Humana Supplemental Health

HUMANA. Specialty Benefits

Pennsylvania

Rivers Casino Pittsburgh

Coverage provides payments, in addition to your medical plan, when you're hospitalized. You'll immediately receive the payments – there's no coordination of benefits.

Coverage type	Group supplemental health product that provides indemnity benefits for hospitalization, emergency room, doctor visits, intensive care unit (ICU), surgery, lab/X-ray, and wellness.
Benefit plan	Package Three **Hospital indemnity:** If a covered person is confined as an inpatient in a hospital, pays $300 per day for 60 days per confinement. **Hospital first occurrence:** If a covered person is confined as an inpatient in a hospital for the first time during a calendar year, pays $500 per day for days one and two, and $750 per day for days three and four.
Additional included benefits	**Takeover:** Waives the pre-existing condition limitation and coverage waiting periods for up to 12 months (subject to confirmation of prior coverage). To receive the Takeover benefit, groups must meet 50+ eligible lives, 50% employer contribution, and 50% participation. Note: Underwriting review will be required. **Waiver of premium:** Maximum waiver of premium benefit is limited to a total of 12 consecutive months per disability. This waives an employee's premium if he or she becomes totally disabled for at least 90 days after the effective date of coverage. There is no lifetime maximum. ❑ **Diagnostic X-ray/lab:** Pays $50 per test in a hospital; $40 if in a doctor's office or clinic. Maximum of five tests per year for individual or 10 per family.* ❑ **Emergency/urgent care treatment:** If a covered person receives emergency treatment, pays $150 per day for emergency room; $120 for urgent care; maximum of two per year for individual, four per family. ❑ **Health screening benefit:** $100 per year. Maximum of one test per covered person per calendar year or three tests per family. Benefit pays per calendar year for covered health screenings. There are 18 covered tests including colonoscopies and stress tests. There is a 90-day waiting period.* ❑ **Intensive care unit (ICU)/cardiac care unit (CCU)/burn unit:** Pays $600 per day when a covered person is confined to a intensive care unit, cardiac care unit, or burn unit; maximum of 30 days per year. ❑ **Outpatient office visit:** Pays $75 benefit per office visit. Maximum of two visits per condition per year; maximum of five visits per insured per year. Maximum of 10 per family. ❑ **Surgical schedule:** Pays $1,000 when a covered person undergoes surgery, which includes a 25% anesthegic benefit, 10% benefit for physician visit before surgery and 5% second opinion benefit.

*** Note:** Benefit cannot be collected under multiple provisions of the certificate. Specifically, if the wellness benefit is included, then the benefit will be paid under the most appropriate and remaining section of the certificate.

Additional plan information	Coverage can be continued through COBRA. Waiting Period for maternity is 300 days.

This quote requires Underwriting approval based on the SIC code entered. Benefits and rates may be subject to change.

Underwritten by Kanawha Insurance Company, a Humana company.

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.

Policy: 8015
Underwritten by Kanawha Insurance Company

Humana Supplemental Health rates

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Humana Supplemental Health rates

Displaying bi-weekly payroll deductions based on monthly premium calculation including Emergency/Urgent Care Treatment, ICU/CCU/Burn Unit, Surgical Schedule, Diagnostic Lab X-Ray, Outpatient Doctor Office Visits, and Health Screening Benefit.

Benefit:	Package Three							
	Non Tobacco				Tobacco			
Age	Employee	Employee & Spouse	Employee & Children	Family	Employee	Employee & Spouse	Employee & Children	Family
18-35	$36.97	$72.81	$67.63	$89.29	$45.98	$85.38	$76.60	$101.86
36-49	$38.76	$76.40	$69.39	$92.99	$48.18	$89.56	$78.81	$106.16
50-59	$48.42	$95.86	$72.34	$106.91	$60.35	$112.39	$84.22	$123.52
60-64	$62.45	$123.96	$85.32	$134.15	$77.87	$145.41	$100.67	$155.65

The proposed rates are for an effective date no later than January 1, 2013.