

FREQUENTLY ASKED QUESTIONS

1. Who should I send my claims to?

- All original claims should be submitted to the primary insurance carrier first. (For example, Blue Cross, Health America, Blue Shield, etc.) Most claims are submitted directly by the provider to the primary carrier.
- All questions about processing of those claims would be directed to that office. When you receive an EOB please proceed as in #2.

2. What is needed to process a Gap Claim?

To pay the Provider:

- Please submit an Explanation of Benefits (example attached) with an amount listed under the deductible column, claim form, name, address and tax identification number for the provider (hospital, doctor) if they are to receive payment. (Please **do not** send in a statement with an amount due the provider without any indication of the charge applied to the deductible.)

To pay the insured:

- If you wish to be paid directly and you pay the provider, please send a copy of both sides of the Explanation of Benefits with an amount indicated under the deductible column.

3. What happens after my deductible with the Gap Plan is exhausted?

- All claims are processed by your primary carrier. We are not secondary or excess. We are a “**stand alone**” policy for the deductible only.

4. How often do I meet a deductible?

- Deductibles cover a 52 week period. (Either calendar year or policy year)
- Policies have individual and family deductibles.

5. Are claims pre-certified?

- No, we cannot approve payment without reviewing the claim nor can we pay a deductible before it is incurred and reported on an EOB as in #2 above.

6. How do I add a newborn or dependant?

- All dependants must be enrolled separately on your primary insurance and your Gap plan. Newborns are automatically covered for the first 31 days.

7. How long does it take to process a claim?

- Claims are processed in approximately seven to ten business days—from when received whether they are faxed or mailed.

8. Can I just send in the back of the Explanation of Benefits?

- No, the year to date summary of the deductible cannot be used for reimbursement purposes. The individual Explanation of Benefits for the specific service on the front page is also required.

9. Do deductibles applied under Medicare qualify under the Gap Plan?

- No, only deductibles under the qualifying insurance plan are eligible under the Gap. (No government subsidized program would apply.)

10. Do out of network deductibles apply?

- Penalties applied for out of network services in the form of additional deductions are not eligible.

11. Do the deductibles under my dental, vision and prescription plan apply?

- No, they are not eligible.