

# MWG

## THE GROUP ACCIDENT PLAN

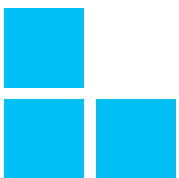


Designed to help reduce out-of-pocket medical expenses

Supplemental insurance for  
HDHP, HMO or Major Medical deductible plans

Accident Insurance Policy with optional  
Limited Hospital Indemnity for Sickness

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AF-GAP-6.2.08

# The Group Accident Plan can help.

Many employer groups are changing to HSAs or traditional high deductible medical plans to reduce the cost of medical insurance.

The **PROBLEM** is:

The members of the group have more out of pocket medical expenses.

This negatively impacts employee moral.

**The ACCIDENT PLAN is designed to help reduce out-of-pocket medical expenses.**

The Group ACCIDENT Plan features:

- Guaranteed Issue
- No Waiting Period for Pre-Existing Conditions
- Minimum Group Size is 5
- Eligibility - all persons covered by a group Major Medical plan.  
Management carve-outs and dual option plans are allowed.
- Participation Requirement - all persons covered by the group Major Medical plan must enroll



# The Group ACCIDENT Plan

*With “optional” limited hospital indemnity for sickness*

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## The Group ACCIDENT Plan is:

- Qualified supplemental coverage for groups covered under a HDHP (High Deductible Health Plan) that have Health Savings Accounts (HSA).
- Supplemental Insurance for HMO and/or Traditional Major Medical Deductible Plans

## Three benefits designed to help reduce out of pocket expenses:

### **Accident Inpatient Benefit**

Pays benefits for inpatient expenses due to an accident, which are applied to your deductible, co-payment and co-insurance by your major medical plan. Expenses must be incurred while you are confined to a hospital for at least 24 hours.

### **Accident Outpatient Benefit**

Pays benefits for outpatient expenses due to an accident, which are applied to your deductible, co-payment and co-insurance by your major medical plan. Expenses must be incurred in the outpatient department of a hospital, an ambulatory surgical center, day surgery facility, MRI facility, or emergency room. Charges for the professional fees of a physician in a doctor's office or medical clinic and outpatient prescription drugs are not covered.

### **Sickness Inpatient Benefit (optional)**

Pays a daily benefit of \$500 a day limited to the Maximum Total Benefit Amount. This benefit covers inpatient expenses due to a sickness, which are applied to your deductible, co-payment and co-insurance by your major medical plan. Expenses must be incurred while you are confined to a hospital for at least 24 hours.

### **Maximum Total Benefit Amount (selected by the employer)**

The Maximum Total Benefit Amount is the amount payable as the result of Accident Inpatient Benefit, Accident Outpatient Benefit, and Sickness Inpatient Benefit during a Calendar Year.

This supplemental insurance plan co-ordinates with the major medical plan. This plan does not pay in addition to the major medical plan.

*This is a brief description of coverage; see policy for complete details. Available under Policy Series SLIC-GAP*

## Choose from Shelf or Custom Plans

**Shelf Plans** – All shelf plans have composite rates. Contact MWG Marketing for fliers describing the benefits and rates.

### **Custom Plan Designs**

Custom coverage is for groups of 100 or more. Contact MWG Marketing for more information. Options include higher benefit levels, deductible options and broader coverage.

# Claims

Benefits are **paid to the provider**.

**No claims form is required.** Just send the EOB from the underlying Major Medical carrier along with the UB92 or the HCFA 1500 from the provider.

## How to File a Claim:

### Let the Provider File the Claim.

Many hospitals will file your claim for you if you present them with your SUPPLEMENTAL insurance card along with your MAJOR MEDICAL insurance card.

### Steps to follow if you file your ACCIDENT Plan claim:

1. Your claim is filed against your major medical carrier.
2. Your major medical provider will provide you with an EOB (explanation of benefits), which will explain the amount applied to your deductible and coinsurance.
3. Ask your doctor and/or hospital to provide you with an itemized bill (UB92 or HCFA1500), which will explain the medical provider's charges.
4. Send the completed claim form, the EOB, and itemized bill from the medical provider to MorganWhite Administrators.

#### Administered by:

MorganWhite Administrators  
P.O. Box 14067  
Jackson, Mississippi 39236-4067

Claims Assistance:  
1-888-888-2519

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