

Humana Accident 2012

Group product base

Kansas

Eudora USD 491

This policy offers the flexibility to vary your 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 in place. Payroll deduction for your premiums makes it easy, too.

Product base	Group
Coverage type	Accident Insurance that provides expense reimbursement for actual charges up to policy maximum. Covers 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.

Benefit amount

Level One

- **Accident medical expense:** Pays the actual expenses up to the amount selected for diagnosis or treatment by a physician or in an emergency room. Emergency room visits are limited to three per calendar year. \$ 500
- **Ground ambulance:** Pays actual expenses up to the amount selected if injury requires ground ambulance transportation. \$ 75
- **Air ambulance:** Pays actual expenses up to the amount selected if injury requires air ambulance transportation. \$ 150
Limit one trip per accident.
- **Hospital indemnity:** Pays a benefit equal to the amount selected if an injury requires inpatient hospital confinement, including a room charge, that starts within 30 days after the accident. The benefit is limited to 30 days per accident. \$ 75

This is not a complete disclosure of plan qualifications and limitations. 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: 8016

Underwritten by Kanawha Insurance Company, a Humana company.



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Benefit amount

- **Accidental death, dismemberment and loss of sight (AD&D):** (Employee amounts listed below. Spouse is 50% and dependent child(ren) is 25% of the employee amounts.)

Loss of life	\$ 25,000
Any combination of two or more hands, feet, or eyes	\$ 25,000
Loss of single hand, foot or eye	\$ 12,500
Multiple fingers and/or toes	\$ 2,500
Single finger or toe	\$ 1,250

- **Common carrier accidental death, dismemberment and loss of sight** \$ 50,000

- **Fracture and dislocation benefit:** Pays a percentage of the benefit selected based upon the fracture or dislocation. \$ 750

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 or ulna)	40%
• Lower jaw, shoulder blade, collar bone	35%
• Upper arm, upper jaw, skull (simple, non-depressed fracture)	25%
• Facial bones	20%
• Finger, toe, rib, coccyx	6%

Dislocations

• Hip	100%
• Knee (does not include dislocation of the patella)	50%
• Foot (does not include dislocation of the toes), ankle or shoulder	35%
• Hand (does not include dislocation of fingers), lower jaw, wrist or elbow	20%
• Finger, toe	6%

- **First hospitalization benefit:** Once per year for an accident; must be admitted for at least 24 hours. \$ 250

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Total disability premium waiver: If the insured becomes disabled before age 60 and as the result of injuries suffered in an accident, premiums will be waived after six months of total and continuous disability. Limit of 12 months per disability.

Portability	Yes. Policyholders can port coverage if they leave their employer regardless if master contract is active.
Eligibility	Employee issue ages 18-70. Employee Actively at Work Full-time, benefit eligible employees working at least 20 hours per week. Spouse issue ages 18-70; 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.
Additional plan information	Spouse includes domestic partners where allowed by state and employer.

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Humana Accident 2012 rates

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Displaying monthly payroll deductions based on monthly premium calculation.

Benefit:	Level One Benefit			
	EMPLOYEE	EMPLOYEE & SPOUSE	EMPLOYEE & CHILDREN	FAMILY
AGE				
18-70	\$11.66	\$17.25	\$25.00	\$30.94

The proposed rates are for an effective date no later than September 1, 2016.

This brochure is presented as a matter of general information for illustrative sales purposes only.
This quote requires Underwriting approval based on the SIC code entered. Benefits and rates may be subject to change.



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