

HUMANA INSURANCE COMPANY

Administrative Office: 1100 Employers Blvd, Green Bay, WI 54344, Tel. (800) 544-7001

INDIVIDUAL DENTAL, VISION AND HEARING POLICY

Policyholder name:

Policy number:

Effective date: as of 12:01 a.m.

Premium amount:

Humana Insurance Company agrees to pay *benefits* for *services* rendered to *covered persons*, subject to all the terms and provisions of this *policy*. We reserve the full and exclusive right to interpret the terms of this *policy* and to determine the *benefits* payable thereunder.

Important Notice

Please read the copy of *your* application. Carefully check for errors and report any errors in the information provided in *your* application to *us*. *Your* coverage under this *policy* is issued in consideration of *your* application, which is part of this *policy* and *your* payment of premium as provided herein. An incorrect or incomplete application may cause a *covered person's* coverage to be voided and claims to be reduced or denied if the incorrect or incomplete application is found to be fraudulent.

This *policy* and the insurance it provides, become effective 12:01a.m. (*your* time) of the *effective date* stated above. This *policy* and the insurance it provides, terminates at 12:00 midnight (*your* time) of the date of termination. The provisions stated above and on the following pages are part of this *policy*.

Notice to Buyer

This *policy* provides coverage for limited dental, vision and hearing *services*. THIS POLICY IS NOT A MEDICARE SUPPLEMENT POLICY. If *you* are eligible for Medicare, review the Guide to Health Insurance for People with Medicare available from *us*. If *you* have any questions regarding *your* coverage or if *you* need assistance in resolving a complaint, contact *us*.

Right to Return Policy

You have the right to return this *policy* within 10 calendar days, or 30 calendar days if this *policy* was purchased by direct response of its initial delivery. Direct response refers to a *policy* that was sold by *us* through the mail, telephone, or other media where no agent was involved in the sale or delivery of this *policy*. If *you* choose to return this *policy* within the 10 or 30 day period, *we* will refund any premium that *you* have paid. If *you* return this *policy* within the 10 or 30 day period, it will be void and *we* will have no liability under any of the terms or provisions of this *policy*.

Renewability

Coverage remains in effect at *your* option except as provided in the "Termination" section of this *policy*.



Bruce Broussard
President

**NOTICE TO POLICYHOLDERS REGARDING FILING COMPLAINTS
WITH THE DEPARTMENT OF INSURANCE**

Questions regarding your policy or coverage should be directed to:

**Humana Insurance Company
For Claims: 1-800-833-6917
For all Other Inquiries: 1-800-458-1354**

If you (a) need the assistance of the governmental agency that regulates insurance; or (b) have a complaint you have been unable to resolve with your insurer you may contact the Department of Insurance by mail, telephone or email:

**State of Indiana Department of Insurance
Consumer Services Division
311 West Washington Street, Suite 300
Indianapolis, IN 46204**

Consumer Hotline: 1-800-622-4461; or 1-317-232-2395

Complaints can be filed electronically at www.in.gov/idoi.

NOTICE OF PROTECTION PROVIDED BY THE INDIANA LIFE AND HEALTH INSURANCE GUARANTY ASSOCIATION

This notice provides a brief summary of the Indiana Life and Health Insurance Guaranty Association ("ILHIGA") and the protection it provides for policyholders. ILHIGA was established to provide protection to policyholders in the unlikely event that your life, annuity or health insurance company becomes financially unable to meet its obligations. If this should happen, ILHIGA will typically arrange to continue coverage and pay claims, in accordance with Indiana law, with funding from assessments paid by other insurance companies.

Basic Protections Currently Provided by ILHIGA

Generally, an individual is covered by ILHIGA if the insurer was a member of ILHIGA and the individual lives in Indiana at the time the insurer is ordered into liquidation with a finding of insolvency. The coverage limits below apply only to for companies placed in rehabilitation or liquidation on or after January 1, 2013.

Life Insurance

- \$300,000 in death benefits
- \$100,000 in cash surrender or withdrawal values

Health Insurance

- \$500,000 in basic hospital, medical and surgical or major medical insurance benefits
- \$300,000 in disability and long term care insurance
- \$100,000 in other types of health insurance

Annuities

- \$250,000 in present value of annuity benefits (including cash surrender or withdrawal values)
- \$5,000,000 for covered unallocated annuities

The maximum amount of protection for each individual, regardless of the number of policies or contracts, is \$300,000. Special rules may apply with regard to basic hospital, medical and surgical or major medical insurance benefits.

The protections listed above apply only to the extent that benefits are payable under covered policy(s). In no event will the ILHIGA provide benefits greater than those given in the life, annuity, or health insurance policy or contract. The statutory limits on ILHIGA coverage have changed over the years and coverage in prior years may not be the same as that set forth in this notice.

Note: Certain policies and contracts may not be covered or fully covered. For example, coverage does not extend to any portion(s) of a policy or contract that the insurer does not guarantee, such as certain investment additions to the account value of a variable life insurance policy or variable annuity contract.

To learn more about the protections provided by ILHIGA, please visit the ILHIGA website at www.inlifega.org or contact:

Indiana Life & Health Insurance Guaranty Association
8777 Purdue Road, Suite 360
Indianapolis, IN 46268
317-636-8204

or

Indiana Department of Insurance
311 West Washington Street, Suite 103
Indianapolis IN 46204
317-232-2385

The policy or contract that this notice accompanies might not be fully covered by ILIDGA and even if coverage is currently provided, coverage is (a) subject to substantial limitations and exclusions (some of which are described above), (b) generally conditioned on continued residence in Indiana, and (c) subject to possible change as a result of future amendments to Indiana law and court decisions.

Complaints to allege a violation of any provision of the Indiana Life and Health Insurance Guaranty Association Act must be filed with the Indiana Department of Insurance, 311 W. Washington Street, Suite 103, Indianapolis, IN 46204; (telephone) 317-232-2385.

Insurance companies and agents are not allowed by Indiana law to use the existence of ILIDGA or its coverage to encourage you to purchase any form of insurance (IC 27-8-8-18(a)). When selecting an insurance company, you should not rely on ILHIGA coverage. If there is any inconsistency between this notice and Indiana law, Indiana law will control.

Questions regarding the financial condition of a company or your life, health insurance policy or annuity should be directed to your insurance company or agent.