

Voluntary Term Life

Coverage	Loss	Benefit
Life insurance	Death	Your beneficiary will receive an amount equal to your elected Voluntary Life amount.
Accidental death or bodily injury (AD&D)	<p>Death as the result of an accident</p> <p>As the result of an accident, loss of both hands or feet; loss of sight of both eyes; loss of one hand and one foot; loss of one hand or one foot and sight of one eye; loss of speech and hearing; total paralysis (quadriplegia)</p> <p>As the result of an accident, loss of one hand; loss of one foot; loss of sight of one eye; partial paralysis (Paraplegia & Hemiplegia)</p>	<p>Your beneficiary will receive an amount equal to your elected Voluntary Life amount.</p> <p>You will receive an amount equal to your elected Voluntary Life amount.</p> <p>You will receive an amount equal to one-half of your elected Voluntary Life amount.</p>
Seat belt or helmet benefit	<p>The following benefit is part of your Accidental Death or Bodily Injury Benefit. Except as modified below, all policy terms, conditions, and limitations apply.</p> <p>If you die as a direct result of bodily injuries sustained in an automobile accident while driving or riding in a private passenger car, or while driving or riding a motorcycle and:</p> <ul style="list-style-type: none"> You were wearing a properly fastened seat belt in the correct position in an automobile accident; or You were wearing a properly fitted and fastened motorcycle helmet in a motorcycle accident; and The correct position of a seat belt or the use of a properly fitted and fastened motorcycle helmet was certified by the investigating officer or included in the official police report of the accident; and A copy of the police accident report is submitted with the claim for this benefit. 	<p>We will increase the amount of your benefit by 10%, but not less than \$1,000, nor by more than \$10,000.</p> <p>If we are unable to determine whether you had been wearing a properly fastened seat belt in the correct position or wearing a properly fitted and fastened motorcycle helmet, we will pay a benefit of \$1,000 to your beneficiary.</p>
Terminal illness benefit	Life-threatening sickness or bodily injury with a life-expectancy of 24 months or less. You must have continuous coverage a minimum of 6 months in order to qualify.	50% of the life insurance benefit to a maximum benefit of \$50,000. Minimum benefit request must be at least \$5,000.

The total benefit for all losses resulting from the same accident will be limited to the one type of loss which provides the greatest benefit. In addition, Accidental Death or Bodily Injury benefits are not paid for death, dismemberment, blindness, or paralysis that occurs more than one year after the accident. Please review the Voluntary Term Life Insurance Certificate of Insurance for a complete list of Limitations and Exclusions.



Enrollment Options

- Eligible associates may enroll for coverage up to a maximum of \$500,000 or six times salary, whichever is less. The coverage you select will be in addition to your basic life insurance amount, if you are eligible to receive that benefit. Additionally, the voluntary life coverage amount cannot cause the total insurance amount, including basic and voluntary life coverages, to exceed \$3,000,000.
- You must elect coverage for yourself in order to choose coverage for your spouse/partner or dependent children.
- Spouse/Partner coverage may be no more than 50% of associate coverage, up to a maximum of \$250,000.
- You may elect coverage of \$10,000 for dependent children ages six months to the limiting age. The elected coverage is limited to \$2,500 for newborn children to six months.
- Associates age 70+ are limited to a benefit amount of \$50,000. Spouses/partners age 70+ are limited to \$25,000. If an associate or spouse/partner turns age 70 during the plan year, these coverage limits will apply for the next plan year.

Annual salary means your annual earnings at the time of loss, excluding overtime, shift differential and bonus pay. For commissioned sales associates only, annual salary means base pay plus targeted incentive.

Available coverage amounts are as follows:

Associate	Spouse/Partner	Dependent children
\$50,000	\$25,000	\$10,000
\$100,000	\$50,000	
\$150,000	\$75,000	
\$200,000	\$100,000	
\$250,000	\$125,000	
\$300,000	\$150,000	
\$350,000	\$175,000	
\$400,000	\$200,000	
\$450,000	\$225,000	
\$500,000	\$250,000	

Eligibility to participate

Active, full-time and part-time associates scheduled to work at least 20 hours per week may enroll for voluntary term life insurance. You may enroll your legally recognized spouse or domestic partner. You may also enroll your dependent children. The limiting age for covered dependents is the child's 26th birthday. Children of domestic partners/extended family members may be eligible for coverage under this plan if they meet the definition of dependent above. However, other extended family members are not eligible.

If you and your spouse/partner are eligible associates, you may separately elect coverage under the plan. However, you cannot have duplicate coverage as both an associate and a dependent. If you and your spouse/partner have dependents you wish to cover, they may only be covered under one plan. If a dependent child becomes an eligible associate, he or she cannot be covered both as your dependent and as an eligible associate.

Waiver of premium

If you are totally disabled for at least six consecutive months prior to age 60, you can continue life insurance coverage and waive the premium until you reach age 70. At that time, your coverage would terminate.

Conversion privilege

If your coverage has been in effect for at least three years, you may convert the amount of voluntary term life coverage at the time of termination less any amount of life insurance you become eligible for within 31 days after termination.

Designating a Beneficiary

You should choose a beneficiary for your plan. In the event of your death, if you don't choose a beneficiary, your benefit will be paid in the following order: legal spouse, children, your estate.

In addition, if you elect coverage for your spouse/partner, you should also choose a beneficiary for their plan. If you don't, the benefit will be paid to you. You are automatically assigned as the beneficiary for any child coverage you elect.

For yourself or a spouse/partner, if you list a child under the age of 18 as beneficiary, Guardianship of Estate of a Minor Child will have to be appointed by the Court System. Otherwise, the child will have to wait until age 18 to receive disbursement. If you do list a child under 18, by law, the funds cannot be used to pay for funeral expenses.



Cost of Your Coverage

The cost for Voluntary Life insurance depends on your age and your spouse/partner's age as of January 1 (beginning of the plan year), whether you're a smoker or non-smoker (must be tobacco free for twelve months to be considered a non-smoker), and the amount of coverage you select.

The biweekly costs for coverage are shown in the chart below. For your children, you may select coverage of \$10,000. Each child will have \$10,000 coverage for the same one rate.

Available coverage amounts are as follows:

Voluntary Life Rates per \$10,000 of coverage			
Age	Associate Non-Smoker	Associate Smoker	Spouse/ Partner
Under 30	\$0.24	\$0.58	\$0.40
30 - 34	\$0.30	\$0.70	\$0.52
35 - 39	\$0.38	\$0.92	\$0.56
40 - 44	\$0.51	\$1.20	\$0.71
45 - 49	\$0.70	\$1.65	\$1.05
50 - 54	\$1.06	\$2.49	\$1.65
55 - 59	\$1.78	\$4.22	\$2.76
60 - 64	\$3.34	\$7.97	\$4.93
65 - 69	\$5.93	\$14.15	\$8.62
70 - 74	\$9.27	\$22.17	\$13.58
75+	\$15.94	\$39.62	\$23.23

Biweekly cost for dependent children is \$1.27 for \$10,000 of coverage.

Guaranteed Issue for New Hires

For newly hired associates, there are "guaranteed issue" amounts available without proving insurability. For associates, the amount is \$250,000. For spouse/partner, it is \$100,000. If you elect more coverage than the amounts above, the additional coverage will be subject to underwriting. For children, the guaranteed issue is \$10,000.

Guaranteed Issue during Open Enrollment

Associates with current coverage can increase their amount by \$50,000 without proving insurability during open enrollment. Associates newly electing coverage may elect \$50,000 without proving insurability during open enrollment.

Proving Insurability (Underwriting)

During the open enrollment period, all current coverage may be continued without proving insurability. However, all newly elected or increased amounts for associate over \$50,000 or an additional \$50,000 and all spouse/partner amounts will be subject to answering a Health Questionnaire (underwriting). Newly elected coverage for children is not underwritten, but will only be available if the associate has coverage in force.

Coverage Effective Date

All benefit amounts up to the guaranteed issue are effective on the later of the associate's eligibility date, new plan year effective date if during open enrollment, or the date the completed enrollment is received. Amounts above the guaranteed issue (for new hires and during open enrollment) will be effective on the date the insurance company notifies the applicant in writing.

The effective date of coverage for newly elected or increased amounts will be delayed if the associate is not in active status on the effective date. Active status means you are performing all of your customary duties, whether at the regular workplace, business site or another location when required to travel on the job. Coverage for dependents will be delayed if the dependent is confined to a hospital, qualified treatment facility or receiving home health or hospice benefits on the effective date.

The effective date for any newly elected or increased amounts will be the day after the associate returns to active status. For dependents, the effective date will be the day after the dependent is discharged from the facility or qualified practitioner certifies that home health or hospice care is no longer required.

Limitations and Exclusions

This plan also provides Accidental Death or Bodily Injury insurance for Associate and Spouse/Partner. Accidental Death or Bodily Injury Insurance is not available for dependent children.

In the event of death by suicide, whether sane or insane, within the first year of your effective date under the certificate, benefits will be limited to premiums paid. See the Voluntary Term Life Certificate of Coverage for a complete listing of limitations and exclusions for both voluntary life and AD&D coverage.



Insured by Humana Insurance Company

This is a partial list of benefits, limitations and exclusions. Please review the Voluntary Term Life Insurance Certificate of Insurance for a complete list. It is the document upon which benefit payment will be determined. The Certificate of Insurance can be found in the Well-being Center.

Important!

At Humana, it is important you are treated fairly.

Humana Inc. and its subsidiaries do not discriminate or exclude people because of their race, color, national origin, age, disability, sex, sexual orientation, gender, gender identity, ancestry, marital status, or religion. Discrimination is against the law. Humana and its subsidiaries comply with applicable Federal Civil Rights laws. If you believe that you have been discriminated against by Humana or its subsidiaries, there are ways to get help.

- You may file a complaint, also known as a grievance:
Discrimination Grievances, P.O. Box 14618, Lexington, KY 40512-4618
If you need help filing a grievance, call **1-877-320-1235** or if you use a **TTY**, call **711**.
- You can also file a civil rights complaint with the **U.S. Department of Health and Human Services**, Office for Civil Rights electronically through their Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or at **U.S. Department of Health and Human Services**, 200 Independence Avenue, SW, Room 509F, HHH Building, Washington, DC 20201, **1-800-368-1019**, **800-537-7697 (TDD)**. Complaint forms are available at <https://www.hhs.gov/ocr/office/file/index.html>.
- **California residents:** You may also call California Department of Insurance toll-free hotline number: **1-800-927-HELP (4357)**, to file a grievance.

Auxiliary aids and services, free of charge, are available to you. 1-877-320-1235 (TTY: 711)

Humana provides free auxiliary aids and services, such as qualified sign language interpreters, video remote interpretation, and written information in other formats to people with disabilities when such auxiliary aids and services are necessary to ensure an equal opportunity to participate.

Language assistance services, free of charge, are available to you. 1-877-320-1235 (TTY: 711)

Español (Spanish): Llame al número arriba indicado para recibir servicios gratuitos de asistencia lingüística.

繁體中文 (Chinese): 撥打上面的電話號碼即可獲得免費語言援助服務。

Tiếng Việt (Vietnamese): Xin gọi số điện thoại trên đây để nhận được các dịch vụ hỗ trợ ngôn ngữ miễn phí.

한국어 (Korean): 무료 언어 지원 서비스를 받으려면 위의 번호로 전화하십시오.

Tagalog (Tagalog – Filipino): Tawagan ang numero sa itaas upang makatanggap ng mga serbisyo ng tulong sa wika nang walang bayad.

Русский (Russian): Позвоните по номеру, указанному выше, чтобы получить бесплатные услуги перевода.

Kreyòl Ayisyen (French Creole): Rele nimewo ki pi wo la a, pou resevwa sèvis èd pou lang ki gratis.

Français (French): Appelez le numéro ci-dessus pour recevoir gratuitement des services d'aide linguistique.

Polski (Polish): Aby skorzystać z bezpłatnej pomocy językowej, proszę zadzwonić pod wyżej podany numer.

Português (Portuguese): Ligue para o número acima indicado para receber serviços linguísticos, grátis.

Italiano (Italian): Chiamare il numero sopra per ricevere servizi di assistenza linguistica gratuiti.

Deutsch (German): Wählen Sie die oben angegebene Nummer, um kostenlose sprachliche Hilfsdienstleistungen zu erhalten.

日本語 (Japanese): 無料の言語支援サービスをご要望の場合は、上記の番号までお電話ください。

فارسی (Farsi)

برای دریافت تسهیلات زبانی بصورت رایگان با شماره فوق تماس بگیرید.

Diné Bizaad (Navajo): Wóda hí béésh bee hani'í bee wolta'ígíí bich'í' hódíílnih éí bee t'áá jiik'eh saad bee áká'ánída'áwo'déé nika'adoowoł.

العربية (Arabic)

الرجاء الاتصال بالرقم المبين أعلاه للحصول على خدمات مجانية للمساعدة بلغتك

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