Humana Accident Insurance

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 se or treatment by a physician or in an emergence room visits are subject to a \$50 deductible.	_	\$500	\$1,000	\$1,500	\$2,000
Ground ambulance Pays actual expenses up to the amount selecte group ambulance transportation. Limit one tri		\$250	\$500	\$750	\$1,000
Air ambulance Pays actual expenses up to the amount selected if injury requires air ambulance transportation. Limit one trip per accident.		\$250	\$500	\$750	\$1,000
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.		\$75	\$150	\$225	\$300
Accidental death, dismemberment, and loss of sight (AD&D)		Employee amounts listed below. Spouse benefit is 50% and dependent child(ren) benefit is 25% of the employee amounts.			
• Loss of life		\$5,000	\$10,000	\$15,000	\$20,000
• Any combination of two or more hands, feet, or eyes		\$5,000	\$10,000	\$15,000	\$20,000
 Loss of single hand, foot, or eye 		\$2,500	\$5,000	\$7,500	\$10,000
Multiple fingers and/or toes		\$500	\$1,000	\$1,500	\$2,000
Single finger or toe		\$250	\$500	\$750	\$1,000
	If the insured become premiums will be wai				d in an accident,
Portability	Full Portability				
Convertibility	Not Applicable				



Pays a percentage of the benefit selected based upon the fracture or dislocation:	 FRACTURES: 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% 	 Foot (does not include dislocation of the toes), ankle, or shoulder: 35% Hand (does not include dislocation of 			
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	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:				
	\$150 \$300	\$450 \$600			
Accident total disability	Pays a monthly benefit if the insured becomes totally disabled as a result of injuries suffered in a covered accident. Benefits are payable for a maximum of 12 months for any one accident at: \$400 \$500 \$600 \$700 \$800 \$900 \$1,000 per month. Elimination Periods: 1, 7, 14, or 30 days				
PLAN PROVISIONS					
Eligibility	 Employee issue ages 18-67 Full-time, benefit eligible employees actively at work and working at least 20 hours per week Spouse issue ages 18-67; ineligible if employee is denied Child issue ages 0-25; ineligible if employee is denied. 				
Termination age	Age 70 unless actively at work, then on last d	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 products 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: 7006

To Contact the California Department of Insurance call **1-800-927-4357**, or visit **www.insurance.ca.gov** Insured by Kanawha Insurance Company, a Humana company.



Humana Accident Insurance

Product specifications

States	California		
Underwriting guidelines	GUARANTEE ISSUE		
Application version and edition may vary by state. Please use latest approved edition for your state.	Participation Requirements		
	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	 Employee Employee & spouse Employee & child(ren) Family 		
Individual eligibility	Full-time, benefit eligible employees actively at work and working at least 20 hours per wee		
Employer eligibility	Minimum group size is twenty-five eligible employees or ten payors.		
Portability (7006)	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.		
Enrollment form	52000		

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