

THE GAP PLAN AND MY HMO HEALTH PLAN

The GAP Plan is administered by American Fidelity Insurance who also administers our Flexible Spending Program. The GAP Plan works with our HMO Plan and is provided only to HMO participants. The GAP was added as a result of health insurance negotiations to offset plan design changes that helped the County meet budget needs in the fiscal year 2010/2011. The cost of the GAP Plan is covered by the County for all employees and retirees, and was made available on a voluntary basis for dependents.

The following out-of-pocket expenses are covered by this supplemental benefit program:

Maximum In-Hospital Benefit:

- Up to \$1,000 per hospital confinement

Maximum Out-patient Benefit:

- Treatment in a hospital emergency room
- Out-patient surgery in a hospital out-patient facility or free-standing out-patient surgery center
- Diagnostic testing in a hospital out-patient facility or MRI facility
- Up to \$200 for treatment of the same or related conditions unless separated by a period of 90 consecutive days (then a new out-patient benefit will be payable)

Physician Out-patient Treatment Benefit:

- Treatment in a hospital out-patient clinic, free-standing emergency care clinic or physician's office
- Up to \$25 per treatment; \$125 maximum per family per calendar year (treatment for an illness or injury)

It is important to remember to submit claim forms for reimbursement of your out-of-pocket expenses.

TIPS FOR SUBMITTING FOR REIMBURSEMENT:

What is my account number?

In the upper right hand corner of the reimbursement form, there is a place to enter an account number. Account numbers will not be assigned until after the first claim is received. This field should be left blank on the first claim submission.

Where do I get a GAP reimbursement claim form?

Forms are available on the Benefits Intranet – Benefit Plans link – under Documents – Carrier Forms. In addition, the forms are also posted on the internet at <http://www.washoecounty.us/humanresources/benefits/employee%20open%20enrollment/forms>. If employees don't have access to a computer, they can obtain the form from their Human Resources representative.

Please note that the Health Insurance Portability and Accountability Act does require that information submitted on this claim form is protected and only disclosed as necessary to process your claim. Employers, plan sponsors and providers are subject to ensuring that your data is private and secure.

What documentation should accompany the reimbursement request for each type of claim?

Dr. Office Visit: A claim form, a copy of the bill, explanation of benefits (EOB) or office notes. Please note that routine care is not reimbursable under the GAP Plan.

Out-Patient Hospital: A claim form and a copy of the hospital bill. This benefit is based on the charge amount of the bill so this is all American Fidelity needs.

In-Patient Hospital: A claim form, a copy of the hospital bill and a copy of the EOB. Since the benefit is based on the out-of-pocket expenses, the EOB is a must. The hospital bill is also preferred because sometimes EOBs don't provide enough information verifying an in-patient stay.

Note: There is no limit to the number of hospitalization benefits payable. Each hospitalization benefit is payable on its own. There is a limit for the out-patient benefit if the treatment is for the same condition within a 90-day period.

What is the best way to obtain an explanation of benefits (EOB)?

Employees can sign up for "My Hometown Benefits" at www.hometownhealth.com to view all of their claims and print their EOBs.

Is the best way to send a claim and supporting documentation to American Fidelity via the fax number on the claim form? Do we need to follow up with a phone call?

Claims can be sent to American Fidelity by fax or by mail. The advantage to a fax is that it is a faster delivery. A follow up phone call is not required but is welcome to ensure the claim has been received. If faxing, American Fidelity asks that you allow 48 hours for the system to process the fax.

American Fidelity Assurance Company
Medical/Supplement Department
Attn: Benefits Division
P O Box 25160
Oklahoma City, OK 73125-0160
Fax: 1-800-818-3453

What number do I call should I wish to follow up on the fax, or if I have other questions?

To follow up on a fax (after 48 hours to allow processing time): 1-800-662-1113

For any other plan or claim questions, contact the local American Fidelity office at 829-1313.

Can I check my individual account online?

Employees can visit www.afadvantage.com and request an online account once they have submitted their first claim. This is a very useful tool for reviewing flex plans and any outstanding claims.