

FAQ's

What is the waiting period?

Cancer, hernia(s), adenoids and appendix or tonsils – (6) months unless treated on an emergency basis.

Pregnancy and childbirth – (10) months.

No benefits are provided or paid under this policy for care or treatment of any covered person donating an organ occurring during the first (12) months from the date of the policy.

Is a Conditional receipt required to be given for ALL products?

Yes, anytime a check or money order payment is received with the application.

What are my options for having my bank account drafted?

(1 – 28 only) Bank draft dates must be kept between the 1st and the 28th day of the month.

How is the Hospital Cash Plan different from a traditional medical plan?

Medical insurance reimburses the insured, or provider, for covered and approved medical services, procedures, equipment and prescription drugs. The Hospital Cash Plan pays a lump sum payment directly to the insured for a covered hospital confinement, outpatient surgery and emergency injury or sickness.

Does the insured have to be employed to enroll in the Hospital Cash Plan?

No. Enrollment is not dependent on current or future employment. As long as the insured pays the premiums on time, coverage is guaranteed renewable to age 70.

Hospital Cash Plan



Are there limits to how the benefit can be used?

No. The benefit can be used for any purpose the policy owner chooses.

Will the insured be taxed on the lump sum that is received?

Policy proceeds may be considered taxable, however, please consult your tax advisor for more information.

Can the policy be terminated for any reason?

A policy can be terminated for no payment after a 30 day grace period, upon request in writing by the policy owner, and on the anniversary date of the policy following the insured / owners 70th birthday.

Hospital Cash Plan

FAQ's (cont'd)

If the policy were to lapse, can it be reinstated?

If a policy has terminated for the reason of non-payment after the 30-day grace period, a reinstatement application must be submitted.

Can payments be directed to a beneficiary?

Benefits are paid directly to the insured; however, the insured can designate an alternate beneficiary.

Are benefits coordinated with other insurance, if any?

No. The benefits are paid directly to the policy owner regardless of any other insurance coverage.

Do benefit amounts differ for family members?

No. Unlike some other types of policies that cover spouses and children at a reduced percentage, the Hospital Cash Plan policy provides the full benefit to each covered family member.

Is the lump sum benefit for the entire family or each individual?

Each individual has coverage at the benefit amount selected at the time of purchase.

What rate should a couple / family receive if the husband and wife are in different age bands?

It is better for the insured if the younger spouse is the primary insured. Rates are illustrated in the product collateral.

Who is Humana and will they be around when it comes time to pay my claim?

Humana Inc., headquartered in Louisville, KY, is one of the nation's largest publicly traded health benefits companies. The Hospital Fund plan is underwritten by Kanawha Insurance Company, which was established in 1958 and has an A-rating by A.M. Best. For more information concerning Humana Inc., please visit www.humana.com.

If a covered person goes to the ER and is then admitted to the hospital, will they be paid the \$150 for ER or the \$250 for hospital confinement or both?

Both as long as they have receipts for treatment in both areas of coverage.

Does there have to be a medical reason (good one) to go to the ER.

Yes.

Emergency Room Care means medical treatment of a Covered Person that:

- is by or under the direction of a Doctor;
- is due to a Sickness or Injury;
- is provided in a Hospital emergency room;
- results in a fee being charged; and
- unless provided at once, would jeopardize the Covered Person's life or cause serious damage or impairment to one or more of the Covered Person's bodily functions.