic Testing, <b>Lab Fees, Work Therapies, Chemo and Radiation</b>
	MRI Facility	Diagnostic Testing (no lab fees)	Diagnostic Testing and <b>Lab Fees</b>
	Emergency Room Treatment	Accident only	<b>Accident or Sickness</b> 3 visits per person / 6 per family
<b>Ambulance Benefit</b>		Accident only (air or ground)	<b>Accident or Sickness</b> (air or ground)
	Maximum per person per year	\$350	\$350
<b>Frequently Asked Questions</b>	Is mental illness an eligible expense?	No	Yes – if treatment is received in a covered facility
	Is routine newborn care an eligible expense?	No	Yes
	Is Chemotherapy and Radiation received on an Outpatient basis an eligible expense?	No	Yes
	Is Physical and Occupational Therapy received on an Outpatient basis an eligible expense?	No	Yes
	Are late enrollees covered from the effective date?	Yes	Yes
<b>Optional Benefits</b>			
Physician Office Outpatient Benefit	<i>Choose from two benefit levels for Base or Enhanced Plan</i>	Choose: \$20 per treatment up to 6 visits per covered person per calendar year or \$30 per treatment up to 6 visits per covered person per calendar year	
Prior Plan Deductible Credit Benefit	<i>Prevents the possibility that an individual might have to pay a deductible twice</i>	Reduces policy deductible by amount of deductible paid toward underlying carriers deductible	
<b>Policy Deductible and Co-Insurance</b>			
Optional Deductible and Co-Insurance can reduce rates – see next page		Customized to adjust Benefit and Premium	

The covered facilities, benefit ranges, eligible expenses and Optional Benefits are described in the above chart. The Base Plan is designed for groups that want a lower cost plan. The Enhanced Plan is for groups that want better coverage.

Ambulance transportation for accidents must be within 72 hours of the accident.

# Calendar Year Deductible Can Reduce Rates\*

	Base Plan	Enhanced Plan
<b>In-Hospital Benefit Amount</b>	\$3,000	\$3,000
<b>Outpatient Benefit Amount</b>	\$1,500	\$2,400
<b>Monthly Rate*</b>		
No deductible	\$37.43	\$46.78
\$250 deductible	\$32.93	\$41.66
\$500 deductible	\$29.94	\$37.43

\*This is an example only - designed to show how adding a deductible can reduce rates. Rate comparison is based on the rate for an employee under age 55 with an underlying deductible of \$1500.

## Value Added Programs

**All persons enrolled with either Med-Bridge Plus Plan are provided these programs at no additional cost**

### MWG RX Plan

This plan is designed to save you money by giving you access to discounts on most FDA-approved prescription drugs. There are over 53,000 participating pharmacies throughout the United States, including most community Drug stores. This plan is not insurance.

## Claims

Benefits are **Paid to the Provider.**

**No claim form is required.** Just send the EOB from the underlying Major Medical carrier along with the UB 92 or HICFA 1500 from the provider.

## Eligibility

All employees of the Policyholder and the employee's dependent spouse or unmarried dependent children **that are insured by the Employer's Major Medical Plan are eligible for this coverage.**



## Exclusions

### Enhanced Plan Exclusions

This policy will pay no benefits for expenses that result from:

1. Suicide or any attempt thereat, while sane or insane (In Missouri the reference to insanity does not apply);
2. Any intentionally self-inflicted injury or sickness;
3. Rest care or rehabilitative care and treatment;
4. Voluntary abortion except, with respect to the Insured or the Insured's covered Dependent:
  - Where such person's life would be endangered if the fetus were carried to term; or
  - Where medical complications have arisen from abortion or if the fetus is nonviable;
5. Pregnancy of a Dependent child, except for medical complications;
6. Participation in a riot, civil commotion, civil disobedience, or unlawful assembly (This does not include a loss which occurs while acting in a lawful manner within the scope of authority.);
7. Commission of a felony;
8. Participation in a contest of speed in power driven vehicles, parachuting, or hang gliding;
9. Air travel, except:
  - As a fare-paying passenger on a commercial airline on a regularly scheduled route; or
  - As a passenger for transportation only and not as a pilot or crew member;
10. Intoxication (Whether or not a person is intoxicated is determined and defined by the laws and jurisdiction of the geographical area in which the loss occurred.);
11. Alcoholism or drug use, unless such drugs were taken on the advice of a Physician and taken as prescribed;
12. Sex changes;
13. Experimental treatment, drug, or surgery;
14. An act of war, whether declared or undeclared while serving in the military service or any auxiliary unit attached thereto, or while performing police duty as a member of any military or naval organization. This exclusion includes Accident sustained or Sickness contracted while in the services of any military, naval, or air force of any country engaged in war. We will refund the pro rata unearned premium for any such period the Covered Persons is not covered;
15. Accident or Sickness arising out of and in the course of any occupation for compensation wage or profit. This does not apply to sole proprietors not covered by Worker's Compensation;
16. Any dental services, including treatment, surgery, extractions, or x-rays, unless:
  - Resulting from an Accident occurring while the Covered Person's coverage is in force and if performed within 12 months of the date of such Accident; or
  - Due to congenital disease or anomaly of a covered newborn child;
17. Routine examinations, such as health exams, eye exams, periodic checkups, or routine physicals unless covered by an optional Rider;
18. Any expense for which benefits are not payable under the Covered person's Other Medical Plan;
19. Cosmetic surgery;
20. Drugs (prescription or non-prescription) unless covered by a Rider to this Policy / Certificate;
21. Sterilization and reversal of sterilization;
22. Any expense that does not meet the definition of Covered charges;
23. Expense or service that exceeds the maximum benefit amounts, as shown in the Certificate or Policy Schedule of Benefits;
24. Expenses due to Pre-Existing Conditions – expenses incurred due to an Injury or Sickness that would have caused a person to seek medical advice, diagnosis, care or treatment during the six (6) months immediately preceding the effective date of coverage; or an Injury or Sickness for which medical advice, diagnosis, care or treatment was recommended or received during the six (6) months immediately preceding the effective date of coverage. We will not deny, exclude or limit benefits for an Insured Person for losses due to a Pre-Existing condition incurred more than twelve (12) months following the effective date of the Insured Person's coverage.

### Base Plan Exclusions

1. All Enhanced Plan Exclusions listed above apply plus these additional exclusions
2. Mental Illness or functional organic nervous disorders, regardless of the cause;
3. Routine newborn care, including routine nursery charges;
4. Chemotherapy and Radiation received on an Outpatient basis.
5. Physical and Occupational Therapy received on an Outpatient basis.

## Important Policy Provisions

The benefits of this policy are payable only if the Insured is covered by Another Medical Plan when charges are incurred and that Medical Plan provides benefits for such charges.

The total amount payable for each Covered Person will not exceed the Policy Maximum shown in the Policy Schedule of Benefits. For family coverage, the total benefit amount payable may not exceed three times the amount selected.

Coverage is subject to certain conditions, limitations and exclusions, which are detailed in the Group Policy as well as the Certificate. If there is a conflict between what is described in this brochure and Your Group Policy, the Group Policy will prevail. For a complete listing of the plan provisions, as well as any limitations and exclusions, please refer to the Group Policy.

Any provision of the Group Policy which, on its Effective Date, does not agree with the laws of the state in which the Policy is written, will be amended to the minimum requirements of those laws.

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