



Humana.

**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.

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, ethnicity, marital status, religion, or language. 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 **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, **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: **800-927-HELP (4357)**, to file a grievance.

Auxiliary aids and services, free of charge, are available to you. 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. 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 béesh 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)

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الرجاء الاتصال بالرقم المبين أعلاه للحصول على خدمات مجانية للمساعدة بلغتك