

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.

Product base	Group
Coverage type	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	
Hospital Indemnity	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 increments from \$100 to \$1,000.
Waiver of Premium	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.
CHOOSE OPTIONS TO OFFER TO YOUR EMPLOYEES THAT ARE HSA COMPATIBLE	
First Admission	Available in \$100 increments from \$100 to \$2,000. One-time lump sum per year.
Emergency Treatment	Available in \$25 increments from \$25 to \$400 per day. Three day maximum per year. Emergency Treatment must be provided at Hospital Emergency Room or an Urgent Care Facility. <i>For policies issued in KS, Emergency treatment at an Urgent Care facility is not a covered benefit.</i>
Inpatient Surgical	50% or 100% of selected hospital indemnity benefit per day. Surgery must take place while confined as an inpatient in a Hospital. Two day maximum per year.
Outpatient Surgical	25%, 50%, 75% or 100% of inpatient surgical benefit max 2 days per year. Surgery takes place on an outpatient basis in a Hospital or Ambulatory Surgical Center. This benefit does not include surgery performed in an Emergency Room. Must be purchased with the Inpatient Surgical.
Child Major Condition Conditions: Downs Syndrome; Juvenile Diabetes (Type 1); Cerebral Palsy; Cleft Palate; Cystic Fibrosis; Spina Bifida	Available in \$1,000 increments from \$1,000 to \$5,000. Limited to diagnosis of one of the covered conditions per lifetime.
Diagnostic X-ray	Available in \$25 increments from \$50 to \$200. Per diagnosis for a covered illness or disease or accident (per day). Maximum two days per covered person per year. <i>For policies issued in KS, Diagnostic X-ray benefit not available.</i>
Intensive Care Unit (ICU)/Cardiac Care Unit (CCU)/Burn Unit	Pays two times the selected hospital indemnity benefit when a covered person is confined to an intensive care unit, cardiac care unit, or burn unit; maximum of 30 days per calendar year.
Outpatient Lab	\$25 or \$50 per diagnosis for a covered illness or disease or accident (per day). Maximum of three days per covered person per year. <i>For policies issued in KS, Outpatient Lab benefit not available.</i>
Post-Hospitalization	\$25, \$50, \$75, \$100 per visit. Maximum of five visits per year. <i>For policies issued in KS, Post-Hospitalization benefit not available.</i>
Rehabilitation	Available in \$50 increments from \$50 to \$200 per day for confinement in a Rehabilitation unit after a period of hospital confinement. 30 day maximum.

Wellness

Only available in the following states: HI and MN

\$25, \$50, \$75, \$100, \$150 for tests for the diagnosis or treatment of a covered condition. Maximum of one per covered person per year.

Well-being Benefit

Only available in the following states:

AL, AZ, AR, DE, DC, FL(51+), GA, IL, IN, IA, KS, KY, LA, ME, MA, MI, MS, NE, NM, NV, NC, OH, OK, 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

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

Accident

Available in \$50 increments from \$100 to \$500. Maximum of three per year.

Critical Illness

One time payout for a covered condition. Once payout has been made tier is exhausted. Does not replenish. Spouse benefit is 50% of Employee. Child benefit is 25% of Employee.

Tier 1

Conditions: Chronic Kidney Disease; Carcinoma in Situ; Benign Brain Tumor; Guillain-Barre; or West Nile Virus

\$500-\$1,000- selectable in \$250 increments

Tier 2

Conditions: Alzheimer's Disease; Diabetes (insulin dependent); Parkinson's Disease; or Loss of Independent Living

\$1,000-\$3,000- selectable in \$500 increments

Tier 3

Conditions: Heart Attack; Stroke; End-Stage Renal Failure; Coma; Permanent Paralysis; Severe Burns (3rd degree); Loss of Speech; Loss of Hearing; Loss of Sight; Occupational HIV; Amyotrophic Lateral Sclerosis (ALS) (Lou Gehrig's Disease); Multiple Sclerosis; Invasive Cancer; or Major Organ Transplant 30 day wait on cancer

\$2,000-\$50,000-selectable in \$1,000 increments

CHOOSE OPTIONS TO OFFER TO YOUR EMPLOYEES THAT ARE NOT HSA COMPATIBLE

Ambulance

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. *For policies issued in DC, ambulance benefit is included.*

Family Member Travel/Lodging

\$200/day for up to 30 days for lodging of a family member due to travel for a covered person's covered accident. Covered expenses include personal car mileage, common carrier fares, meals, and lodging; maximum of three trips per year and within 100 miles of the residence. Does not cover expenses of air or ground ambulance.

Benefit Restoration

Only available with Critical Illness Tiers

Restores 50% of the critical illness tier for covered condition. One restoration per lifetime.

PLAN PROVISIONS

Pre-existing conditions

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. *For policies issued in FL, MI, or SD, the pre-existing condition limitation is 6 months prior/6 months after the policy effective date. For policies issued in NM or WY, the pre-existing condition limitation is 6 months prior/12 months after the policy effective date.*

Eligibility

- Employee issue ages 18-90
- Full-time, benefit eligible employees, actively at work and 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 18-90; ineligible if employee is denied
- Child issue ages 0-25; ineligible if employee is denied

Termination age

Age 99 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 products at [Disclosure.Humana.com](https://www.humana.com/disclosure). 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 Kanawha Insurance Company, a Humana Company, or Humana Insurance Company.



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Underwriting guidelines Application version and edition may vary by state. Please use latest approved edition for your state. <i>For underwriting questions, please consult the current version of the GCA0AXCHH Voluntary Benefits Case Underwriting and Application Guide.</i>	GUARANTEE ISSUE	<ul style="list-style-type: none">• Less than 300 – not eligible• 300-499 – 20% participation• 500-4,999 – 15% participation• 5,000+ - Submit to underwriting for review
	CONTINGENT GUARANTEE ISSUE	<ul style="list-style-type: none">• Less than 300 – not eligible• 300-499 – 15% participation• 500-4,999 – 10% participation• 5,000+ - Submit to underwriting for review
	SIMPLIFIED ISSUE	<ul style="list-style-type: none">• Less than 300 – not eligible• 300+ – minimum of 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	300-day waiting period on maternity. <i>For policies issued in OH, 270-day waiting period on maternity. For policies issued in KS, no waiting period on maternity.</i>	
Plan types	<ul style="list-style-type: none">• Employee• Employee & Spouse• Employee & Child(ren)• Family	
Individual eligibility	Full-time, benefit eligible employees, actively at work and 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> Spouse and child are ineligible if employee is denied.	
Employer eligibility	Minimum group size is 300 eligible employees.	
Portability	No Portability	
Enrollment form	52000	

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