

Regulatory Pre-enrollment Disclosure Guide
Short and Long-Term Disability Income

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Short-Term Disability Income Policy Series # GN-POLDIS 0723 Regulatory Pre-enrollment Disclosure Guide*

Exclusions and Limitations

Exclusions: What Disabilities are not covered?

The Policy does not cover, and We will not pay a benefit for, any Disability:

- 1) Unless You are under the Regular Care of a Physician;
- 2) That is caused or contributed to by war or act of war, whether declared or not;
- 3) Caused by Your commission of or attempt to commit a felony;
- 4) Caused or contributed to by Your being engaged in an illegal occupation;
- 5) Caused or contributed to by an intentionally self-inflicted Injury;
- 6) For which Workers' Compensation benefits are paid, or may be paid, if duly claimed; or
- 7) Sustained as a result of doing any work for pay or profit for another employer, including self-employment.

If You are receiving or are eligible for benefits for a Disability under a prior disability plan that:

- 1) Was sponsored by Your Employer; and
- 2) Was terminated before the Effective Date of The Policy;

no benefits will be payable for the Disability under The Policy.

Pre-existing Condition Limitation: Are benefits limited for Pre-existing Conditions?

We will not pay any benefit, or any increase in benefits, under The Policy for any Disability that results from, or is caused or contributed to by, a Pre-existing Condition, unless, at the time You become Disabled You have been continuously insured under The Policy for 12 consecutive months.

Pre-existing Condition means:

- 1) Any Injury, Sickness, Mental Illness, pregnancy, or episode of Substance Abuse; or
- 2) Any manifestations, symptoms, findings, or aggravations related to or resulting from such Injury, Sickness, Mental Illness, pregnancy, or Substance Abuse;

for which You received Medical Care during the 12 consecutive month period that ends the day before:

- 1) Your effective date of coverage; or
- 2) The effective date of a Change in Coverage.

Medical Care is received when a Physician or other health care provider:

The Short-Term Disability Income product is underwritten by Humana Insurance Company or Humana Insurance Company of New York.

*The Regulatory Pre-enrollment Disclosure Guide only lists the major limitations and exclusions of the plan. Exclusions and Limitations may vary by state and plan design. If there is any conflict between the Policy and this Regulatory Pre-enrollment Disclosure Guide, the Policy controls.

- 1) Is consulted or gives medical advice; or
- 2) Recommends, prescribes, or provides Treatment.

Treatment includes but is not limited to:

- 1) Medical examinations, tests, attendance or observation; and
- 2) Use of drugs, medicines, medical services, supplies or equipment.

Long-Term Disability Income Policy Series # GN-POLDIS 0723 Regulatory Pre-enrollment Disclosure Guide*

Exclusions and Limitations

Exclusions: What Disabilities are not covered?

The Policy does not cover, and We will not pay a benefit for, any Disability:

- 1) Unless You are under the Regular Care of a Physician;
- 2) That is caused or contributed to by war or act of war, whether declared or not;
- 3) Caused by Your commission of or attempt to commit a felony;
- 4) Caused or contributed to by Your being engaged in an illegal occupation; or
- 5) Caused or contributed to by an intentionally self-inflicted Injury.

If You are receiving or are eligible for benefits for a Disability under a prior disability plan that:

- 3) Was sponsored by Your Employer; and
- 4) Was terminated before the Effective Date of The Policy;

no benefits will be payable for the Disability under The Policy.

Pre-existing Condition Limitation: Are benefits limited for Pre-existing Conditions?

We will not pay any benefit, or any increase in benefits, under The Policy for any Disability that results from, or is caused or contributed to by, a Pre-existing Condition, unless, at the time You become Disabled You have been continuously insured under The Policy for 12 consecutive months.

Pre-existing Condition means:

- 1) Any accidental bodily injury, Sickness, Mental Illness, pregnancy, or episode of Substance Abuse; or
- 2) Any manifestations, symptoms, findings, or aggravations related to or resulting from such accidental bodily injury, Sickness, Mental Illness, pregnancy, or Substance Abuse;

for which You received Medical Care during the 3 consecutive month period that ends the day before:

- 1) Your effective date of coverage; or
- 2) The effective date of a Change in Coverage.

Medical Care is received when a Physician or other health care provider:

- 1) Is consulted or gives medical advice; or
- 2) Recommends, prescribes, or provides Treatment.

The Long-Term Disability Income product is underwritten by Humana Insurance Company or Humana Insurance Company of New York.

*The Regulatory Pre-enrollment Disclosure Guide only lists the major limitations and exclusions of the plan. Exclusions and Limitations may vary by state and plan design. If there is any conflict between the Policy and this Regulatory Pre-enrollment Disclosure Guide, the Policy controls.

Treatment includes but is not limited to:

- 1) Medical examinations, tests, attendance or observation; and
- 2) Use of drugs, medicines, medical services, supplies or equipment.

Notice of Non-Discrimination

Humana Inc. and its subsidiaries comply with applicable Federal civil rights laws and do not discriminate or exclude people because of their race, color, religion, gender, gender identity, sex, sexual orientation, age, disability, national origin, military status, veteran status, genetic information, ancestry, ethnicity, marital status, language, health status, or need for health services. Humana Inc.:

- Provides people with disabilities reasonable modifications and free appropriate auxiliary aids and services to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats).
- Provides free language assistance services to people whose primary language is not English, which may include:
 - Qualified interpreters
 - Information written in other languages.

If you need reasonable modifications, appropriate auxiliary aids, or language assistance services contact 877-320-1235 (TTY: 711). Hours of operation: 8 a.m. – 8 p.m., Eastern time. If you believe that Humana Inc. has not provided these services or discriminated on the basis of race, color, religion, gender, gender identity, sex, sexual orientation, age, disability, national origin, military status, veteran status, genetic information, ancestry, ethnicity, marital status, language, health status, or need for health services, you can file a grievance in person or by mail or email with Humana Inc.'s Non-Discrimination Coordinator at P.O. Box 14618, Lexington, KY 40512-4618, 877-320-1235 (TTY: 711), or accessibility@humana.com. If you need help filing a grievance, Humana Inc.'s Non-Discrimination Coordinator can help you.

You can also file a 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, S.W., Room 509F, HHH Building Washington, D.C. 20201. **800-368-1019**, **800-537-7697** (TDD).

California members or residents:

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You may also call the California Department of Insurance toll-free hotline number: **800-927-HELP (4357)**, to file a grievance.

This notice is available at www.humana.com/legal/non-discrimination-disclosure.

Auxiliary aids and services, free of charge, are available to you. **877-320-1235 (TTY: 711)**. Hours of operation: 8 a.m. – 8 p.m., Eastern time.

Humana Inc. and its subsidiaries provide free auxiliary aids and services to people with disabilities when auxiliary aids and services are necessary to ensure an equal opportunity to participate. Services include qualified sign language interpreters, video remote interpretation, and written information in other formats.

English: Call the number above to receive free language assistance services.

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

繁體中文 (Chinese): 您可以撥打上面的電話號碼以獲得免費的語言協助服務。

Tiếng Việt (Vietnamese): Gọi số điện thoại ở trên để nhận các dịch vụ hỗ trợ ngôn ngữ miễn phí.

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

Tagalog (Tagalog – Filipino) Tawagan ang numero sa itaas para makatanggap ng mga libreng serbisyo sa tulong sa wika.

Русский (Russian): Позвоните по вышеуказанному номеру, чтобы получить бесплатную языковую поддержку.

العربية (Arabic): اتصل برقم الهاتف أعلاه للحصول على خدمات المساعدة اللغوية المجانية.

French Creole (Haitian Creole): Kreyòl Ayisyen (French Creole) Rele nimewo ki e dike anwo a pou resevwa sèvis éd gratis nan lang.

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

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

Português (Portuguese): Ligue para o número acima para receber serviços gratuitos de assistência no idioma.

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

日本語 (Japanese): 無料の言語支援サービスを受けるには、上記の番号までお電話ください。

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

فارسی (Farsi): برای دریافت تسهیلات زبانی بصورت رایگان با شماره فوق تماس بگیرید.

हिंदी (Hindi): भाषा सहायता सेवाएं मुफ्त में प्राप्त करने के लिए ऊपर के नंबर पर कॉल करें।

hայերեն (Armenian)։ Չանգահարեք վերը նշված հեռախոսահամարով` անվճար լեզվական օգնության ծառայություններ ստանալու համար։

ગુજરાતી (Gujarati): મફત ભાષા સહાય સેવાઓ મેળવવા માટે ઉપર આપેલા નંબર પર કૉલ કરો.

Hmoob (Hmong) Hu rau tus xov tooj saum toj sauv kom tau txais kev pab txhais lus dawb.