

MedPlus

Hospital Indemnity Plan

With Wellness Benefit



WHO IS ELIGIBLE?

Full-time employees and their eligible dependents enrolled in the Mississippi State and School Health Insurance Plan. *

BENEFITS

Select Plan Members

Pay \$0 out-of-pocket for an inpatient admission. Your MedPlus \$4,500 benefit covers all of your deductible and coinsurance charges.

Base Plan Members

Your MedPlus \$4,500 benefit covers all of your deductible and most of your coinsurance charges.

Wellness Benefit: \$50 annual benefit for each covered life.

COVID-19 Testing: Additional \$50 benefit.

MONTHLY PREMIUMS

Employee Only	\$31.00
Employee-Spouse	\$57.00
Employee-Child	\$43.00
Family	\$69.00

*MedPlus Supplemental Health Plans are guaranteed issue ** and are underwritten and administered by Gulf Guaranty Life Insurance Company.*



Gulf Guaranty



** Maternity care requires a nine-month waiting period from the effective date of coverage before benefits can be used.

HOW DOES MEDPLUS HOSPITAL INDEMNITY PLAN WORK?

Hospital Indemnity Benefit ⁽¹⁾⁽²⁾⁽⁵⁾

When a covered person requires an inpatient hospital admission, MedPlus will pay up to the max benefit upon receiving *Proof of Provider Service* and the *MedPlus Hospital Indemnity Claim Form*. The plan will reimburse the benefit amount directly to the covered person.

Wellness Benefit & COVID-19 Testing ⁽¹⁾⁽²⁾⁽³⁾

Covered members are eligible to receive an annual \$50 wellness benefit and an additional \$50 benefit for COVID-19 testing ⁽⁴⁾ by completing a *Wellness Benefit Claim Form* and providing *Proof of Provider Service*.

Member Communication

Upon enrolling in *MedPlus Hospital Indemnity Plan*, covered members will receive a certificate of insurance, summary of benefits and a sample hospital claim.

Customer Service

Covered members who need assistance can call 877-572-4953 toll-free between 8:00 - 4:30 CT.

⁽¹⁾ **Proof of Provider Service, MedPlus Hospital Indemnity Claim Forms, and Wellness Benefit Claim Forms** can be submitted by email, fax or mail to:

Email: claims@gulfguaranty.com

Fax: (601) 981-6805

Mail: Gulf Guaranty MedPlus Hospital Indemnity Plan
P.O. Box 14977
Jackson, MS 39236

⁽²⁾ **Proof of Provider Service** can be requested from the healthcare provider. UB04, HCFA 1500, additional bills, primary EOB's or any other medical documentation that relates to the inpatient admission will be considered.

⁽³⁾ **Wellness Benefit** includes annual checkups and routine medical screenings.

⁽⁴⁾ **COVID-19 testing** \$50 benefit available to covered members who are tested for COVID-19 during the plan year. *Positive COVID-19 test in previous 30 days will disqualify member for benefit. Member must be cleared of virus before new test is administered for benefit eligibility.*

⁽⁵⁾ If a member has met some or all of the primary plan deductible and coinsurance MedPlus will pay the remaining portion up to the \$4,500 maximum benefit.

* Any reference to the Mississippi State and School Health Insurance Plan is for illustrative purposes only. MedPlus is not officially endorsed by the State Plan.

Cost Sharing Examples

Services and charges shown are just an example of how MedPlus Hospital Indemnity Plan might cover medical care for an inpatient stay. Your actual costs will be different depending on the care you receive, the prices your providers charge, and many other factors.

Jennifer is having a baby <i>Delivery Maternity (2 Day)</i>	
Service	Claim Amount **
Inpatient Hospital	\$14,800
Physician/Anesthesia	\$3,950
Total:	\$18,750

SELECT Health Plan *		
Cost Share	Paid by Jennifer	Paid by Health Plan
Deductible	\$1,500	\$0
Coinsurance (20%)	\$2,700	\$10,640
Coinsurance (20%)	\$300	\$3,610
	\$4,500	\$14,250

SELECT Health Plan * <i>with MedPlus</i>		
Paid by Jennifer	Paid by MedPlus	Paid by Health Plan
\$0	\$1,500	\$0
\$0	\$2,700	\$10,800
\$0	\$300	\$3,450
\$0	\$4,500	\$14,250

Mary had an accident	
Service	Claim Amount **
Emergency Room <i>(Physician & X-ray)</i>	\$1,500
Specialist Office Visit	\$200
Outpatient MRI	\$1,200
Inpatient Surgery	\$15,100
Total:	\$18,000

SELECT Health Plan *		
Cost Share	Paid by Mary	Paid by Health Plan
Deductible	\$1,500	\$0
Coinsurance (20%)	\$40	\$160
Coinsurance (20%)	\$40	\$160
Coinsurance (20%)	\$240	\$960
Coinsurance (20%)	\$2,680	\$12,420
	\$4,500	\$13,700

SELECT Health Plan * <i>with MedPlus</i>		
Paid by Mary	Paid by MedPlus	Paid by Health Plan
\$1,500	\$0	\$0
\$40	\$0	\$160
\$40	\$0	\$160
\$240	\$0	\$960
\$0	\$2,680	\$12,220
\$1,820	\$2,680	\$13,500

Brad had a stroke	
Service	Claim Amount **
Emergency Room <i>(Inpatient Transfer)</i>	\$1,600
Inpatient Admission (2 Days)	\$16,360
Total:	\$17,960

SELECT Health Plan *		
Cost Share	Paid by Brad	Paid by Health Plan
Deductible	\$1,300	\$0
Coinsurance (20%)	\$60	\$240
Coinsurance (20%)	\$2,940	\$13,420
	\$4,300	\$13,660

SELECT Health Plan * <i>with MedPlus</i>		
Paid by Brad	Paid by MedPlus	Paid by Health Plan
\$0	\$1,300	\$0
\$0	\$60	\$240
\$0	\$2,940	\$13,420
\$0	\$4,300	\$13,660

* Any reference to the particulars of the Mississippi State and School Health Insurance Select Plan are for illustrative purposes only and do not represent actual member claims experience.

** Claim amount represents the allowed amount after the network discount is applied to the gross billed charge.