



Deductible Guard

by Gulf Guaranty

pay less out of pocket for healthcare



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. Deductible Guard's \$4,500 benefit covers all of your deductible and coinsurance charges.

Base Plan Members

Deductible Guard's \$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.

Telemedicine: Free access to MDLive, a \$0 co-pay, family telemedicine service.

MONTHLY PREMIUMS

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

*Deductible Guard Supplemental Health Plans are guaranteed issue ** and are underwritten and administered by Gulf Guaranty Life Insurance*



HOW DOES DEDUCTIBLE GUARD WORK?

Hospital Indemnity Benefit ⁽¹⁾⁽²⁾

When a covered person requires an inpatient hospital admission, Deductible Guard will pay up to the max benefit upon receiving *Proof of Provider Service* and the *Deductible Guard 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 Deductible Guard, 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, Deductible Guard 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 Deductible Guard
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.

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

Retirees who wish to continue Deductible Guard coverage will incur a 15% increase on the above advertised rates.

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



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Cost Sharing Examples

Services and charges shown are just an example of how Deductible Guard 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>		SELECT Health Plan *			SELECT Health Plan * <i>with Deductible Guard</i>		
Service	Claim Amount **	Cost Share	Paid by Jennifer	Paid by Health Plan	Paid by Jennifer	Paid by Deductible Guard	Paid by Health Plan
Inpatient Hospital	\$14,800	Deductible	\$1,500	\$0	\$0	\$1,500	\$0
		Coinsurance (20%)	\$2,700	\$10,640	\$0	\$2,700	\$10,800
Physician/Anesthesia	\$3,950	Coinsurance (20%)	\$300	\$3,610	\$0	\$300	\$3,450
Total:	\$18,750		\$4,500	\$14,250	\$0	\$4,500	\$14,250

Mary had an accident		SELECT Health Plan *			SELECT Health Plan * <i>with Deductible Guard</i>		
Service	Claim Amount **	Cost Share	Paid by Mary	Paid by Health Plan	Paid by Mary	Paid by Deductible Guard	Paid by Health Plan
Emergency Room <i>(Physician & X-ray)</i>	\$1,500	Deductible	\$1,500	\$0	\$1,500	\$0	\$0
		Coinsurance (20%)	\$40	\$160	\$40	\$0	\$160
Specialist Office Visit	\$200	Coinsurance (20%)	\$40	\$160	\$40	\$0	\$160
Outpatient MRI	\$1,200	Coinsurance (20%)	\$240	\$960	\$240	\$0	\$960
Inpatient Surgery	\$15,100	Coinsurance (20%)	\$2,680	\$12,220	\$0	\$2,680	\$12,220
Total:	\$18,000		\$4,500	\$13,500	\$1,820	\$2,680	\$13,500

Brad had a stroke		SELECT Health Plan *			SELECT Health Plan * <i>with Deductible Guard</i>		
Service	Claim Amount **	Cost Share	Paid by Brad	Paid by Health Plan	Paid by Brad	Paid by Deductible Guard	Paid by Health Plan
Emergency Room <i>(Inpatient Transfer)</i>	\$1,600	Deductible	\$1,500	\$0	\$0	\$1,500	\$0
		Coinsurance (20%)	\$60	\$240	\$0	\$60	\$240
Inpatient Admission (2 Days)	\$16,360	Coinsurance (20%)	\$2,940	\$13,220	\$0	\$2,940	\$13,220
Total:	\$17,960		\$4,500	\$13,460	\$0	\$4,500	\$13,460

* 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.

Deductible Guard Supplemental Health Plans are guaranteed issue and are underwritten and administered by Gulf Guaranty Life Insurance Company. Maternity care requires a nine-month waiting period from the effective date of coverage before benefits can be used.