



DISABILITY

How Humana determines your voluntary disability premium

To help you better understand how Short- and Long-term Voluntary Disability rates are calculated, we have provided the **examples below**.

Voluntary Short-term Disability:

For this example, the employee's weekly salary is \$962 and the Short-term Disability rate is \$0.22 per \$10. The premium is calculated as follows:

Weekly salary	x	Benefit %	=	Benefit total	÷	Rate units	=	Units	x	Rate	=	Monthly premium
\$962		60%		\$577.20		\$10		\$57.72		\$0.22		\$12.69

Voluntary Long-term Disability:

For this example, the salary is \$75,000, the benefit percentage is 60%, the maximum benefit is \$5,000 and the monthly covered payroll rate is \$0.35.

Determine your average monthly salary:

Salary	÷	Months in a year	=	Monthly salary
\$75,000		12		\$6,250

Determine the maximum covered payroll amount:*

Maximum benefit	÷	Benefit %	=	Salary maximum
\$5,000		60%		\$8,333.34

Choose the lesser amount between the monthly salary or covered payroll amount to calculate monthly premium:

Premium	÷	Monthly salary	=	Rate units	=	Units	x	Rate	=	Monthly premium
		\$6,250		\$100		\$62.50		\$0.35		\$21.88 per month

If you need help with rates or have additional questions, contact your Benefits administrator.

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*Premium will be calculated at no more than the maximum benefit selected by your employer.

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Examples are for illustrative purposes only.

Insured by Humana Insurance Company, Humana Insurance Company of Kentucky or Humana Insurance Company of New York. This communication provides a general description of certain identified insurance or non-insurance benefits provided under one or more of our health benefit plans. Our health benefit plans have exclusions and limitations and terms under which the coverage may be continued in force or discontinued. For costs and complete details of the coverage, refer to the plan document or call or write your Humana insurance agent or the company. In the event of any disagreement between this communication and the plan document, the plan document will control.

THIS IS A DISABILITY INCOME POLICY. This policy provides disability income insurance only. It does not provide basic hospital, basic medical, or major medical insurance. A waiting period and/or pre-existing condition exclusion may apply. A pre-existing condition is defined as any injury or sickness the employee received medical care for before the effective date. See policy for complete details. (NEW YORK ONLY: This policy provides disability income insurance only. It does not provide basic hospital, basic medical, or major medical insurance as defined by the New York State Department of Financial Services.)

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 전 화하십시오 .

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'í béésh bee hani'í bee wolta'ígíí bich'í' hódíílnih éí bee t'áá jiik'eh saad bee áká'ánída'áwo'déé nika'adoowol.

العربية (Arabic)

الرجاء الاتصال بالرقم المبين أعلاه للحصول على خدمات مجانية للمساعدة بلغتك