



## Group GAP Frequently Asked Questions

- 1. Is 20 hours per week considered full-time for Group GAP? Yes.
- 2. If voluntary, what is our participation requirement? 15% participation is required.
- 3. Does our Group GAP plan cover treatment outside of the United States?
- 4. If employer paid, can we accept an excel spreadsheet enrollment? Yes.
- 5. Can we do 1099 employees if payroll deducted? Requires underwriting approval.
- 6. How many plan designs can we offer to an employer group? We can do two per group.
- 7. Does the employee need pre-authorization?

  Pre-authorization is not a requirement. However if the medical plan doesn't cover it because pre-authorization was needed, it also wouldn't be covered under our policy.
- 8. If an employer's name changes, would we require a re-write?

  Any name change to an employer group would require either an updated Employer Group Application with the new name, or other new group name paperwork. The group may keep their original effective date, and would not have to be rewritten.
- 9. What percentage of premium does the Employer need to pay in order for the group to be underwritten as ER Paid?
  - An employer must cover 100% of the premium in order to be underwritten as ER Paid.
- 10. For groups that are not ER paid, what is the number of applications needed to issue? We would require a minimum of five applications.
- 11. Can we do a dual option ER paid base with buy up? What is the participation requirement on the buy up?

No, we do not have buy up options available.

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12. Is mental health/substance abuse, physician visits, and assessments covered by the new Group GAP product?

Mental health/substance abuse would be covered if the primary medical plan covered it as well. Physician visits and assessments would be covered if the Doctor's Office Visit benefit is included in the group's GAP plan.

13. If an employee elects family coverage, how many children will it cover and does each individual get their own max and rate?

There is no limit on the number of children. Each child would have their own individual max. However, all family members are subject to a family maximum that is equal to 2x the individual maximum amount.

- 14. Have we considered a plan with copays? Are co-pays included or just the deductible? The plan will pay for any deductible amount, coinsurance and/or copayment expenses covered under the medical plan.
- 15. Do we pay on the billed amount or the negotiated amount?
  It would be whatever is applied to the deductible, coinsurance, or copayment by the insured's medical plan, likely the negotiated amount.
- 16. What is the highest in and out of network amount we can offer? \$7,500 for both in and out of network.
- 17. Can we offer effective dates to groups on the 15th of the month?

  Yes, but effective dates should be consistent with any other products in place with ManhattanLife.
- 18. Can we change renewal dates during the year?

  Adjustments to the policy renewal date would have to be reviewed on a case-by-case basis.
- 19. Can we include a tech fee in the Group GAP?

  Depending on state, yes. Please reach out to underwriting to confirm a particular state.
- 20. How does the "card" work? Do we pay the facility or do we need an assignment of benefits?

We allow assignment of benefits. The employee would need to fill out a form to assign their benefits to a provider. The card is intended to be displayed at the hospital at time of service and will include how to file a claim.

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