



## Supplemental Health Insurance Coverage for WorkSmart Systems

### Cash benefits help pay for hospital visits

Average length of a hospital stay: 4.8 days

— *Centers for Disease Control and Prevention*

Humana Supplemental Health is Kanawha Insurance Company Policy Form 8015. Underwritten by Kanawha Insurance Company – a member of the Humana family of companies. Benefits outlined in this brochure are supplemental and not intended to cover all medical expenses. Not all benefits will be available in all states and benefits may vary by state. For complete information, refer to the policy documents.

• Humana Supplemental Health pays cash benefits when you're hospitalized.

• You can use the benefits however you want – to help pay medical bills or everyday living expenses such as housing, car payments, utility bills, childcare, groceries, and credit card bills.

### • Base benefits of supplemental health

- › Hospital indemnity: Pays the selected benefit per day if a covered person is confined as an inpatient in a hospital
- › Hospital first occurrence: Pays the selected benefit per day up to four days if a covered person is confined as an inpatient in a hospital for the first time during a calendar year
- › Waiver of premium: 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. Maximum waiver of premium benefit is limited to a total of 12 consecutive months per disability.
- › Covers pre-existing conditions after 12 months from the date of policy

### • Enrollment is easy

• Streamlined enrollment process with no medical exam required. There are only a few questions to answer and premiums are paid through payroll deduction, providing you with the insurance protection you need.

## Supplemental Health

Humana Supplemental Health pays a cash benefit when you're hospitalized. You can use the cash benefit however you want – to help pay medical bills or everyday living expenses such as housing, car payments, utility bills, childcare, groceries, and credit card bills.

### Benefit plan

**Hospital indemnity:** If a covered person is confined as an inpatient in a hospital, pays \$100 per day for up to 15 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 \$250 per day up to four days. Total benefit maximum is \$1,000.

**Waiver of premium:** 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. Maximum waiver of premium benefit is limited to a total of 12 consecutive months per disability.

## Rates for Supplemental Health

Monthly premium

Benefit:	Package One							
	Non Tobacco				Tobacco			
Age	18 – 35	36 – 49	50 – 59	60 - 64	18 – 35	36 – 49	50 – 59	60 - 64
Employee	\$13.92	\$13.15	\$17.59	\$24.67	\$16.85	\$15.88	\$21.42	\$30.28
Employee & Spouse	\$25.59	\$24.06	\$32.93	\$47.11	\$29.67	\$27.88	\$38.28	\$54.94
Employee & Child(ren)	\$23.42	\$22.82	\$23.04	\$29.46	\$26.35	\$25.55	\$26.87	\$35.07
Family	\$32.52	\$31.19	\$36.96	\$50.64	\$36.60	\$34.99	\$42.33	\$58.49

## How Would Humana Supplemental Health Work for Me?

Following is an example, based on WorkSmart coverage and premiums:

### **Sample Employee Information:**

**Age:** 25 years old at enrollment

**Tobacco Use in the 12 Months Prior to Enrollment:** No

**Medical Plan/Coverage Elected:** Traditional PPO Plan

**Humana Supplemental Health Coverage Elected:** Employee + Spouse

**Humana Premium via Payroll Deduction:** \$28.49/month (\$341.88/year)

### **Sample of Benefits Payable:**

- 1. Covered Individual:** Employee  
**Reason for Hospitalization:** Childbirth/Cesarean Section Delivery  
**Days Hospitalized:** Four (4)

**Estimated Cost: \$7,806\***

Physician Services: \$1,887

Hospital Services (4 days): \$5,155

Anesthesia (1.25 hours): \$765

**Humana Reimbursement: \$1,400**

Hospital First Occurrence (\$250/day): \$1,000

Hospital Indemnity (\$100/day): \$400

- 2. Covered Individual:** Employee's Spouse  
**Reason for Hospitalization:** Removal of Appendix  
**Days Hospitalized:** Four (4)

**Estimated Cost: \$9,830\***

Physician Services: \$1,018

Hospital Services (4 days): \$8,309

Anesthesia (1 hour): \$503

**Humana Reimbursement: \$1,400**

Hospital First Occurrence (\$250/day): \$1,000

Hospital Indemnity (\$100/day): \$400

\* Price is based on average fee that providers in zip code 46202 accept as payment from an insurance company. The participant's portion of this amount will vary depending on the employee's medical plan deductible and coinsurance amounts.

The above examples are for illustration purposes only. Your out-of-pocket expense and/or reimbursement will vary based on procedure, provider, location and your plan election. The Plan Certificates provide a more complete explanation of terms of coverage, limitations and exclusions. The Certificates will supersede if there is a difference between the Certificate and this summary.