

Humana®

Regulatory Pre-enrollment Disclosure Guide

Voluntary Term Life Insurance and

Accidental Death or Bodily Injury Benefit

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Voluntary Term Life Insurance*

Limited Benefits for Suicide or Self-Inflicted Bodily Injury

In the event of death caused by suicide or intentional self-inflicted bodily injury within the first two years of your effective date under the certificate, benefits will be limited to the premium paid for your coverage. Additionally, in the event of death caused by suicide or intentional self-inflicted bodily injury within the first two years from the date an increase in insurance, other than a scheduled or automatic increase, we will pay the full amount of coverage that was in effect before the increase. Any premium paid by you for the increase will be returned to your beneficiary, and any premium paid by the policyholder for the increase will be returned to the policyholder.

State Specific Limited Benefits for Suicide or Self-Inflicted Bodily Injury

The Voluntary Term Life Insurance limitation is revised as follows:

Colorado, Minnesota, Missouri, Pennsylvania, Wisconsin

In the event of death caused by suicide or intentional self-inflicted bodily injury within the first year of your effective date under the certificate, benefits will be limited to the premium paid for your coverage. Additionally, in the event of death caused by suicide or intentional self-inflicted bodily injury within the first year from the date an increase in insurance, other than a scheduled or automatic increase, we will pay the full amount of coverage that was in effect before the increase. Any premium paid by you for the increase will be returned to your beneficiary, and any premium paid by the policyholder for the increase will be returned to the policyholder.

*****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.

Accidental Death or Dismemberment Benefit*

Limitations and Exclusions

The Accidental Death or Dismemberment Benefit does not cover any loss caused by, contributed to by, or resulting from:

1. Attempted suicide or intentionally self-inflicted bodily injury.

2. The voluntary taking of any sedative or drug, unless prescribed by a physician, or an over the counter drug taken in accordance with the instructions, or the voluntary intake of poison, gas or fumes, unless as the result of an industrial accident.

3. Being intoxicated or under the influence of any unlawful substance, narcotic or hallucinogenic, unless administered on the advice of a physician.

4. Travel or flight in a device of any type for aerial navigation, except as a fare-paying passenger of a licensed passenger airline.

5. Commission of, or attempt to commit, a civil or criminal battery or felony.

6. Driving or operating a motorized vehicle while legally intoxicated or under the influence of illegal substance. Intoxication means that blood alcohol content or the results of other means of testing blood alcohol level meet or exceeds the legal presumption of intoxication under the law of the state where the accident took place.

7. Driving or operating a motorized vehicle with a license that was suspended due to a felony.

8. Bodily injury or sickness contributed to or caused by:

    - War or any act of war, whether declared or not; or
    - Any act of armed conflict, or any conflict involving armed forces of any authority.

9. Service in any armed forces, except if you are in temporary active duty as a reservist for military training that lasts 30 days or less.

10. Bodily or mental infirmity, or its related surgical or medical treatment or any infection unless the direct result of bodily injury, or unless resulting from the accidental ingestion of a contaminated substance.

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11. Participation in a riot, rebellion or insurrection. Participation means taking an active part in common with others. Riot means any use or threat to use force or violence by three or more persons without the authority of law.

12. Participation in hazardous sports, including but not limited to: bungee jumping, motorized vehicle racing, rock climbing, skydiving, parachuting, hang gliding, or ballooning.

13. Disease of any kind, and treatment of the disease.

14. Infection, except septic infection of and through a visible wound accidentally sustained and independent of all physical causes.

15. No benefits are payable under the Child Care Benefit for fees for extra activities that are paid directly to the child care center or care provided by, or at a facility operated by the child's grandparent, parent, aunt, uncle, or sibling, including step-relationships.

16. No benefits are payable under the Coma Benefit when you remain in a coma for less than 31 consecutive days, or for any loss excluded under the certificate.

State Specific Limitations and Exclusions

The Accidental Death or Dismemberment limitations and exclusions are revised as follows:

California

The Accidental Death or Dismemberment Benefit for Employees does not cover any loss caused by or resulting from:

8. Bodily injury or sickness caused by:

   - War or any act of war, whether declared or not; or
   - Any act of armed conflict, or any conflict involving armed forces of any authority;

12. Participation in hazardous sports of skydiving, parachuting, hang gliding, bungee jumping, rock climbing, rodeo events, scuba diving, ballooning, or competitive motor sports;

14. Infection, except septic infection of and through a visible wound accidentally sustained.

Florida

12. Participation in hazardous sports, including: bungee jumping, motorized vehicle racing, rock climbing, skydiving, parachuting, hang gliding, or ballooning.

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Accelerated Death Benefit*

Exclusion for Suicide or Self-Inflicted Bodily Injury

The Accelerated Death Benefit does not cover a Terminal Illness caused by, contributed to by or resulting from an attempted suicide or intentionally self-inflicted bodily injury within the first two years of your effective date.

State Specific Exclusions

The Accelerated Death Benefit limitations and exclusions are revised as follows:

California

The Accelerated Death Benefit does not cover a terminal illness caused by or resulting from an attempted suicide or intentionally self-inflicted bodily injury within the first two years of your effective date.

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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 as well as provides free language assistance services to people whose primary language is not English, including qualified sign language interpreters and written information in other formats.

If you need reasonable modifications, appropriate auxiliary aids, or language assistance services, contact Humana Inc. and its subsidiaries at **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: You may also call the 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). 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।

հայերեն (Armenian): Զանգահարեք 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.

These notices are available at **www.humana.com/legal/non-discrimination-disclosure** and **www.humana.com/legal/multi-language-support**.