

Humana Accident

Summary of benefits

This policy offers the flexibility to vary coverage by selecting one of four benefit levels. There are no annual maximums. Benefits start all over with each accident, and are paid in addition to any other coverage the employee has.

Product base	Group			
Coverage type	Accident Insurance that provides expense reimbursement for actual charges up to policy maximum. Provides off-the-job coverage for accidental injuries, hospital care, and accidental death benefits. There is no coverage for sickness. Coverage is available to the insured, spouse, and children.			
BENEFITS & FEATURES	LEVEL ONE	LEVEL TWO	LEVEL THREE	LEVEL FOUR
Accident medical expense Pays the actual expenses up to the amount selected for diagnosis or treatment by a physician or in an emergency room. Emergency room visits are limited to three per calendar year.	\$500	\$1,000	\$2,000	\$4,000
Ground ambulance Pays actual expenses up to the amount selected if injury requires group ambulance transportation. Limit one trip per accident.	\$75	\$150	\$300	\$450
Air ambulance Pays actual expenses up to the amount selected if injury requires air ambulance transportation. Limit one trip per accident.	\$150	\$300	\$600	\$900
Hospital indemnity Pays a benefit equal to the amount selected if an injury requires inpatient hospital confinement, including a room charge, which starts within 30 days after the accident. The benefit is limited to 30 days per accident. <i>For policies issued in New York, Hospital Indemnity levels 1 – 4 are \$150, \$160, \$160, and \$160.</i>	\$75	\$150	\$300	\$450
First hospitalization Pays a benefit once per year per covered person for an accident; must be admitted for at least 24 hours	\$250	\$500	\$1,000	\$2,000
Accidental death, dismemberment, and loss of sight (AD&D) <ul style="list-style-type: none"> Loss of life Any combination of two or more hands, feet, or eyes Loss of single hand, foot, or eye Multiple fingers and/or toes Single finger or toe 	Employee benefit amounts listed below. Spouse benefit is 50% and dependent child(ren) benefit is 25% of the employee amounts.			
	\$25,000	\$50,000	\$75,000	\$100,000
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	\$12,500	\$25,000	\$37,500	\$50,000
	\$2,500	\$5,000	\$7,500	10,000
	\$1,250	\$2,500	\$3,750	\$5,000
Common carrier accidental death, dismemberment, and loss of sight (death benefit displayed)	\$50,000	\$100,000	\$150,000	\$200,000

BENEFITS & FEATURES (continued)	LEVEL ONE	LEVEL TWO	LEVEL THREE	LEVEL FOUR
Fracture and dislocation benefit Pays a percentage of the benefit selected based upon the fracture or dislocation:	\$750	\$1,500	\$3,000	\$6,000
	FRACTURES: <ul style="list-style-type: none">• Hip bone (pelvis) or femur: 100%• Vertebra: 75%• Skull (depressed or ping-pong fracture): 65%• Leg (tibia or fibula): 50%• Bones of the foot, ankle, kneecap, hand, wrist, or forearm (radius of ulna): 40%• Lower jaw, shoulder blade, collar bone: 35%• Upper arm, upper jaw, skull (simple, non-depressed fracture): 25%• Facial bones (or nose): 20%• Finger, toe, rib, coccyx: 6%		DISLOCATIONS: <ul style="list-style-type: none">• Hip: 100%• Knee (does not include dislocation of the patella): 50%• Foot (does not include dislocation of the toes), ankle, or shoulder: 35%• Hand (does not include dislocation of fingers), lower jaw, wrist, or elbow: 20%• Finger, toe: 6%	
Total disability premium waiver	If the insured becomes disabled before age 60 and as the result of injuries suffered in an accident, premiums will be waived after six months of total and continuous disability.			
Portability	Prior to age 70, employees can take their coverage with them if they leave their employer regardless of whether the master policy remains in effect.			
CHOOSE OPTIONS TO OFFER TO YOUR EMPLOYEES				
On-the-job coverage	Provides coverage for accidental injuries covered by Workers’ Compensation or occupational disease law. Expands all base benefits and elected optional benefits to 24-hour coverage.			
Hospital intensive care unit benefit	Pays a daily benefit when a covered person is confined to a hospital intensive care unit as a result of injuries suffered in a covered accident. The benefit is payable for a maximum of 30 days for any one accident. Benefits are paid per day at:			
	LEVEL ONE	LEVEL TWO	LEVEL THREE	LEVEL FOUR
	\$150	\$300	\$600	\$900
Family member travel / lodging benefit	\$200 per day for up to 30 days for lodging of a family member due to travel for an insured’s covered accident, payable up to three trips per year. 100 miles from residence. Expenses include: mileage of personal car; fares of common carrier; meals; and lodging. Does not cover expenses of air or ground ambulance.			
Loss of work	Provides waiver of premium to employees due to authorized strike, lockout, layoff, or job elimination. 30-day elimination period. Maximum benefit period is six months per occurrence; lifetime benefit maximum of 12 months.			

Well-being Benefit

Only available in the following states:

AL, AZ, AR, DE, DC, FL (51+),
GA, HI, IL, IA, KS, KY, MA, ME,
MI, MS, MO, NE, NV, NJ, NM,
NC, OH, OK, OR, PA, RI, SC, SD,
TN, TX, UT, VT, VA, WV, WI
and WY

A results oriented well-being benefit that rewards members for making positive lifestyle modifications. Offered as an Employer selectable rider for Employee, Spouse, Child and Families featuring two components Wellness Screening and Lifestyle Reward

Wellness Screening

Benefit pays for 21 covered tests including mammograms, colonoscopies, and stress tests. Indemnity based and payable once per calendar year per insured. Coverage is same for all insureds on the certificate. **\$50 \$75 \$100**

Lifestyle Reward Program. *Not available for policies issued in NJ*

Benefit pays covered members for making healthy life-style changes once a diagnosis of one of six conditions is detected. The six covered conditions are: Obesity, Hypertension, High Cholesterol, Diabetes, Cancer, and Coronary Artery Disease

Members will receive an initial enrollment cash payout of **\$25, \$50 or \$75** for enrolling in one of the covered programs. Covered programs include Smoking Cessation, Weight Management, Health Coaching or Dietician/Nutrition Counseling

Members will receive an additional cash payout of **\$50, \$75, \$100 or \$150** for completion of enrolled program.

Completion is defined as 3 months of involvement for covered programs or 3 visits for the dietician/nutrition counseling

Eligibility

- Employee issue ages 18-70
- Employee actively at work full-time, benefit eligible employees working at least 20 hours per week. *For policies issued in VT, eligible employees must work at least 17.5 hours per week.*
- Spouse issue ages 18-70; ineligible if employee is denied
- Child issue ages 0-25; ineligible if employee is denied' *For policies issued in CT and IN, child issue ages are 0-26*

Termination age

Age 70 unless actively at work, then on last day of active employment.

Benefits and riders may vary by state and may not be available in all states.

This is not a complete disclosure of plan qualifications and limitations. Please access our website to obtain a completed list for the Workplace Voluntary Benefit product at Disclosure.Humana.com. Please review this information before applying for coverage. The amount of benefits provided depends on the plan selected. Premiums will vary according to the selection made. THIS POLICY PROVIDES LIMITED BENEFITS.

Policy: 8016

Insured by Kanawha Insurance Company, a Humana company, Humana Insurance of New York, and Humana Insurance Company.



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Product specifications

States	AL, AZ, AR, CO, CT, DE, DC, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, ME, MA, MI, MS, MO, MT, NE, NV, NY, NJ, NM, NC, ND, OH, OK, OR, PA, RI, SC, TN, TX, UT, VT, VA, WV, WI, & WY.
Underwriting guidelines Application version and edition may vary by state. Please use latest approved edition for your state.	GUARANTEE ISSUE Participation requirement: Less than 25 - Not eligible 25 – 299 - 10 participants 300+ - 10 participants or 2%, whichever is greater
Effective date of coverage	Coverage is effective on date selected by the employer for initial enrollment, or on the first premium due date for later enrollees.
Waiting period	None
Children's coverage	Newborn children are covered from birth provided they are added to the policy within 31 days, adopted children are covered at adoption, coverage for stepchildren may be added; unmarried dependent children are eligible for coverage until age 25. Dependent children are ineligible for coverage if the employee is denied coverage. Children are eligible for the same benefit as employee. Coverage terminates at 26.
Plan types	<ul style="list-style-type: none">• Employee• Employee & spouse• Employee & child(ren)• Family
Individual eligibility	Full-time benefit eligible employees working at least 20 hours per week. <i>For policies issued in VT, eligible employees must work at least 17.5 hours per week.</i>
Employer eligibility	Minimum group size is twenty-five eligible employees or ten payors.
Portability	Full Portability: Prior to age 70, employees can take their coverage with them if they leave their employer regardless of whether the master policy remains in effect.
Conversion	Conversion is not available. <i>For policies issued in MD, coverage can be converted to coverage most nearly similar to employee's certificate, and cover those persons insured by the policy, if then eligible for insurance under the terms of the conversion policy. Conversion is not available when Kanawha terminates the policy.</i>
Enrollment form	52000

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