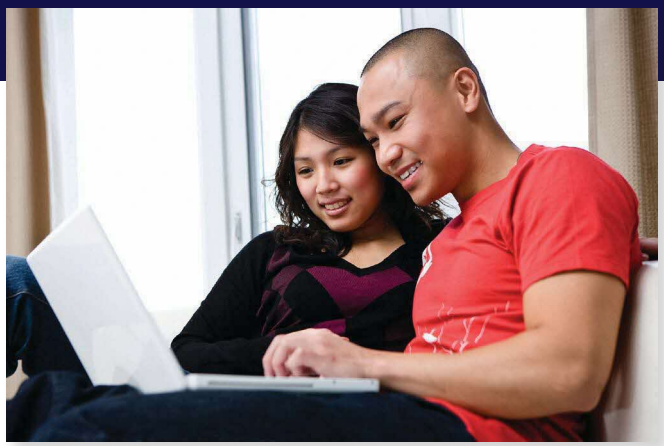
Frequently Asked Questions About GAP

AEGIS GENERAL INSURANCE AGENCY

To help you manage your health care costs, your employer has chosen to provide you with GAP insurance.



What is GAP?

GAP provides benefits that supplement your existing major medical health plan.

GAP is a supplemental health insurance policy that provides covered members and their dependents with cash reimbursements (up to the supplemental health policy maximums) for covered out of pocket expenses associated with a major medical health plan. GAP benefits can also help cover things like deductibles, co-insurance and copays that are your responsibility. Because supplemental health plans can only be provided in conjunction with major medical plans, the specific benefits for your GAP plan depend on your company's major medical insurance plan.

Can I visit any healthcare provider?

You can visit any doctor or hospital of your choice. However, you should refer to your major medical plan documents to determine if you have access to a preferred provider network.

Visiting a network provider may be required by your major medical plan and may also reduce the provider's charges covered by your major medical insurance plan.

Visiting an out of network provider may result in charges not being covered and will generally result in higher charges and more out-of-pocket costs for covered members.

Is hospital or surgery precertification required?

Please review your major medical plan documents to determine if pre-certification is required in order for the charges to be covered under your major medical plan.

GAP will only reimburse you for covered charges that result in out-of-pocket costs to you.

What do I need to provide my doctor's office?

You will need to give your doctor's office two ID cards:

- Your major medical plan ID card.
- Your AXIS Supplemental Medical plan ID card.

To verify supplemental medical coverage, your doctor's office can call 1-866-691-5303. This number is also listed on your AXIS ID card.

How are supplemental medical claims paid?

You or your provider will submit your Explanation of Benefits (EOB) from your major medical plan to the claim administrator listed on the back of your AXIS Supplemental Medical ID card.

Please add your Group and Member ID number to each EOB submitted. Be sure to include a copy of the front of your Supplemental Medical ID card as well.

The claim administrator will reimburse you for your out-of-pocket costs like deductibles and co-insurance for charges that were covered by the major medical plan identified on the EOB. You may choose to receive your benefits directly or assign them to the provider.

For questions about GAP, please contact:

Coordinated Benefit Plans on behalf of
AXIS Insurance Company
P.O. Box 20874
Tampa, FL 33623

FAX: (800)561-8084

AXISClaims@cbpinsure.com

Claim status and eligibility can be viewed at
www.CBPConnect.com

If you or your members have questions about how to file a claim, please contact Coordinated Benefit Plans at 1-866-691-5303.