

# GAP Plan Employee Guide



## Everglades University

**Effective Date: 1/1/2026**

*Health insurance exists to help financially protect you with medical expenses.*

However, once your major medical plan pays its portion, out-of-pocket expenses can remain. The **Fidelity Security Life Insurance Company (FSL) GAP Plan** offers an effectual way to help pay the extra costs that remain and keep your family financially secure.

The FSL GAP Plan provides benefits in tandem with your major medical plan, reimbursing you for a portion of the costs associated with your health plan's deductibles, coinsurance and co-payments. If you and your family are enrolled in your employer's health plan, you and your family cannot be turned down because of your medical history.

### Product Features

- Expenses must be covered by your major medical plan and be subject to the medical plan deductible, copays and/or coinsurance.

*This information can be found in your major medical plan's explanation of benefits.*

- This plan's benefit year matches your major medical plan's benefit year.
- Pregnancy-related expenses are covered the same as any other sickness under the FSL GAP plan. All Covered charges are subject to the inpatient benefit maximum.
- You cannot be turned down because of medical history
- Benefits are limited to the difference between the benefits paid by your major medical plan and the actual outpatient expenses incurred. This includes any deductible, copayment or coinsurance.

### Hospital Confinement Benefit

Covered charges for treatment for injury or sickness are subject to the inpatient per person maximum benefit and include:

- hospital confinement
- hospital emergency room for injury
- hospital emergency room for sickness if hospital confined within 24 hours of the emergency room treatment (see Outpatient Benefit for additional coverage)

- ambulance transportation to the hospital if hospital confined within 24 hours of transportation to the hospital
- durable medical equipment provided while hospital confined
- you or your covered spouse's newborn child from the moment of birth until discharged from the hospital

### Outpatient Benefit

Covered charges for treatment for injury or sickness are subject to the outpatient per person maximum benefit and include:

- hospital, physician's office, outpatient surgical, emergency surgical, emergency facility or a diagnostic testing facility
- hospital emergency room for sickness if not hospital confined within 24 hours of the emergency room treatment
- ambulance transportation to the hospital if not hospital confined within 24 hours of transportation to the hospital
- durable medical equipment provided while treated at an outpatient facility

*This plan does not cover expenses incurred for an examination by a physician in a physician's office or urgent care facility. Benefits qualify for reimbursement either as inpatient or outpatient, but not both.*

## Benefits

Individual Inpatient Benefit Maximum per Insured per Benefit Period	\$2,500
Outpatient Benefit Maximum per Insured per Calendar Day	\$500

## Limitations & Exclusions

**Limitations.** *If an Insured Person did not have a Major Medical Plan on his or her effective date under the Policy, the Company's sole obligation will be to refund all premiums paid for that Insured Person.*

**Exclusions.** *The Policy does not provide any benefits for the following: 1) any expenses incurred during any period the Insured Person does not have coverage under a Major Medical Plan; 2) war, declared or undeclared (does not apply to acts of terrorism); 3) suicide or any attempt thereat, while sane or insane; 4) any intentionally self-inflicted injury or sickness, while sane or insane; 5) any loss while the Insured Person is in the service of the Armed Forces of any country (orders to active military service for training purposes of two months or less will not constitute service in the Armed Forces. Upon notice to the Company of entering the Armed Forces, the Company will return to the Insured Person pro rata any premium paid, less any benefits paid, for any period during which the Insured Person is in such service); 6) any expense for which there is no legal obligation to pay, no charge is made or in the absence of coverage, no charge would be made; 7) dental or vision services unless: a. resulting from an injury occurring while the Insured Person's coverage under the Policy is in force; or b. due to congenital disease or anomaly of a dependent newborn child; 8) mental illness or functional or organic nervous disorders, regardless of the cause; 9) treatment of alcoholism, drug addiction or complications thereof; 10) any Injury that occurs while an Insured Person has been determined to be intoxicated: a. by judicial or administrative judgment or order; b. by evidence of an alcohol concentration in the Insured Person's blood, breath or urine which equals or exceeds the limits set by applicable motor vehicle laws; or c. by other evidence demonstrating the Insured Person was under the influence of any alcohol, narcotic, barbiturate or hallucinatory drug, unless administered on the advice of a physician and taken according to the prescribed dosage and the use of such substance was a proximate cause of the Injury; 11) injury or sickness for which compensation has been paid under any Workers' Compensation Law, any Occupational Disease Law or similar legislation; 12) any loss for which the Insured Person is not required to pay a Deductible, Copayment and/or Coinsurance under his or her Major Medical Plan; 13) any expense for which benefits are excluded under the Insured Person's Major Medical Plan; or 14) an Insured Person engaging in any act or occupation which is a violation of the law of the jurisdiction where the loss or cause of loss occurred. A violation of law includes both misdemeanor and felony violations.*

Policies are issued and underwritten by Fidelity Security Life Insurance Company (FSL). FSL is located at 3130 Broadway, Kansas City, Missouri, and has been rated A (Excellent) based on an analysis of financial position and operating performance by A.M. Best company, an independent analyst of the insurance industry. For the latest rating, access [www.ambest.com](http://www.ambest.com). Administration by AmWins Group Benefits, LLC, 50 Whitecap Dr, North Kingstown, RI 02852.

In the case of conflict between this brochure, the certification of insurance and the Group Master policy, the language of the Master Policy is overriding. Policy Form No. M-9190, R-3095, Policy No.: MG-169. Not available in all states.

Underwritten by:



**Fidelity Security  
Life Insurance Company**  
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