



Deductible Guard

by Gulf Guaranty

pay less out of pocket for healthcare



HOSPITAL INDEMNITY PLAN With Wellness Benefit



WHO IS ELIGIBLE?

Employees and their eligible dependents who are members of the Tennessee Dental Association. *To be eligible for coverage, members must be enrolled in ACA compliant major medical plan.*

PLAN BENEFITS

Option 1: \$3,000 Benefit

Deductible Guard pays up to \$3,000 per covered member for inpatient charges.

Option 2: \$4,000 Benefit

Deductible Guard pays up to \$4,000 per covered member for inpatient charges.

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

COVID-19 Testing: Additional \$50 benefit.

MONTHLY PREMIUMS

	Option 1	Option 2
Employee Only	\$29.00	\$39.00
Employee-Spouse	\$63.80	\$85.80
Employee-Child	\$53.65	\$72.15
Family	\$88.45	\$118.95

*Deductible Guard 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 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. ER charges covered if patient is admitted.

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. *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 Deductible Guard will pay the remaining portion up to the maximum benefit.*



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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. The following examples use the TN Dental Association HSA health plan. Deductible Guard works similarly with any ACA compliant major medical plan.

Jennifer is having a baby Delivery Maternity (2 Day) **		EHDHP Health Plan			EHDHP Health Plan with Deductible Guard		
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	\$9,800	Deductible	\$5,000	\$0	\$1,000	\$4,000	\$0
Physician/Anesthesia	\$3,950	Coinsurance (20%)	\$960	\$3,840	\$960	\$0	\$3,840
		Coinsurance (20%)	\$390	\$3,560	\$390	\$0	\$3,560
Total:	\$13,750		\$6,350	\$7,400	\$2,350	\$4,000	\$7,400

Mary had an accident		EHDHP Health Plan			EHDHP Health Plan with Deductible Guard		
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 (Physician & X-ray)	\$1000	Deductible	\$1000	\$0	\$1,000	\$0	\$0
Specialist Office Visit	\$200	Deductible	\$200	\$0	\$200	\$0	\$0
Outpatient MRI	\$1,200	Deductible	\$1,200	\$0	\$1,200	\$0	\$0
Inpatient Surgery	\$11,100	Deductible	\$2,600	\$0	\$0	\$2,600	\$0
		Coinsurance (20%)	\$1,350	\$7,150	\$0	\$1,350	\$7,150
Total:	\$13,500		\$6,350	\$7,150	\$2,400	\$3,950	\$7,150

Brad had a stroke		EHDHP Health Plan			EHDHP Health Plan with Deductible Guard		
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 (Inpatient Transfer)	\$1,600	Deductible	\$1,600	\$0	\$0	\$1,600	\$0
Inpatient Admission (2 Days)	\$16,360	Deductible	\$3,400	\$0	\$1,000	\$2,400	\$0
		Coinsurance (20%)	\$1,350	\$11,610	\$1,350	\$0	\$13,980
Total:	\$17,960		\$6,350	\$11,610	\$2,350	\$4,000	\$14,460

* Claim amount represents the allowed amount after the network discount is applied to the gross billed charge. Examples are for illustrative purposes only. This product is not endorsed by or affiliate with any major medical plan.

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