GAP

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TRIADA

Triada helps you Bridge the GAP!

There is now a supplemental health plan that 'fills the GAP' between what medical providers charge you and what your high deductible health plan will pay.

Think of GAP insurance like an insurance policy for a major-medical plan. It is a supplemental policy that pays benefits when an employee experiences a covered event like an in-patient hospital stay or out-patient medical screening. An employee would be expected to pay 100% of these costs until their deductible is met, after which they continue to pay a portion (coinsurance) until their maximum out of pocket is met. GAP insurance helps cover the costs of expenses paid by the employee, allowing them to afford costly medical procedures without incurring significant debt.

How GAP Works

John suffers a heart attack.

He's admitted to the hospital for five days and undergoes a bypass surgery.

He receives a hefty bill.

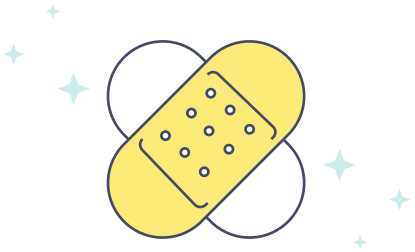
John has to pay $8,000 - his maximum out-of-pocket cost for his hospital stay, surgery and anesthesia.

Triada Reimburses John

John's GAP Policy from Triada reimburses him for his expenses up to $6,000.

Affordable plans with the easiest claims you've ever filed. That's the Triada Promise.

What You Get



HOSPITAL INPATIENT BENEFITS

$6,000 per plan year

We will pay Hospital Inpatient Benefits equal to 100% of any deductibles or coinsurance for which You are responsible under Your Primary Medical Policy, up to the Maximum Annual Inpatient Benefit each calendar year, for You or a Covered Person's Inpatient Hospital Stay covered under Your Primary Medical Policy. This benefit is subject to the Inpatient Calendar Year Deductible, if any.

Expenses incurred during an Inpatient Hospital Stay are covered under the Hospital Inpatient Benefit, including:

- Hospital charges for room and board
- Hospital miscellaneous charges including operating room, equipment, supplies, and drugs
- Intensive Care unitcharges
- Physician charges incurred during the stay.

When filing a claim, it is necessary to submit the Explanation of Benefits provided by Your Primary Medical Policy, or other documentation showing amounts for which You are responsible for under Your Primary Medical Policy.

OUTPATIENT BENEFITS

$6,000 per plan year

We will pay Outpatient Benefits for expenses applied to deductibles or coinsurance as outlined below for which You are responsible under Your Primary Medical Policy, up to the Maximum Annual Outpatient Benefit each calendar year, for You or other Covered Person who is covered under the Primary Medical Policy.

Expenses for Outpatient Benefits include:

- Facility and Physician expenses for outpatient surgery in a Hospital or free-standing outpatient surgery center
- Facility and Physician expenses for outpatient diagnostic testing in a Hospital or free-standing imaging facility or free- standing laboratory
- Hospital and Physician expenses for treatment in an emergency room
- Hospital and Physician expenses for other outpatient treatment in a Hospital
- Hospital and Physician expenses for treatment in an urgent care facility
- Ambulence transportation up to $350
- Independent Lab Expenses for Diagnostic Services

When filing a claim, it is necessary to submit the standard Health Insurance Claim forms in addition to the Explanation of Benefits provided by Your Primary Medical Policy, or other documentation showing amounts for which You are responsible for under the Primary Medical Policy.

What You Get

AMENDMENT RIDERS

( ) Durable Medical Equipment Rider – pays the out-of-pocket amount incurred for durable medical equipment when recommended by a physician and covered by the other medical plan.

EXCLUSIONS

No benefits are payable under the Policy for any expenses incurred:
(a) for Co-payment amounts charged under the Employer's Other Plan including Doctor Office and Prescription Copays.}
(b) for additional services provided in a primary care physician office unless the service is specifically covered under the outpatient diagnostic schedule of benefits.
(c) for non-prescription drug or Outpatient prescription drug charges;}
(d) outpatient routine newborn care (except newborn circumcision;}
(e) rest care or rehabilitative care and treatment;}
(f) voluntary abortion except, with respect to the insured or covered eligible dependent: where the insured or dependent's life would be endangered if the fetus were carried to term or where medical complications have arisen from abortion;}
(g) sex changes;}
(h) experimental treatment, drugs or surgery;}
(i) dental or vision services, including treatment, surgery, extractions or x-rays, unless resulting from an accident occurring while the covered person's coverage is in force and if performed within 12 months of the date of such accident or due to congenital disease or anomaly of a covered newborn child;}
(j) elective cosmetic surgery;}
(k) sterilization or reversal of sterilization;}
(l) for charges that are not eligible for reimbursement under the Employer's Other Plan;}
(m) charges for medical care, treatment and services, or portions thereof, that are in excess of what is deemed allowable by the Employer's Other Plan;} and
(n) for charges for medical care, treatment and services that are incurred at a provider that is not included in the provider network of the Employer's Other Plan, unless otherwise covered under the Employer's Other Plan.}
(o) with respect to Late Enrollees only, during the first 30 days of coverage under the Policy.}
(p) during any period a Covered Person does not have coverage under a Primary Medical Policy.}
(q) for benefits excluded under the Covered Person's Primary Medical Policy.}
(r) due to intentionally self-inflicted injuries, suicide or any attempt thereat while sane or insane;}
(s) due to declared or undeclared war or any act thereof;}
(t) due to the Covered Person's commission of a felony;}
(u) due to work-related Injury or Sickness;} and
(v) from the Covered Person's voluntary participation in a riot, civil commotion or disobedience, or unlawful assembly.}

How to File a Claim

Triada GAP is secondary insurance coverage which means Gap helps cover medical expenses not covered by your major medical insurance after your major medical insurer has processed your claim. There are two ways to file a GAP claim:

Option 1: Make Your Healthcare Provider Do It

If you choose this method for filing your claim, the provider first sends the claim to your major medical insurance. When the provider receives the EOB (Explanation of Benefits) from your major medical insurance, if there is an outstanding balance, your provider sends the claim and the major medical EOB to Triada. Triada processes the claim and if it is a covered benefit under your policy and your major medical insurance applied the expense to your deductible or coinsurance, then Triada sends a payment directly to your provider.

Option 2: File on the Triada Member Portal

Here are the steps for filing a claim on your Triada member portal:

1. Gather the required documentation: the original provider bill with diagnostic codes, the major medical EOB (Explanation of Benefits) and the receipt of payment.

2. Log into your Triada member portal (portal.triada.com).

3. Click on the "**Claims Center**" tab on the left side of the Home screen.

4. Click on "**File a Claim**".

5. Click on the down arrow and choose the correct GAP policy.

6. Click "**Submit**".

7. You will be taken to the "**Messages & Activities**" tab where you will click on the claim that was just initiated.

8. Read the instructions for filing your claim, then click "**Next**".

9. Fill in the claim details. Once the required information is completed, click "**Next**". Please note that the Healthcare provider is not your major medical insurer, it is the person, group or facility that provided your healthcare service.

10. Attach the Itemized provider bill and the Explanation of Benefits from your major medical provider. **Your claim cannot be processed without both documents**. To upload a document, click on the blue file icon on the right of the screen. Choose the document to upload and click "**Open**" then click "**Attach**". When you have attached all the required documentation, click "**Next**".

11. Electronically sign and date your claim and click "**Next**".

12. Electronically sign and date the "Authorization Release of Health Information" and click "Next".

13. Read the "Notice of Information Privacy Practices" and click "**Next**".

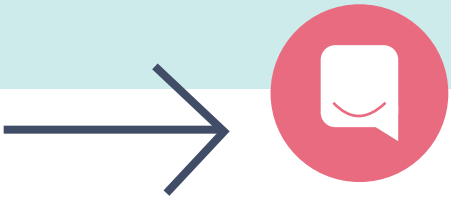
14. Review and click "Next" to submit your claim and you're done!

Talk to a person - 1 (877) 387-4232

Helpful Reminders For Filing Claims:

- Many providers will accept secondary insurance and bill Triada directly on your behalf. If the provider bills us directly, we will provide payment to them directly as well.
- When you file a claim on your member portal, you will need to provide a receipt of payment to be reimbursed directly by Triada.

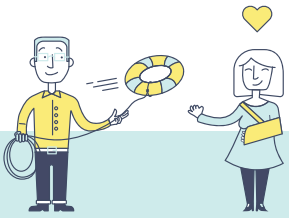
If you need help during the claims filing process, just click on the pink chat icon in the lower left corner of each screen to chat with a Triada customer service representative or call **1-877-387-4232** to speak live with a representative.



Heads Up!

You will receive a welcome letter from Triada that will contain your registration ID for the member portal as well as a digital Triada GAP card.

You'll need this info to log in to your portal!



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