

# Humana Hospital Indemnity

## Summary of benefits

Humana Hospital Indemnity pays your employees a cash benefit when they're hospitalized. They can use the cash benefits however they want – to help pay medical bills or everyday living expenses such as housing, car payments, utility bills, childcare, groceries, and credit card bills.

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| <b>Product base</b>  | Group  |
| <b>Coverage type</b> | Provides expense reimbursement for hospital confinement up to the policy maximum. Optional enhanced coverage for intensive, cardiac, and burn unit hospital stays as well as for accidents and critical illnesses. Coverage is available to the insured, spouse, and the children. |

### BENEFITS & FEATURES

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| <b>Hospital Indemnity</b> | If a covered person is confined as an inpatient in a hospital, the selected benefit is paid for a maximum of 30 days per confinement. Available in \$100 and \$165. |
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| <b>Waiver of Premium</b> | A covered person's premium is waived if he or she becomes totally disabled for at least 90 days and after the effective date of coverage. There is no lifetime maximum. The waiver of premium benefit is limited to a maximum of 12 consecutive months per disability. |
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### CHOOSE OPTIONS TO OFFER TO YOUR EMPLOYEES THAT ARE HSA COMPATIBLE

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| <b>First Admission</b> | Available in \$100 increments from \$100 to \$2,000. One-time lump sum per year. |
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### CHOOSE OPTIONS TO OFFER TO YOUR EMPLOYEES THAT ARE NOT HSA COMPATIBLE

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| <b>Ambulance</b> | Air/Ground: \$50/\$100, \$100/\$200, \$150/\$300 per day. Maximum of 4 days for air and 4 days for ground per covered person per year. |
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### PLAN PROVISIONS

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| <b>Pre-existing conditions</b> | If a member has a pre-existing condition that is diagnosed or symptoms occurred in the 12 months prior to policy effective date, no benefits will be paid for the first 12 months after the policy effective date. |
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| <b>Eligibility</b> | <ul style="list-style-type: none"><li>• Employee issue ages 18-90</li><li>• Full-time, benefit eligible employees, actively at work and working at least 20 hours per week.</li><li>• Spouse issue ages 18-90; ineligible if employee is denied</li><li>• Child issue ages 0-25; ineligible if employee is denied</li></ul> |
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| <b>Termination age</b> | Age 99 unless actively at work, then on last day of active employment. |
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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 products at [Disclosure.Humana.com](https://www.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: 8019

Insured by Humana Insurance Company of New York



[Humana.com](https://www.humana.com)

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|  |   |
|--|---|
| <b>Product Availability</b>  | New York  |
| <b>Underwriting guidelines</b><br>Application version and edition may vary by state.<br>Please use latest approved edition for your state.<br><i>For underwriting questions, please consult the current version of the GCAOAXCHH Voluntary Benefits Case Underwriting and Application Guide.</i> | <b>GUARANTEE ISSUE</b> <ul style="list-style-type: none"><li>• Less than 300 – not eligible</li><li>• 300-499 – 20% participation</li><li>• 500-4,999 – 15% participation</li><li>• 5,000+ - Submit to underwriting for review</li></ul> <b>CONTINGENT GUARANTEE ISSUE</b> <ul style="list-style-type: none"><li>• Less than 300 – not eligible</li><li>• 300-499 – 15% participation</li><li>• 500-4,999 – 10% participation</li><li>• 5,000+ - Submit to underwriting for review</li></ul> <b>SIMPLIFIED ISSUE</b> <ul style="list-style-type: none"><li>• Less than 300 – not eligible</li><li>• 300+ – minimum of 10 participants or 2%, whichever is greater</li></ul> |
| <b>Effective date of coverage</b>  | Coverage is effective on date selected by the employer for initial enrollment, or on the first premium due date for later enrollees.  |
| <b>Waiting period</b>  | 300-day waiting period on maternity.  |
| <b>Plan types</b>  | <ul style="list-style-type: none"><li>• Employee</li><li>• Employee &amp; Spouse</li><li>• Employee &amp; Child(ren)</li><li>• Family</li></ul>   |
| <b>Individual eligibility</b>  | Full-time, benefit eligible employees, actively at work and working at least 20 hours per week.<br>Spouse and child are ineligible if employee is denied.   |
| <b>Employer eligibility</b>  | Minimum group size is 300 eligible employees.   |
| <b>Portability</b>   | No Portability  |
| <b>Enrollment form</b>   | 52000   |

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