

Coverage	Loss	Benefit
Life insurance	Death	Your beneficiary will receive \$15,000.
Accelerated death benefit¹	Terminal illness with a life-expectancy of 24 months or less. You must have continuous coverage a minimum of six months in order to qualify.	50 percent of the life benefit amount to a maximum benefit of \$250,000. The final life benefit amount will be reduced by the amount of the accelerated death benefit paid (may vary by state).
Accidental death or bodily injury (AD&D)	Death as the result of an accident	Your beneficiary will receive \$15,000.
	As the result of an accident, loss of: both hands or feet; sight of both eyes; one hand and one foot; one hand or one foot and sight of one eye; complete paralysis (quadriplegia) As the result of an accident, loss of: one hand; one foot; sight of one eye; loss of thumb and index finger of same hand; partial paralysis (paraplegia and hemiplegia)	You will receive \$15,000. 50 percent of the life benefit amount.
AD&D includes the following benefits:		
Common carrier benefit	Death or dismemberment as a fare paying passenger	200 percent of life benefit amount
Seat belt-airbag-helmet benefit	Death as the result of an auto accident while properly using a seat belt, or wearing a properly fitted and fastened motorcycle helmet in a motorcycle accident.	Amount of your accidental death benefit increases by 10 percent, but not less than \$1,000 or more than \$10,000. In addition, we will increase your accidental death benefit by 5 percent, to a maximum of \$5,000 but no less than \$500, for a properly functioning airbag.
Education benefit	Death as the result of an accident	Actual expense to a maximum of \$5,000 or 5 percent of death benefit. Payable up to four years for employee's dependent children or until age 25. Dependent must be a full-time student beyond 12th grade at a college, university or vocational school on the date of the employee's death or within 365 days after the death.
Childcare benefit	Death as the result of an accident	Actual expense to a maximum of \$5,000 or 5 percent of death benefit. For a dependent in a licensed childcare center up to four consecutive years after the employee's death, or until the child's 13th birthday.
Coma benefit	Employee is in a coma caused by a body injury, the coma begins within 365 days after the accident; and the person remains in a coma for more than 31 consecutive days	One time payment of 5 percent of the employee's benefit, subject to a maximum of \$5,000.

Humana Basic life

AD&D includes the following benefits:

Repatriation benefit	Death as the result of an accident	Actual expenses to a maximum of \$5,000 if employee dies as a result of an accidental death at least 150 miles from his/her principal place of resident, and there are expenses for preparing and transporting the employee's body to a mortuary.
Spouse training benefit	Death as the result of an accident	Actual expense to a maximum of \$5,000 or 5 percent of death benefit for one year after the employee's death. Survivor must be enrolled as a student in an accredited school on the date of the employee's death or within 365 days after the death.
Coverage	Loss	Benefit
Dependent insurance	Death of spouse	\$5,000
	Death of dependent child*	\$2,500

¹ Residents of Alabama, Illinois, Indiana, Massachusetts, Michigan, Ohio, Oklahoma, Virginia and Washington must have continuous coverage a minimum of 30 days to qualify for illness coverage. Residents of Texas must have continuous coverage a minimum of six months to qualify for illness coverage. For accidents, coverage begins on the effective date of the policy.

*Some limitations apply.

Age reduction schedule

Beginning at age 65 (or age 70 in schedule three), employee life coverage will reduce based on the benefit amount in force on the employee's 64th birthday (or age 69 in schedule three). Basic Dependent Spouse Life terminates at age 65.

Age	Schedule one
65	35 percent
70	55 percent
75	70 percent
80	80 percent
85+	85 percent

Rate guarantee

Rate is guaranteed not to change for one year from the effective date of the policy.

Eligibility to participate

Active, full-time employees are eligible for coverage.

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. Waiver ends at age 65.

Conversion privilege

If your employment ends, you may be eligible to convert your coverage to an individual whole life insurance policy.

How much life insurance do you need?

The real question is:

How much will your loved ones need for short- and long-term expenses?

According to the American Council of Life Insurers (ACLI), a guideline is a life insurance amount equal to 10 times your annual income. No rule applies to everyone, however, because financial situations and goals vary from person to person and family to family. Use our simple online life insurance calculator at **HumanaLife.com** to help determine your life insurance needs.



Questions?

Check out **HumanaLife.com**

Call 1-800-233-4013 anytime for automated information line or 8 a.m. to 6 p.m. for a customer service representative.

This is not a complete disclosure of plan qualifications and limitations. Please review your Certificate of Insurance for a complete list of benefits. The Certificate of Insurance is the document upon which eligibility and benefit payment will be determined. Your agent/broker will provide you with specific limitations and exclusions as contained in the Regulatory and Technical Information Guide. Please review this information before applying for coverage.

Insured by Humana Insurance Company or Humana Insurance Company of Kentucky.

Humana®

1-800-233-4013 | [HumanaLife.com](https://www.humanalife.com)



Discrimination is Against the Law

Humana Inc. and its subsidiaries comply with applicable Federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability, or sex. Humana Inc. and its subsidiaries do not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Humana Inc. and its subsidiaries provide:

- 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.
- Free language services to people whose primary language is not English when those services are necessary to provide meaningful access, such as translated documents or oral interpretation.

If you need these services, call 1-877-320-1235 or if you use a TTY, call 711.

If you believe that **Humana Inc. and its subsidiaries** have failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

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 the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services

200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201

1-800-368- 1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>

Multi-Language Interpreter Services

English: ATTENTION: If you do not speak English, language assistance services, free of charge, are available to you. Call 1-877-320-1235 (TTY: 711).

Español (Spanish): ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-877-320-1235 (TTY: 711).

繁體中文 (Chinese): 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-877-320-1235 (TTY: 711)。

Tiếng Việt (Vietnamese): CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-877-320-1235 (TTY: 711).

한국어 (Korean): 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-877-320-1235 (TTY: 711)번으로 전화해 주십시오.

Tagalog (Tagalog – Filipino): PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-877-320-1235 (TTY: 711).

Русский (Russian): ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-877-320-1235 (телетайп: 711).

Kreyòl Ayisyen (French Creole): ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-877-320-1235 (TTY: 711).

Français (French): ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-877-320-1235 (ATS : 711).

Polski (Polish): UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-877-320-1235 (TTY: 711).

Português (Portuguese): ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-877-320-1235 (TTY: 711).

Italiano (Italian): ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-877-320-1235 (TTY: 711).

Deutsch (German): ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-877-320-1235 (TTY: 711).

العربية (Arabic):

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-877-320-1235 (رقم هاتف الصم والبكم: 711).

日本語 (Japanese): 注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-877-320-1235 (TTY: 711) まで、お電話にてご連絡ください。

فارسی (Farsi):

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با 1-877-320-1235 (TTY: 711) تماس بگیرید.

Diné Bizaad (Navajo): Díí baa akó nínizin: Díí saad bee yáníłti'go Diné Bizaad, saad bee áká'ánida'áwo'déé', t'áá jiik'eh, éí ná hóló, kóji' hódíílnih 1-877-320-1235 (TTY: 711).