Humana Critical Illness and Cancer

Summary of Benefits

Consider coverage that helps protect your employees, their families, and their assets in the event of a critical illness. Specialized benefits supplement other health insurance when employees may be most vulnerable: during the working years. Benefit payments can assist in covering a variety of expenses associated with a critical illness: out-of-pocket medical care costs, home healthcare, travel to and from treatment facilities, rehabilitation, and other expenses.

Product Base	Group				
Coverage Type	Critical Illness insurance pays a lump sum benefit for heart/stroke, cancer, and other critical illnesses.				
BENEFIT & FEATURES					
Benefit Amount	Employee: • \$10,000 to \$50,000	 Dependents: Spouse: \$5,000 to \$25,000: Equal to half of the employee's coverage. Child: \$5,000 for each eligible child 			
Vascular Conditions	100% of benefit amount paid at diagnosis for Heart attack and Stroke.				
Cancer Conditions Not eligible to receive cancer benefits until completion of the 30 day waiting period after the policy effective date.	Skin Cancer: \$500 one-time lifetime benefit. Invasive Cancer; Malignant Melanoma; Carcinoma in Situ: 25% benefit. If invasive cancer, carcinoma in Situ or Skin Cancer is diagnosed during the waiting period, the insured has the option to cancel all coverage under this Policy and receive a refund of premiums paid for all insureds persons provided that no benefits have been paid.				
Other Critical Illnesses	100% of benefit amount paid at diagnosis for: Major organ transplant, other than heart; End- stage renal failure; Alzheimer's Disease.				
Waiver of Premium for Disability	Waives an employee's premium if he or she becomes totally disabled for at least 180 days after the effective date of coverage. For employees ages 18-55.				
Additional occurrence benefit	Pays 50% of the original benefit one time only when Proof of Loss is received showing that a covered person has been diagnosed with one of the other covered Critical Illnesses for which had not previously paid a benefit.				
Portability	Prior to age 70, employees can take their coverage with them if they leave their employer regardless as to whether the master policy remains in effect.				
CHOOSE OPTIONS TO OFFER TO YOUR E	MPLOYEES				
Benefit Recurrence	Benefit limited to 50% of original benefit if diagnosed with same condition if insured has been treatment free for at least 12 months. One pay out per insured for Coronary Artery Disease, Carcinoma in Situ and Skin Cancer paid once per lifetime.				
Well-being Rider Benefit	A results oriented well-being benefit that rewards members for making positive lifestyle modification Offered as an Employer selectable rider for Employee, Spouse, Child and Families. Wellness Screening Benefit pay for 21 covered tests including mammograms, colonoscopies and stress tests. Indemnity based and payable once per calendar year per insured. Coverage is for all insureds on the certificate. \$50 \$75 \$100				
Takeover	 <u>550</u> 575 5100 Provides credit towards the pre-existing condition limitation and coverage waiting periods for up to 12 months (subject to confirmation of prior coverage). Available at time of original certificate issue only Requires copy of previous Master Policy, schedule of benefits, and bill or list of covered insureds prior to quoting. 				



PLAN PROVISIONS					
Pre-existing Conditions	If a member has a pre-existing condition that is diagnosed or symptoms occurred in the 6 months prior to policy effective date, no benefits will be paid for the first 6 months after the policy effective date.				
Eligibility	 Employee issue ages 18-64 Full-time, benefit eligible employees, actively at work and working at least 20 hours per week Spouse issue ages 18-64; 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 day of active employment.				

Employees to be covered by the Critical Illness Certificate must also have coverage under at least major medical insurance, or at least basic hospital and basic medical insurance. Employees must complete the CERTIFICATION OF MEDICAL COVERAGE form included with their Certificate and return it to us. If Employees are not covered by at least major medical insurance, or at least basic hospital and basic medical insurance on the Effective Date of their Certificate, their Certificate will be voided from its beginning with a full premium refund.

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: 8011

Insured by Humana Insurance Company of New York.



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Product specifications

State	NEW YORK					
Underwriting guidelines	GUARANTEE ISSUE Employee:					
Application version and edition may vary by state. Please use latest approved edition for your state		Eligible Employees	Participation	Benefit		
		Under 25 Not eligible		ible		
		25 – 299	10 qualifying participants	\$10,000 or \$15,000		
For underwriting questions, please consult the current version of the GCA0AXCHH Voluntary Benefits Case Underwriting and Application Guide.		300 - 999	20%	\$20,000		
		1,000 - 4,999	15%	\$25,000		
		5,000+	15%	\$30,000		
		Dependent:				
		 25-299: \$5,000 or \$7,500 spouse; \$5,000 child 				
		• 300+: Submit to ι	underwriting for review			
	SIMPLIFIED ISSUE• Employee - 10 qualifying participants or 2%, whichever is greater - up to \$50,000300+ Eligible• Spouse - 50% of employee amount up to \$25,000 • Child - 50% of employee amount up to \$5,000					
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	 Not eligible to receive cancer benefits until completion of the 30-day waiting period after the policy effective date Not eligible to receive health screening benefit until completion of the 30-day waiting period after the policy effective date. 					
			ment until completion of the s	so-day waiting period		
Children's Coverage	after the policy e Newborn children are adopted children are dependent children a	effective date. e covered from birth provi covered at adoption, cove re eligible for coverage un	ded they are added to the pole erage for stepchildren may be ntil age 25. Dependent childre overage terminates at 26.	licy within 31 days, added; unmarried		
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