



# Humana Disability plans

## LONG-TERM DISABILITY

This benefit summary highlights the standard options. Additional benefit options may be available with underwriting approval. Quoting default options are noted in **BOLD**.

Benefit		10+ size groups	2-9 size groups
<b>Premium contribution</b>	<p><b>Non-contributory:</b> Employer pays 100% of the employee's premium</p> <p><b>Contributory:</b> Employee pays a share of the premium</p> <p><b>Voluntary:</b> Employee pays 100% of the employee's premium</p>	<input type="checkbox"/> Non-contributory <input type="checkbox"/> Contributory <input type="checkbox"/> Voluntary	<input type="checkbox"/> Non-contributory
<b>Benefit percentage</b>	Coverage available to employees if definition of disability is met. The employee will receive payments at the percentage selected up to the monthly benefit maximum.	<input type="checkbox"/> 40% <input type="checkbox"/> 50% <input type="checkbox"/> 55% <input checked="" type="checkbox"/> <b>60%</b> <input type="checkbox"/> 66 <sup>2</sup> / <sub>3</sub> % <input type="checkbox"/> 70% (non-contributory only)	<input type="checkbox"/> 50% <input checked="" type="checkbox"/> <b>60%</b>
<b>Monthly benefit maximum</b>	Maximum benefit will be paid monthly if employee meets the definition of disability.	<p><b>\$6,000</b></p> <p>Other amounts vary</p>	<p><b>\$6,000</b></p> <p>Other amounts vary</p>
<b>Elimination period</b>	Number of consecutive days after becoming disabled before the benefit becomes payable.	<input type="checkbox"/> 90 days <input type="checkbox"/> 120 days <input type="checkbox"/> 150 days <input checked="" type="checkbox"/> <b>180 days</b>	<input type="checkbox"/> 90 days <input checked="" type="checkbox"/> <b>180 days</b>



# Humana Disability plans

## LONG-TERM DISABILITY

This benefit summary highlights the standard options. Additional benefit options may be available with underwriting approval. Quoting default options are noted in **BOLD**.

Benefit	10+ size groups	2-9 size groups
<p><b>Benefit duration</b></p> <p>The length of time disability payments will be made to the employee. Benefits can last until retirement age as defined by Social Security.</p> <p>* Age Discrimination in Employment Act (ADEA)</p>	<p><b>ADEA* 1 (Reducing Benefit Duration or RBD)</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> <b>with Social Security Normal Retirement Age (SSNRA)</b></li> <li><input type="checkbox"/> without SSNRA</li> </ul> <p><b>ADEA 2 (65/5/70)</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> with SSNRA</li> <li><input type="checkbox"/> without SSNRA</li> </ul> <p><input type="checkbox"/> <b>ADEA 3 (to age 70)</b></p> <p><b>Graded Durations</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> 2 years</li> <li><input type="checkbox"/> 5 years</li> </ul>	<p><input type="checkbox"/> <b>ADEA 1 with Social Security normal retirement age (SSNRA)</b></p> <p><b>Graded Durations</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> 2 years</li> <li><input type="checkbox"/> 5 years</li> </ul>
<p><b>Definition of disability</b></p> <ul style="list-style-type: none"> <li>• Employee is prevented from performing one or more of the essential duties of his or her occupation during the elimination period selected.</li> <li>• Employee is prevented from performing essential duties of the occupation and has a specified percentage loss of earnings for period of time selected.</li> <li>• After own occupation period ends, employee is prevented from performing essential duties of “any occupation.”</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> 1-year own occupation</li> <li><input type="checkbox"/> <b>2-year own occupation</b></li> <li><input type="checkbox"/> 3-year own occupation</li> <li><input type="checkbox"/> Own occupation for duration</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> <b>2-year own occupation</b></li> </ul>
<p><b>Pre-existing condition limitation (in months)</b></p> <p><i>Availability varies by state</i></p> <p>A pre-existing condition is any injury or sickness the employee received medical care for.</p> <ul style="list-style-type: none"> <li>• <b>Look-back period:</b> Number of months before the effective date to determine if a medical condition is considered pre-existing.</li> <li>• <b>Insured period:</b> Waiting period, beginning with the effective date of coverage, before the pre-existing condition is covered.</li> </ul>	<p><b>Look-back / Insured:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> <b>3 months / 12 months (non-contributory only)</b></li> <li><input type="checkbox"/> <b>6 months / 12 months</b></li> <li><input type="checkbox"/> 12 months / 12 months</li> <li><input type="checkbox"/> 6 months / 24 months</li> <li><input type="checkbox"/> 12 months / 24 months</li> <li><input type="checkbox"/> 3 months / 9 months (New Hampshire only)</li> </ul>	<p><b>Look-back / Insured:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> <b>3 months / 12 months</b></li> <li><input type="checkbox"/> 12 months / 12 months</li> <li><input type="checkbox"/> 3 months / 9 months (New Hampshire only)</li> </ul>



# Humana Disability plans

## LONG-TERM DISABILITY

This benefit summary highlights the standard options. Additional benefit options may be available with underwriting approval. Quoting default options are noted in **BOLD**.

Benefit	10+ size groups	2-9 size groups
<b>Survivor income benefit</b> If employee dies while receiving disability benefits, survivor receives a lump sum which is equal to three or six times the employee's net monthly benefit prior to death.	<input type="checkbox"/> <b>3x net benefit</b> <input type="checkbox"/> 6x net benefit	<input type="checkbox"/> <b>3x net benefit</b>
<b>Integration method</b> The scheduled disability benefit is reduced by the amounts paid or available to a disabled employee from "Other Income Benefits," such as Social Security Disability, Workers' Compensation Disability, State Mandated Benefits, and Salary Continuation.	<input type="checkbox"/> <b>Direct family</b> <input type="checkbox"/> Direct primary	<input type="checkbox"/> Direct family
<b>Type of disability</b> The degree of disability that is required to collect benefits under the policy.	Residual Disability	Residual Disability
<b>Earnings test</b> The measure of income loss of pre-disability earnings used to determine if an employee meets the definition of disability. The first percentage relates to the Own Occupation period and the second percentage relates to the Any Occupation period.	<input type="checkbox"/> <b>80% / 60%</b> <input type="checkbox"/> 80% / 80%	<input type="checkbox"/> <b>80% / 60%</b>
<b>Return to work incentive</b> The formula used to determine how the amount of the monthly benefit will be calculated.	Greater of proportionate loss formula or direct reduction	Greater of proportionate loss formula or direct reduction
<b>Return to work incentive period</b> Period of time that an employee can earn 100% of the pre-disability earnings between the return-to-work earnings and the Long Term Disability benefit.	<input type="checkbox"/> <b>12 months</b> <input type="checkbox"/> 24 months	<input type="checkbox"/> <b>12 months</b>
<b>Family care credit</b> Additional financial support for a disabled employee for family care responsibilities, like childcare, while they are in a formal rehabilitation program through the insurer.	<b>Maximum Amount / Reduced Amount:</b> \$350 / \$175 per dependent <b>Benefits reduce at:</b> 12 months <b>Total yearly max:</b> \$2,500 <b>Max benefit duration:</b> 24 months	<b>Maximum Amount / Reduced Amount:</b> \$350 / \$175 per dependent <b>Benefits reduce at:</b> 12 months <b>Total yearly max:</b> \$2,500 <b>Max benefit duration:</b> 24 months



# Humana Disability plans

## LONG-TERM DISABILITY

This benefit summary highlights the standard options. Additional benefit options may be available with underwriting approval. Quoting default options are noted in **BOLD**.

Benefit	10+ size groups	2-9 size groups
<p><b>Indexing</b></p> <p>Allows pre-disability earnings to be adjusted due to inflation in the determination of whether a person is still deemed disabled as a result of the disability earnings test in the definition of disability.</p>	<p><b>Indexing waiting period:</b> 12 months</p> <p><b>Duration:</b> Entire duration of claim</p> <p><b>Indexing amount:</b> Lesser of increase in CPI or 10%</p>	<p><b>Indexing waiting period:</b> 12 months</p> <p><b>Duration:</b> Entire duration of claim</p> <p><b>Indexing amount:</b> Lesser of increase in CPI or 10%</p>
<p><b>Mental illness &amp; substance abuse</b></p> <p>Restrictions on the policy that limits the duration of benefits if the employee is disabled due to mental disease, substance abuse, or alcohol abuse and not confined in an institution.</p>	<p><input type="checkbox"/> 12 months combined lifetime</p> <p><input type="checkbox"/> <b>24 months combined lifetime</b></p>	<p><input type="checkbox"/> 12 months combined lifetime</p> <p><input type="checkbox"/> <b>24 months combined lifetime</b></p>
<p><b>Mandatory rehabilitation</b></p> <p>Intended to encourage employees to participate and cooperate with efforts which assist them in returning to work, benefit payments cease after a disability claimant refuses to participate in a rehabilitation program, or refuses to cooperate/try worksite modifications to accommodate medical limitations preventing the claimant from performing essential duties of their occupation.</p>	<p><input type="checkbox"/> <b>Included</b></p> <p><input type="checkbox"/> Not included</p>	<p><input type="checkbox"/> Included</p>
<p><b>Recurrent disability</b></p> <p>A provision in the policy that protects a claimant who recovers and returns to work for a specified period and subsequently goes back out on disability from the same cause without jeopardizing the claimant's status for continued benefits.</p>	<p>50% of the Elimination Period during the Elimination Period, and within 6 months after Elimination Period.</p>	<p>50% of the Elimination Period during the Elimination Period, and within 6 months after Elimination Period.</p>



# Humana Disability plans

## LONG-TERM DISABILITY

The optional benefits below are not included by default. If elected, the quoting default options are noted in **BOLD**.

OPTIONAL benefits	10+ size groups	2-9 size groups
<b>Self-reported limitation / Special conditions limitation</b>	A limit on the benefits due to conditions that cannot be definitively diagnosed by a physician.	<input type="checkbox"/> 12 months lifetime <input type="checkbox"/> <b>24 months lifetime</b>
<b>Activities of daily living (ADL)</b>	Provides additional monthly payment to a claimant who suffers a loss of two or more ADLs. The benefit would pay a percentage of claimant's pre-disability earnings up to the lesser of the Maximum Long Term Disability Monthly Benefit or a specific dollar amount.	<input type="checkbox"/> <b>10%</b> <input type="checkbox"/> 20%
<b>Business protection rider</b>	A provision that provides compensation to a business for losses resulting from the absence of a sole proprietor, partner or member of a Limited Liability Company due to an approved disability.	<input type="checkbox"/> <b>15% for max of \$2,500</b> <input type="checkbox"/> 25% for max of \$5,000
<b>Cost of Living Adjustment (COLA)</b>	An increase made to the benefit to counteract the effects of inflation.	Not available



# Humana Disability plans

## LONG-TERM DISABILITY

The optional benefits below are not included by default. If elected, the quoting default options are noted in **BOLD**.

OPTIONAL benefits	10+ size groups	2-9 size groups
<p><b>Extended earnings protection benefit</b></p> <p>Provides for an additional benefit, for a limited period of time, to a claimant who returns to work but is earning a reduced income so that the employee's earnings recover to a predetermined level.</p>	<p><b>Qualification of benefit:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> <b>Less than 60% of pre disability earnings</b></li> <li><input type="checkbox"/> Less than 80% of pre disability earnings</li> </ul> <p><b>Benefit end date:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Lesser of 3 months or earnings exceed qualification %</li> <li><input type="checkbox"/> Lesser of 6 months or earnings exceed qualification %</li> <li><input type="checkbox"/> <b>Lesser of 12 months or earnings exceed qualification %</b></li> <li><input type="checkbox"/> Lesser of 18 months or earnings exceed qualification %</li> <li><input type="checkbox"/> Lesser of 24 months or earnings exceed qualification %</li> </ul>	<p>Not available</p>
<p><b>Medical premium supplement</b></p> <p>Provides an extra benefit to help cover medical premium costs while an employee is disabled; helps cover the premiums for their medical plan while they have a reduced income (are disabled).</p>	<p><b>Benefit paid to:</b> Claimant</p> <p><b>Benefit amount:</b> <b>Lesser of \$1,200 / \$1,000 / \$800 / \$600 / \$400 or actual amount of premium paid to employee</b></p> <p><b>Duration of benefits:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> 12 months</li> <li><input type="checkbox"/> 18 months</li> <li><input type="checkbox"/> 24 months</li> <li><input type="checkbox"/> 27 months</li> </ul>	<p>Not available</p>



# Humana Disability plans

## LONG-TERM DISABILITY

The optional benefits below are not included by default. If elected, the quoting default options are noted in **BOLD**.

OPTIONAL benefits	10+ size groups	2-9 size groups
<b>Pension contribution benefit</b>	Continues to make contributions to a claimant's pension while their employer contributions have ceased due to the employee being disabled.	15% to \$2,500 with pension elimination period (EP) matching plan EP (where EP is 90, 120, 150, 180, or 365 Days)
<b>Rehabilitation bonus</b>	A "bonus" lump sum payment when a claimant successfully completes an approved plan of rehabilitation.	<input type="checkbox"/> <b>1x monthly benefit</b> <input type="checkbox"/> 3x monthly benefit



# Humana Disability plans

## SHORT-TERM DISABILITY

This benefit summary highlights the standard options. Additional benefit options may be available with underwriting approval. Quoting default options are noted in **BOLD**.

Benefit	10+ size groups	2-9 size groups
<p><b>Premium contribution</b></p> <p><b>Non-contributory:</b> Employer pays 100% of the employee's premium  <b>Contributory:</b> Employee pays a share of the premium  <b>Voluntary:</b> Employee pays 100% of the employee's premium</p>	<p><input type="checkbox"/> Non-contributory  <input type="checkbox"/> Contributory  <input type="checkbox"/> Voluntary</p>	<p><input type="checkbox"/> Non-contributory</p>
<p><b>Benefit selection</b></p> <p><input type="checkbox"/> Benefit percentage</p> <p>The employee will receive payments at the <b>percentage selected</b> up to the weekly benefit maximum.</p> <p><b>Maximum benefit</b> will be paid weekly if employee meets the definition of disability. Based on the top five salaries of the group – <i>only available if benefit percentage option is selected.</i></p>	<p><b>Benefit percentage:</b></p> <p><input type="checkbox"/> 40%  <input type="checkbox"/> 50%  <input type="checkbox"/> 55%  <input checked="" type="checkbox"/> <b>60%</b>  <input type="checkbox"/> 66 2/3% (non-contributory)</p> <p><b>Weekly benefit maximum:</b></p> <p><input checked="" type="checkbox"/> <b>Up to \$1,500</b></p>	<p><b>Benefit percentage:</b></p> <p><input type="checkbox"/> 50%  <input checked="" type="checkbox"/> <b>60%</b></p> <p><b>Weekly benefit maximum:</b></p> <p><input type="checkbox"/> \$500 (2-3 lives)  <input type="checkbox"/> \$1,000 (4-9 lives)</p>
<p><input type="checkbox"/> Flat dollar amount</p>	<p><input type="checkbox"/> \$250</p>	<p>Not available</p>





# Humana Disability plans

## SHORT-TERM DISABILITY

This benefit summary highlights the standard options. Additional benefit options may be available with underwriting approval. Quoting default options are noted in **BOLD**.

Benefit	10+ size groups	2-9 size groups
<p><b>Elimination period</b>      Number of consecutive days after becoming disabled before the benefit becomes payable.</p> <p><b>Example:</b> elimination period selected is 1st day accident / 8th day sickness. The insured will be covered on the first day if unable to work due to an accident. The insured will be covered on the 8th day if unable to work due to a sickness under doctor's orders.</p>	<p><b>Benefits for accident begin on day:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> 1</li> <li><input type="checkbox"/> 4</li> <li><input checked="" type="checkbox"/> <b>8</b></li> <li><input type="checkbox"/> 15</li> <li><input type="checkbox"/> 30</li> </ul> <p><b>Benefits for sickness begin on day:</b></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> <b>8</b></li> <li><input type="checkbox"/> 15</li> <li><input type="checkbox"/> 30</li> </ul>	<p><b>Accident / Sickness / Benefit Duration:</b></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> <b>8 days / 8 days / 13 weeks</b></li> <li><input type="checkbox"/> 8 days / 8 days / 12 weeks</li> <li><input type="checkbox"/> 8 days / 8 days / 25 weeks</li> <li><input type="checkbox"/> 8 days / 8 days / 26 weeks</li> <li><input type="checkbox"/> 15 days / 15 days / 11 weeks</li> <li><input type="checkbox"/> 15 days / 15 days / 13 weeks</li> <li><input type="checkbox"/> 15 days / 15 days / 25 weeks</li> <li><input type="checkbox"/> 15 days / 15 days / 26 weeks</li> <li><input type="checkbox"/> 30 days / 30 days / 9 weeks</li> <li><input type="checkbox"/> 30 days / 30 days / 13 weeks</li> <li><input type="checkbox"/> 30 days / 30 days / 22 weeks</li> <li><input type="checkbox"/> 30 days / 30 days / 26 weeks</li> </ul>
<p><b>Benefit duration</b>      The length of time disability payments will be made to the employee.</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> 8 to 26 weeks</li> <li><input checked="" type="checkbox"/> <b>13 weeks</b></li> <li><input checked="" type="checkbox"/> <b>26 weeks</b></li> </ul>	<p>See "Elimination Period" options</p>
<p><b>Definition of disability</b>      Employee is prevented from performing one or more of the essential duties of their occupation and has a specified percentage loss of earnings for period of time selected.</p>	<ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> <b>Own job</b></li> <li><input type="checkbox"/> Own occupation</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Own job</li> </ul>
<p><b>Pre-existing condition limitation</b> (contributory and voluntary only) <i>Availability varies by state</i></p> <p>A pre-existing condition is any injury or sickness the employee received medical care for.</p> <ul style="list-style-type: none"> <li>• <b>Look-back period:</b> Time before the effective date to determine if a medical condition is considered pre-existing.</li> <li>• <b>Insured period:</b> Waiting period, beginning with the effective date of coverage, before the pre-existing condition is covered.</li> </ul>	<p><b>Look-back / Insured:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> 3 months / 12 months</li> <li><input checked="" type="checkbox"/> <b>6 months / 12 months</b></li> </ul>	<p>Not available</p>
<p><b>Pre-existing condition limitation type</b>      Determines whether a pre-existing condition is excluded from benefits or else reduces the duration that the benefits will be paid.</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> <b>Exclusionary</b></li> </ul>	<p>Not available</p>



# Humana Disability plans

## SHORT-TERM DISABILITY

This benefit summary highlights the standard options. Additional benefit options may be available with underwriting approval. Quoting default options are noted in **BOLD**.

Benefit		10+ size groups	2-9 size groups
<b>Earning definition averaging period</b>	Period of time that is used to come to an average of the earnings amount that is used in benefit calculation.	<input type="checkbox"/> <b>12 months</b> <input type="checkbox"/> 24 months	<input type="checkbox"/> <b>12 months</b> <input type="checkbox"/> 24 months
<b>Benefit calculation</b>	Calculation used to determine the amount of benefit an employee receives while disabled and working.	Greater of proportionate loss formula or direct reduction	Greater of proportionate loss formula or direct reduction

Plan availability varies by state.

Disability plans 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 benefit plans. Our 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.



Policy number: GN- POLDIS 0723