



Broker Resource Guide

Introducing a new suite of ancillary products to accompany SummaCare medical plans

summacare.com/brokers

July 2026

To our partners

SummaCare is a health plan specifically designed to meet the needs of this community. We are deeply invested in providing our customers with high quality, compassionate care along with personalized local customer and broker service. Our goal is to contribute to a healthier community.

Our approach looks at value holistically through clinical and operational excellence, aligning care coordination and provider excellence with the technology to drive measurable impact for our customers.

With that in mind, we are now adding additional value by offering Humana group ancillary benefits.

Broker Value Adds

- Competitive pricing with group-level rating
- One convenient bill for medical and ancillary
- Commissions paid directly to the broker
- Sales are applicable to any current Humana bonus program
- Local support

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Selling Humana® Products through SummaCare Getting Appointed with Humana

In addition to being appointed with SummaCare, brokers will need an active appointment with Humana to sell these ancillary products. If you are already appointed with Humana, you do not need to be reappointed to sell these products.

To get appointed with Humana, contact SummaCare Broker Services at 330.996.5673 or brokerservices@summacare.com. We will need your email, NPN and your agency TIN to begin the process.

Quoting and Enrollment Process

All new group and renewal quotes will include rates for Humana ancillary benefits offerings. The quoting/enrollment workbook can be accessed via summacare.com/brokers.

Important: Save the link on your computer – DO NOT download and save the workbook for future use. If there are updates to the sheet, clicking on the link will ensure you are using the most recent version.

New Groups

The SummaCare quoting/enrollment workbook will be used for quoting. Additional fields have been added to indicate information needed for a quote on disability plans.

If a new group wants to add any Humana ancillary products, there will be a section on the New Group Application to select applicable plans.

Note: Dental and vision plans are available to all MEWA groups regardless of size. Single-life groups will be given standard rates and plan designs for dental and vision products. Life and disability plans are not available to single-life groups.

MEWA Renewals*

Single-life groups will receive standard rates and plan designs for dental and vision products. Life and disability plans are not available to single-life groups.

Groups of 2+ will see rates for a variety of dental, vision and life products. Disability plans will be available if additional information such as job title and salary is provided via the quoting/enrollment workbook.

If a MEWA group wants to add any Humana ancillary products, you will need to complete the Renewal Agreement Summary and application which is included with your MEWA renewal. Return this information to your Account Manager.

*MEWA renewals are available in Broker Central.

Large Group Renewals

Renewals for groups of 50+ will include rates for a variety of dental, vision and life products. Disability plans will be available if additional information is added to the quoting/enrollment worksheet including job title and salary.

If a large group wants to add any Humana ancillary products, contact your Account Manager.

Group Installation and Billing

Once a group elects to add Humana ancillary products, Humana will complete the installation process.

Groups will receive one monthly premium bill from SummaCare which will include medical and Humana ancillary premium amounts as applicable.

Broker Central

Upon appointment with SummaCare you have access to Broker Central which is our customized online portal where you will access:

- Your book of business
- Quoting/enrollment workbook
- Plan materials
- MEWA renewals
- Commission statements (if applicable)
- And more!

Visit Broker Central at brokercentral/myplancentral.com

The graphic is a promotional flyer for the 'Humana Broker Marketing Kit'. At the top, it features the Humana and SummaCare logos. Below the logos, the title 'Broker marketing kit' is prominently displayed, followed by a subtitle: 'In this kit, you'll find marketing tools and resources to help guide your sales conversations with your clients.' The central part of the flyer contains a list of product highlights under the heading 'Care that goes above and beyond for your business and your team'. These highlights include: 'DENTAL: Plans built for savings, flexibility and overall health', 'VISION: Plans focused on wellness and savings', 'LIFE: Plans that help ensure loved ones have financial protection', and 'DISABILITY: Plans that protect paychecks and financial well-being'. To the right of this list, there is a section titled 'Humana Group Benefits products at a glance' which describes a high-level view of all Group Benefit products. At the bottom of the flyer, there is a call to action: 'For more information, contact your broker or go to summacare.com'. The footer of the flyer includes the code 'OHHMZKQEN rev. 3/31/26' and a disclaimer: 'For Agent Use Only. Do not distribute other than as authorized. | 1'.

Humana Broker Marketing Kit

To access Humana sales and plan materials, go to summacare.com/brokers. You'll find a link to the Humana Broker Marketing kit which contains documents to aid in the selling process.

Humana® Plan Designs

Care that goes above and beyond for your business and your team

Modern, flexible plans for businesses big and small

Humana plans increase the value of your employee benefits with plans that extend care beyond traditional medical benefits to protect your employees' financial and overall well-being.



DENTAL: Plans built for savings, flexibility and overall health

- Enhanced preventive care options with 3 routine cleanings and 4 periodontal maintenance cleanings covered under preventive services
- Extended annual maximum option provides members 30% coinsurance after the annual maximum is met
- \$0 virtual dental care, also known as teledentistry, may be an option rather than an emergency room visit
- One of the largest PPO networks with 143,000 unique dentists nationwide



VISION: Plans focused on wellness and savings

- Plans offering additional diabetic eye exams plus retinal imaging to screen for medical conditions
- Fixed exam copays and lens allowances along with 20% discount on balance over the frame allowance
- More than 175,000 access points nationwide, including many independent, retail and online options



LIFE: Plans that help ensure loved ones have financial protection

- Safety net to give employees financial confidence knowing their loved ones are protected
- \$25,000 annual increase option available on Voluntary Life with no qualifying health questions
- Life benefits specialists personally handle every claim, ensuring prompt payments
- Basic and voluntary life bundled rate match



DISABILITY: Plans that protect paychecks and financial well-being

- Short- and long-term disability plans provide employees with financial protection to help pay bills while they are unable to work
- Trained claims analysts guide and support employees on their disability journey
- Employee Assistance Program (EAP) included at no additional cost when bundled with two other Humana lines of coverage. (Lines of coverage include short and long -term disability, dental, vision, basic and voluntary life plans.)



2-year rate guarantee on all benefits



For more information, contact your broker or go to summacare.com/shop-employers.

Humana.

SummaCare®

Humana® Plans for Groups of One

Humana Dental & Vision Rate Table SummaCare One

Rate effective dates: July 1, 2026 through Aug. 31, 2028

Product	Employee	Employee + Spouse	Employee + Child(ren)	Family
Dental Traditional Preferred (TRP) 100/80/50 INFS+ \$50/\$50 deductible \$1,000 annual maximum - Preventive services waived from annual maximum - Periodontics in Basic services	\$28.28	\$56.57	\$72.13	\$100.41
Humana Vision 130 PLUS Retinal imaging rider	\$7.28	\$14.55	\$13.78	\$21.68

Provisions:

- Rate cards are to be used for newly enrolling small groups of one through SummaCare in Ohio only
- Standard commissions apply to both dental and vision
- This is not a complete disclosure of plan qualifications and limitations
- Do not cancel current group coverage until written approval is received from Humana.

Humana group dental and vision plans insured by Humana Insurance Company.

Confidential and Proprietary Information. For Agent Use Only. Do Not Distribute.

Individual agents or agencies may be obligated to disclose compensation to clients. Because state laws vary, agents should be aware of and comply with applicable state compensation disclosure requirements. Humana is not responsible for providing legal advice to agents. If an agent has a question or concern regarding his/her state's compensation disclosure law, he/she should consult a legal advisor.

Members may receive discounts on services and materials not covered by the plan from network providers. Members should contact their network provider to determine what discounts may be available.

This communication provides a general description of certain identified insurance or non-insurance benefits provided under one or more of our insurance benefit plans. Our insurance 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.

Humana Dental Plans

Humana Dental Traditional Preferred

OH TRP INFS+ 100/80/50

SummaCare One

Services	In-network dentist Network: PPO/Traditional Preferred		Out-of-network dentist INFS	
Deductible (excludes orthodontia services)	Individual: \$50	Family: \$150	Individual: \$50	Family: \$150
Deductible applies to all services excluding preventive services.				
Annual maximum (excludes orthodontia services)	\$1,000 + extended annual maximum (see section below)			
Preventive services Routine oral examinations (3 per year) Bitewing x-rays (one set of films per year under age 10 and four films per year age 10 and older) Panoramic x-rays (1 per 5 years combined frequency with full mouth x-rays; ages 6+) Full mouth x-rays (1 per 5 years, combined frequency with panoramic x-rays; ages 12+) Routine cleanings (3 per year) Periodontal cleanings (4 per year) Fluoride treatment (1 per year, through age 16) Sealants (permanent molars, through age 16) Space maintainers (primary teeth, through age 15) Oral Cancer Screening (1 per year, ages 40 and older)	100% no deductible, does not apply against annual maximum		100% no deductible, does not apply against annual maximum	
Basic services Emergency care for pain relief Amalgam fillings (1 per tooth every 2 years, composite for anterior/front teeth) Oral surgery (including extractions of impacted teeth) General anesthesia¹ Stainless steel crowns Harmful habit appliances for children (1 per lifetime, through age 14) Periodontics (scaling/root planing and surgery 1 per quadrant every 3 years)	80% after deductible		80% after deductible	

Services	In-network dentist Network: PPO/Traditional Preferred	Out-of-network dentist INFS
Major services Crowns (1 per tooth every 5 years) Inlays/onlays (1 per tooth every 5 years) Bridges (1 every 5 years) Dentures (1 every 5 years) Denture relines/rebases (1 every 3 years, following 6 months of denture use) Denture repair and adjustments (following 6 months of denture use) Endodontics (root canals 1 per tooth per lifetime and 1 re-treatment)	50% after deductible	50% after deductible
Extended Annual Max Additional coverage for preventive, basic, and major services after the annual maximum is met (excludes orthodontia)	30%	30%
Orthodontia services	Members may receive a discount on non-covered services of up to 20%. Members may contact their participating provider to determine if any discounts are available on non-covered services.	
If a member uses services rendered by providers with whom we have agreements, the fee or maximum allowable charge that we have negotiated with that provider will apply; if a member uses services rendered by a provider with whom we do not have agreements, coinsurance will apply to the maximum allowable charge. Out of network dentists may bill members for charges above the amount covered by the dental plan.		

Waiting periods

Employer-sponsored funding: 5+ enrolled employees

Enrollment type ²	Preventive	Basic	Major	Orthodontia
Initial enrollment, open enrollment and timely add-on	No	No	No	Not available

² Late applicant enrollment will have the following waiting periods: 12 months basic & major services.

Humana Dental Plans

Humana Dental Traditional Preferred

OH TRP INFS+ 100/80/50

SummaCare One

Limitations and exclusions (all services):

In addition to the limitations and exclusions listed in **Your plan benefits section**, this policy does not provide benefits for the following:

- Any expenses incurred while you qualify for any worker's compensation or occupational disease act or law, whether or not you applied for coverage.
- Services:
 - That are free or that you would not be required to pay for if you did not have this insurance, unless charges are received from and reimbursable to the U.S. government or any of its agencies as required by law;
 - Furnished by, or payable under, any plan or law through any government or any political subdivision (this does not include Medicare or Medicaid); or
 - Furnished by any U.S. government-owned or operated hospital/institution/agency for any service connected with sickness or bodily injury.
- Any loss caused or contributed by:
 - War or any act of war, whether declared or not;
 - Any act of international armed conflict; or
 - Any conflict involving armed forces of any international authority.
- Any expense arising from the completion of forms.
- Your failure to keep an appointment with the dentist.
- Any service we consider cosmetic unless it is necessary as a result of an accidental injury sustained while you are covered under this policy. We consider the following cosmetic procedures to include, but are not limited to:
 - Facings on crowns or pontics (the portion of a fixed bridge between the abutments) posterior to the second bicuspid.
 - Any service to correct congenital malformation;
 - Any service performed primarily to improve appearance;
 - Characterizations and personalization of prosthetic devices; or
 - Any procedure to change the spacing and/or shape of the teeth

- Charges for:
 - Any type of implant and all related services;
 - Precision or semi-precision attachments;
 - Overdentures and any endodontic treatment associated with overdentures;
 - Other customized attachments;
 - Any service for 3D imaging (cone beam images);
 - Temporary and interim dental services;
 - Additional charges related to material or equipment used in the delivery of dental care.
 - Charges rendered for treatment in a clinical or dental facility sponsored or maintained by the employer;
 - The removal of any implants unless specified in the Summary of Your Benefits section of this certificate.
- Any service related to:
 - Altering vertical dimension of teeth;
 - Restoration or maintenance of occlusion;
 - Splinting teeth, including multiple abutments, or any service to stabilize periodontally weakened teeth;
 - Replacing tooth structures lost as a result of abrasion, attrition, erosion or abfraction; or
 - Bite registration or bite analysis.
- Infection control, including but not limited to sterilization techniques.
- Fees for treatment performed by someone other than a dentist or licensed denturist except for scaling and teeth cleaning, and the topical application of fluoride that can be performed by a licensed dental hygienist. The treatment must be rendered under the supervision and guidance of the dentist in accordance with generally accepted dental standards.
- Any hospital, surgical or treatment facility, or for services of an anesthesiologist or anesthetist.
- Prescription drugs or pre-medications, whether dispensed or prescribed.
- Any service not specifically listed in Your plan benefits.
- Any service that:
 - Is not eligible for benefits based upon clinical review;
 - Does not offer a favorable prognosis;
 - Does not have uniform professional acceptance; or
 - Is deemed to be experimental or investigational in nature.
- Orthodontic services unless specified in your Summary of your benefits. Only the services specified in the orthodontic rider will be covered orthodontic benefits under this plan.

- Any expense incurred before your effective date or after the date your coverage under this policy terminates (unless the service is eligible under Extension of benefits).
- Services provided by someone who ordinarily lives in your home or who is a family member.
- Charges exceeding the reimbursement limit for the service.
- Treatment resulting from any intentionally self-inflicted injury or bodily illness.
- Local anesthetics, irrigation, nitrous oxide, bases, pulp caps, study models, treatment plans, occlusal adjustments, or tissue preparation associated with the impression or placement of a restoration when charged as a separate service. These services are considered an integral part of the entire dental service.
- Temporary dental services.
- Repair and replacement of orthodontic appliances.
- Any surgical or nonsurgical treatment for any jaw joint problems, including any temporomandibular joint disorder, craniomaxillary, craniomandibular disorder or other conditions of the joint linking the jaw bone and skull; or treatment of the facial muscles used in expression and chewing functions, for symptoms including, but not limited to, headaches.
- The oral surgery benefits under this plan does not include:
 - Any services for orthognathic surgery;
 - Any services for destruction of lesions by any method;
 - Any services for tooth transplantation;
 - Any services for removal of a foreign body from the oral tissue or bone;
 - Any services for reconstruction of surgical, traumatic, or congenital defects of the facial bones;
 - Any separate fees for pre and post-operative care.
- General anesthesia or conscious sedation is not a covered service unless it is based on clinical review of documentation provided and administered by a dentist or health care practitioner in conjunction with covered oral surgical procedures, periodontal and osseous surgical procedures, or periradicular surgical procedures for covered services.

General anesthesia or conscious sedation administered due, but not limited to, the following reasons are not covered:

- Pain control unless a documented allergy to local anesthetic is provided.
- Anxiety.
- Fear of pain.
- Pain management.
- Emotional inability to undergo surgery.
- Preventive control programs including, but not limited to, oral hygiene instructions, plaque control, take-home items, prescriptions and dietary planning.
- Replacement of any lost, stolen, damaged, misplaced or duplicate major restoration, prosthesis or appliance.
- Any caries susceptibility testing, laboratory tests, saliva samples, anaerobic cultures, sensitivity testing or charges for oral pathology procedures.
- Separate fees for pre- and post-operative care and re-evaluation within 12 months are not considered covered services under the surgical periodontic services in this plan.
- We do not cover services that generally are considered to be medical services except those specifically noted as covered in this certificate.

Missing tooth clause: See plan document for more details.

Insured by Humana Insurance Company.

This is not a complete disclosure of plan qualifications and limitations. Your agents will provide you with specific limitations and exclusions as contained in the Regulatory and Technical Information Guide. Please review this information before applying for coverage. The amount of benefits provided depends upon the plan selected. Premiums will vary according to the selection made.

Humana Vision Plans

Humana Vision PLUS 130

SummaCare One

Services	In-network PLUS provider (Member cost)	In-network provider (Member cost)	Out-of-network provider (Reimbursement)
Exam with dilation as necessary	\$0	\$10	Up to \$30
Retinal imaging	\$0	\$0	Up to \$20
Contact lens exam¹			
Standard contact lens fit and follow-up*	Up to \$40	Up to \$40	Not covered
Premium contact lens fit and follow-up*	10% off retail	10% off retail	Not covered
Frames²			
	\$180 allowance, 20% off balance over \$180	\$130 allowance, 20% off balance over \$130	\$65 allowance
Standard plastic lenses			
Single vision	\$15	\$15	Up to \$25
Bifocal	\$15	\$15	Up to \$40
Trifocal	\$15	\$15	Up to \$60
Lenticular	\$15	\$15	Up to \$100
Lens options³			
UV coating*	\$15	\$15	Not covered
Tint (solid and gradient)*	\$15	\$15	Not covered
Standard scratch-resistance*	\$15	\$15	Not covered
Standard polycarbonate - Adults*	\$40	\$40	Not covered
Standard polycarbonate - Children <19	\$0	\$0	Up to \$25
Standard anti-reflective coating*	\$45	\$45	Not covered
Premium anti-reflective coating*			
• Tier 1	\$57	\$57	Not covered
• Tier 2	\$68	\$68	Not covered
• Tier 3	\$85	\$85	Up to \$25
Standard progressive (add-on to bifocal)	\$15	\$15	Up to \$40
Premium progressive			
• Tier 1	\$110	\$110	Up to \$40
• Tier 2	\$120	\$120	Up to \$40
• Tier 3	\$135	\$135	Up to \$40
• Tier 4	\$185	\$185	Up to \$40
Photochromatic / Plastic transitions*	\$75	\$75	Not covered
Polarized*	20% off retail	20% off retail	Not covered

Services	In-network PLUS provider (Member cost)	In-network provider (Member cost)	Out-of-network provider (Reimbursement)
Contact lenses⁴ (applies to materials only)			
Conventional	\$130 allowance, 15% off balance over \$130	\$130 allowance, 15% off balance over \$130	\$104 allowance
Disposable	\$130 allowance	\$130 allowance	\$104 allowance \$200 allowance
Medically necessary	\$0	\$0	
Frequency			
Examination	Once every 12 months	Once every 12 months	Once every 12 months
Lenses or contact lenses	Once every 12 months	Once every 12 months	Once every 12 months
Frame	Once every 24 months	Once every 24 months	Once every 24 months
Diabetic eye care: Care and testing for diabetic members			
Examination	\$0	\$0	Up to \$77
• Up to (2) services per year			
Retinal imaging	\$0	\$0	Up to \$50
• Up to (2) services per year			
Extended Ophthalmoscopy	\$0	\$0	Up to \$15
• Up to (2) services per year			
Gonioscopy	\$0	\$0	Up to \$15
• Up to (2) services per year			
Scanning laser	\$0	\$0	Up to \$33
• Up to (2) services per year			

¹Standard contact lens exam fit and follow up costs and premium contact lens exam discounts up to 10% may vary by participating provider. Members may contact their participating provider to determine what costs or discounts are available.

²Discounts may be available on all frames except when prohibited by the manufacturer.

³Lens option costs may vary by provider. Members may contact their participating provider to determine if listed costs are available.

⁴Plan covers contact lenses or lenses for frames, but not both.

Optional benefits	
Retinal imaging	\$0 in-network and up to \$20 for out-of-network benefits.

Humana Vision Plans

Humana Vision PLUS 130

SummaCare One

Additional plan discounts

- Members may receive a 20% discount on items not covered by the plan at network providers. Members may contact their participating provider to determine what costs or discounts are available. Discount does not apply to EyeMed Provider's professional services, or contact lenses. Plan discounts cannot be combined with any other discounts or promotional offers. Services or materials provided by any other group benefit plan providing vision care may not be covered. Certain brand name vision materials may not be eligible for a discount if the manufacturer imposes a no-discount practice. Frame, Lens, & Lens Option discounts apply only when purchasing a complete pair of eyeglasses. If purchased separately, members may receive 20% off the retail price.
- Members may receive a 40% discount on a second pair of prescription eyeglasses and a 20% discount on non-prescription sunglasses. Member may contact their participating provider to determine what discounts are available.
- Members may also receive 15% off retail price or 5% off promotional price for Lasik or PRK from the US Laser Network, owned and operated by LCA Vision. Since Lasik or PRK vision correction is an elective procedure, performed by specialty trained providers, this discount may not always be available from a provider in your immediate location.

Humana Vision PLUS 130

SummaCare One

- Limitations and exclusions** (all services):
In addition to the limitations and exclusions listed in your "Vision Benefits" section, this policy does not provide benefits for the following:
1. Any expenses incurred while you qualify for any worker's compensation or occupational disease act or law, whether or not you applied for coverage.
 2. Services:
 - That are free or that you would not be required to pay for if you did not have this insurance, unless charges are received from and reimbursable to the U.S. government or any of its agencies as required by law;
 - Furnished by, or payable under, any plan or law through any government or any political subdivision (this does not include Medicare or Medicaid); or
 - Furnished by any U.S. government-owned or operated hospital/institution/agency for any service connected with sickness or bodily injury.
 3. Any loss caused or contributed by:
 - War or any act of war, whether declared or not;
 - Any act of international armed conflict- or
 - Any conflict involving armed forces of any international authority.
 4. Any expense arising from the completion of forms.
 5. Your failure to keep an appointment.
 6. Any hospital, surgical or treatment facility, or for services of an anesthesiologist or anesthetist.
 7. Prescription drugs or pre-medications, whether dispensed or prescribed.
 8. Any service not specifically listed in the Schedule of Benefits.
 9. Any service that we determine:
 - Is not a visual necessity;
 - Does not offer a favorable prognosis;
 - Does not have uniform professional endorsement; or
 - Is deemed to be experimental or investigational in nature.
 10. Orthoptic or vision training.
 11. Subnormal vision aids and associated testing.
 12. Aniseikonic lenses.
 13. Any service we consider cosmetic.
 14. Any expense incurred before your effective date or after the date your coverage under this policy terminates.
 15. Services provided by someone who ordinarily lives in your home or who is a family member.
 16. Charges exceeding the reimbursement limit for the service.

17. Treatment resulting from any intentionally self-inflicted injury or bodily illness.
18. Plano lenses.
19. Medical or surgical treatment of eye, eyes, or supporting structures.
20. Replacement of lenses or frames furnished under this plan which are lost or broken, unless otherwise available under the plan.
21. Any examination or material required by an Employer as a condition of employment.
22. Non-prescription sunglasses.
23. Two pair of glasses in lieu of bifocals.
24. Services or materials provided by any other group benefit plans providing vision care.
25. Certain name brands when manufacturer imposes no discount.
26. Corrective vision treatment of an experimental nature.
27. Solutions and/or cleaning products for glasses or contact lenses.
28. Pathological treatment.
29. Non-prescription items.
30. Costs associated with securing materials.
31. Pre- and Post-operative services.
32. Orthokeratology.
33. Routine maintenance of materials.
34. Refitting or change in lens design after initial fitting, unless specifically allowed elsewhere in the certificate.
35. Artistically painted lenses.

Insured by Humana Insurance Company.

This communication provides a general description of certain identified insurance or non-insurance benefits provided under one or more of our insurance benefit plans. Our insurance 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.

NOTICE: Your actual expenses for covered services may exceed the stated cost or reimbursement amount because actual provider charges may not be used to determine insurer and member payment obligations.



Humana® Plans for Groups of 2+

Humana Dental Plans

TRADITIONAL PREFERRED

This plan offers low deductible options for preventive, basic, and major services along with the flexibility to see any dentist. With this plan, members receive the same level of coinsurance with all dentists. However, when members choose dentists in the Humana Dental PPO network, they can benefit from our negotiated rates for services received from in-network dentists. This plan is available to 2+ group sizes.

Deductible ¹	
Individual	\$50
Family	\$150
Coinsurance	
Preventive services	100%
Basic services	80%
Major services	50%
Plan maximums	
Annual maximum	\$1,000
Annual maximum options	- Extended annual maximum: Receive 30% coinsurance for the rest of the year after you reach your annual maximum (orthodontia excluded) - Standard annual maximum
Buy-up options (2+ group sizes)	
Waive preventive from annual maximum	Waives preventive services from accumulating to the annual maximum
Periodontics in Basic services	Moves periodontic services to the Basic services coinsurance amount
Endodontics in Basic services	Moves endodontic services to the Basic services coinsurance amount
Composite fillings for molars	Covers composite fillings on molar teeth at the Basic services coinsurance amount
Orthodontia ²	Child coverage
	Pays 50% (no deductible) for orthodontia services up to a lifetime maximum of \$1,000
Buy-up options (5+ group sizes)	
Implant placement and services ³	Covers implant placement and implant crowns, bridges, and dentures at the Major services coinsurance amount

- 1) Deductible does not apply to preventive services.
- 2) If you don't choose orthodontia, members may get a discount on non-covered services up to 20 percent if available through their dentist.
- 3) Implant placement limited to one per tooth every five years including implant crowns, bridges, and dentures.

PPO

This plan offers low deductible options for preventive, basic, and major services. In-network dentists provide dental services at a reduced rate. Members have higher out-of-pocket costs for services received from out-of-network dentists. This plan is available to 2+ group sizes.

Deductible ¹				
	In-network		Out-of-network	
Individual	\$50		\$50	
Family	\$150		\$150	
Coinsurance	Option 1		Option 2	
	In-network	Out-of-network	In-network	Out-of-network
Preventive services	100%	100%	100%	80%
Basic services	100%	80%	80%	50%
Major services	60%	50%	50%	50%
Plan maximums				
Annual maximum	\$1,500 / \$2,000			
Annual maximum options	- Extended annual maximum: Receive 30% coinsurance for the rest of the year after you reach your annual maximum (orthodontia excluded) - Standard annual maximum			
Buy-up options (2+ group sizes)				
Waive preventive from annual maximum	Waives preventive services from accumulating to the annual maximum			
Periodontics in Basic services	Moves periodontic services to the Basic services coinsurance amount			
Endodontics in Basic services	Moves endodontic services to the Basic services coinsurance amount			
Composite fillings for molars	Covers composite fillings on molar teeth at the Basic services coinsurance amount			
Orthodontia ²	No orthodontia coverage for this plan			
Buy-up options (5+ group sizes)				
Implant placement and services ³	Covers implant placement and implant crowns, bridges, and dentures at the Major services coinsurance amount			

- 1) Deductible does not apply to preventive services.
- 2) If you don't choose orthodontia, members may get a discount on non-covered services up to 20 percent if available through their dentist.
- 3) Implant placement limited to one per tooth every five years including implant crowns, bridges, and dentures.

PREVENTIVE PLUS

This plan covers commonly used preventive and basic services, including exams, X-rays, cleanings and fillings. Plus, discounts may be available on additional services like crowns, inlays, oral surgery, and orthodontia. This plan is available to 2+ group sizes.

Deductible ¹	
Individual	\$50
Family	\$150
Coinsurance	
Preventive services	100%
Basic services	80%
Major services	Not covered
Discount Services (services not covered under the plan, but may be available at a discount through their dentist)	
- Additional basic services (crowns, harmful habit appliances for children, oral surgery) - Major services - Orthodontia services	
Plan maximums	
Annual maximum	\$1,000
Annual maximum options	Standard annual maximum (extended annual maximum not available on Preventive Plus plans)
Buy-up options (2+ group sizes)	
Waive preventive from annual maximum	Waives preventive services from accumulating to the annual maximum
Composite fillings for molars	Covers composite fillings on molar teeth at the Basic services coinsurance amount

- 1) Deductible does not apply to preventive services.

ELIGIBILITY

Traditional Preferred, PPO, Preventive Plus (2+ eligible employees)

Funding Options ¹	
Employer sponsored (Groups of 2-99 50% participation required after waivers; Groups of 100+ 50% of eligibles)	
Voluntary	
Administrative Services Only (ASO) (Limited to 100+ size groups)	
Enrollment Options ²	
Open enrollment	Employees without a qualifying event can only join during the annual open enrollment period (waiting periods may apply)
Late applicants	Employees can join at any time during the plan year with or without a qualifying event. (waiting periods may apply)

WAITING PERIODS³

Traditional Preferred, PPO, and Preventive Plus (2+ eligible employees)

- Most services in your plan are reimbursed as of the effective date.
 - No waiting periods for preventive services.
 - No waiting periods for endodontics or periodontics except for late applicants.
 - In some circumstances, benefits are available after 12 or 24 months of continual enrollment:

Enrollment Type ⁴	Group Size	Preventive	Basic	Major ⁵	Orthodontia ⁵
Initial enrollment, open enrollment, and timely add-on	Employer sponsored 2-4 enrolled	No	No	12 months	24 months
	Employer sponsored 5+ enrolled	No	No	No	No
	Voluntary 2-9 enrolled	No	No	12 months	24 months
	Voluntary 10+ enrolled	No	No	No	12 months

- 1) Multiple product options may be offered for groups of 10 or more.
- 2) If you don't choose an option, open enrollment will apply.
- 3) The waiting period may be decreased or waived based on the number of months the member had dental coverage immediately before joining the Humana dental plan. Members must have prior orthodontia coverage to reduce or waive the waiting period under orthodontia.
- 4) Late applicant enrollment will have the following waiting periods: 12 months basic & major services, 12 months orthodontia (24 months for 2-9 enrolled employees).
- 5) Preventive Plus plans do not cover major and orthodontia services.

Humana Dental Plans

Limitations & Exclusions

Our benefit plans have limitations and exclusions and may have waiting periods and terms under which the coverage may be continued in force or discontinued. For costs and complete details of coverage, call or write your Humana insurance agent or broker.

Before applying for group coverage, please refer to the pre-enrollment disclosures for a description of plan provisions, which may exclude, limit, reduce, modify or terminate your coverage. These disclosures are available at <https://www.Humana.com/insurance-through-employer/enrollment-center/pre-enrollment-disclosure> or through your sales representative.

Dental plans insured or administered by Humana Insurance Company.

This material is provided for informational use only and should not be construed as medical, legal, financial, or other professional advice or used in place of consulting a licensed professional.

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.

Humana Vision Plans

VISION

Vision plans offer a comprehensive eye exam every year for a low cost. Members receive benefits for glasses or contact lenses without ever paying full retail prices at in-network locations. This plan is available to 2+ group sizes.

	Exams Routine exam with dilation	Frames ¹ Frame allowance	Standard Plastic Lenses ²				Contact Lenses ³		
			Single	Bifocal	Trifocal	Lenticular	Disposable allowance	Conventional allowance ⁴	Medically necessary
Vision 130									
In-network provider	\$10	\$130	\$15	\$15	\$15	\$15	\$130	\$130	\$0
Out-of-network provider	Up to \$30	\$65	Up to \$25	Up to \$40	Up to \$60	Up to \$100	\$104	\$104	Up to \$200

VISION PLUS

These plans offer a comprehensive eye exam every year for a low cost. Members receive benefits for glasses or contact lenses without ever paying full retail prices at in-network locations. This is a tiered network product, where members have access to enhanced benefits at designated PLUS providers, a subset of the Insight network. This plan is available to 2+ group sizes.

	Exams Routine exam with dilation	Frames ¹ Frame allowance	Standard Plastic Lenses ²				Contact Lenses ³		
			Single	Bifocal	Trifocal	Lenticular	Disposable allowance	Conventional allowance ⁴	Medically necessary
Vision 130									
In-network PLUS provider	\$0	\$180	\$15	\$15	\$15	\$15	\$130	\$130	\$0
In-network provider	\$10	\$130	\$15	\$15	\$15	\$15	\$130	\$130	\$0
Out-of-network provider	Up to \$30	\$65	Up to \$25	Up to \$40	Up to \$60	Up to \$100	\$104	\$104	Up to \$200
Vision 150									
In-network PLUS provider	\$0	\$200	\$10	\$10	\$10	\$10	\$150	\$150	\$0
In-network provider	\$10	\$150	\$10	\$10	\$10	\$10	\$150	\$150	\$0
Out-of-network provider	Up to \$30	\$80	Up to \$25	Up to \$40	Up to \$60	Up to \$100	\$128	\$128	Up to \$210

- 1) Members may receive up to a 20 percent discount on remaining balance after frame allowance when using an in-network provider. Contact provider to determine what discounts are available.
- 2) Any standard plastic lenses benefit containing two values separated by a (/) represents two copay options available on the plan.
- 3) Plan covers contact lenses or lenses for frames, but not both, unless you have the Eye Glass and Contact Lens Rider.
- 4) Members may receive up to a 15 percent discount on remaining balance after conventional contact lens allowance when using an in-network provider. Contact provider to determine what discounts are available.

MATERIALS ONLY

Materials Only plans are limited to coverage for frames, lenses and contact lenses; ideal for clients who have an eye exam included in their medical benefits.

	Exams Routine exam with dilation	Frames ¹ Frame allowance	Standard Plastic Lenses				Contact Lenses ²		
			Single	Bifocal	Trifocal	Lenticular	Disposable allowance	Conventional allowance ³	Medically necessary
Vision 130									
In-network provider	Not covered	\$130	\$15	\$15	\$15	\$15	\$130	\$130	\$0
Out-of-network provider	Not covered	\$65	Up to \$25	Up to \$40	Up to \$60	Up to \$100	\$104	\$104	Up to \$200

- 1) Members may receive up to a 20 percent discount on remaining balance after frame allowance when using an in-network provider. Contact provider to determine what discounts are available.
- 2) Plan covers contact lenses or lenses for frames, but not both, unless you have the Eye Glass and Contact Lens Rider.
- 3) Members may receive up to a 15 percent discount on remaining balance after conventional contact lens allowance when using an in-network provider. Contact provider to determine what discounts are available.

Humana Vision Plans

ADDITIONAL PLAN DETAILS

Benefit frequencies	
Exam ¹	Once every 12 months
Lenses or contact lenses	Once every 12 months
Frames	Once every 24 months
Optional Benefits	
12-month frame benefit	Benefit replaces the 24-month frequency of the base plan
Retinal imaging ³	\$0 in-network and up to \$20 for out-of-network benefits (does not cross apply)
Lasik / PRK	\$250 per eye (in- or out-of-network); 12-month waiting period applies
Eyeglass and contact lens benefit	Allows fulfillment of frame plus spectacle lenses in addition to the contact lens benefit of the base plan (not available for groups < 100)

VISION PLAN DISCOUNTS

Discount Type	Details
Discounts on items not covered by the plan at network providers	- Members may receive 40% off a second pair of prescription eyeglasses and 20% off non-prescription sunglasses. - Members may receive 20% off other items not covered by the plan. - Members should contact their participating provider to determine what costs or discounts are available. - Discount does not apply to EyeMed Provider's professional services, or contact lenses. - Plan discounts cannot be combined with any other discounts or promotional offers. - Certain brand name Vision Materials may not be eligible for a discount if the manufacturer imposes a no-discount practice. - Frame, Lens, & Lens Option discounts apply only when purchasing a complete pair of eyeglasses. If purchased separately, members may receive 20% off the retail price.
Lasik & PRK	- Members may also receive 15% off retail price or 5% off promotional price for Lasik or PRK from the US Laser Network, owned and operated by LCA Vision. - Since Lasik or PRK vision correction is an elective procedure, performed by specially trained providers, this discount may not always be available from a provider in your immediate location.

- 1) Not covered on Materials Only 130 plans.
- 2) Not available on Materials Only 130 plans.
- 3) This benefit is included on Vision and Vision Plus plans. Not available on Materials Only plans.

Limitations & Exclusions

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Vision plans insured by Humana Insurance Company.

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Humana Life Plans

BASIC GROUP TERM LIFE

Available for 2+ size groups. Provides basic coverage to employees while giving them the opportunity to purchase Voluntary Term Life. You can change the amount of basic life coverage once a year, on the anniversary date, by making the request to underwriting.

EMPLOYEE Basic Term Life	
Available coverage	Flat amounts: \$15,000 / \$25,000 / \$50,000
Minimum	\$15,000
Maximum	Lesser of seven times annual salary or \$1 million, combined with voluntary life.

Minimum participation requirements

The minimum employer contribution for groups with two or more eligible employees is 50% of premium.

Employer contribution	Participation
100% of premium	100%
50 – 99% premium	Five enrolled employees or 50%, whichever is greater when written as stand-alone coverage. Two enrolled employees or 50%, whichever is greater when written with Dental.

Retirees: May be available on 100+ Life cases.

VOLUNTARY TERM LIFE

Available to groups with five or more eligible employees. Employees receive group rates and pay premiums through payroll deductions.

EMPLOYEE Voluntary Term Life	
Available coverage	Flat amounts in \$1,000 increments
Minimum	\$15,000
Maximum	\$250,000 for groups with 5 to 50 employees \$500,000 for groups with 51 or more employees¹ \$1 million, combined with Basic Term Life
DEPENDENT Voluntary Term Life	
Spouses: ¹ - Available coverage - Minimum coverage - Maximum coverage	
Dependent child: - Ages 6 months to 26 years - Birth to 6 months	

- 1) Other options available upon underwriting approval.

Seat belt, airbag, helmet benefit		
Seat belt	Paid after death as a result of an auto accident while properly using a seat belt	10%, up to \$10,000, but not less than \$1,000
Airbag	Paid after death as a result of an auto accident while driving a vehicle with a properly functioning airbag	5%, up to \$5,000, but no less than \$500
Helmet	Paid after death as a result of a motorcycle accident while wearing a properly fitted and fastened motorcycle helmet	10%, up to \$10,000 but not less than \$1,000

Minimum participation requirements:

Five enrolled employees or 15%, whichever is greater.

Retirees: Voluntary Term Life is not available to retired employees.

Humana Life Plans

PLAN PROVISIONS

Rate guarantee

Rates guaranteed to not change for two years.

Age reduction

Beginning at age 65, the employee’s life coverage is reduced based on the benefit amount in force on their 64th birthday. This also applies to AD&D.

Age	Benefit reduction
65	35%
70	50%
75	
80	No further reduction
85	

Waiver of premium:

- Employees who are disabled for at least six consecutive months before age 60 can continue life insurance coverage and waive the premium.
- Employee is covered until age 65 if they remain totally disabled.

Conversion:

- If employee or dependent loses coverage due to the employee’s loss of employment, loss of eligibility, or reduction for age, the coverage can be converted to an individual whole life insurance policy up to age 75.
- Maximum amounts to be converted vary based on the certificate.
- If group coverage ends due to termination of the policy, conversion is available when the member’s coverage has been in effect for at least one year. Voluntary ported coverage may also be available for conversion. Premiums must be paid within 31 days of coverage termination.

Accelerated death benefit:

- An employee diagnosed with a terminal illness that is expected to result in death within 24 months, based on the plan offered, can receive a portion of the insurance benefit.
- Amount payable is between 50%-80% in 5% increments and up to \$800,000.
- The advanced amount will reduce the life insurance benefit at the time of death.
- Humana must approve the benefit application.

If you receive payment of accelerated benefits from a life insurance policy, you may lose your right to receive certain public funds, such as Medicare, Medicaid, Social Security, Supplemental Security, Supplemental Security Income (SSI), and possibly others. Also, receiving accelerated benefits from a life insurance policy may have tax consequences for you. We cannot give you advice about this. You may wish to obtain advice from a tax professional or an attorney before you decide to receive accelerated benefits from a life insurance policy.

Portability of Voluntary Life:

- An active eligible employee who leaves the group can continue voluntary life insurance by paying annual premiums to Humana if they are not yet age 70
- Only coverage in-force or a lesser amount can be ported
- Employee must exercise portability option with 31 days of termination
- Employees will be charged Humana’s current portability rates when they leave

Annual increase option for Voluntary Life:

- In addition to the initial open enrollment, employees can increase or add Voluntary Life at plan anniversary and each year thereafter by up to \$25,000 of coverage.
- Subject to the plan maximum.
- Employees have the ability to elect Voluntary Life even if they waived coverage at initial open enrollment.
- This feature enables employees to increase their coverage to better meet their needs.

ACCIDENTAL DEATH & DISMEMBERMENT BENEFITS (AD&D)

AD&D is available to purchase with life benefits for employees and/or spouses. Dependent child(ren) coverage available with Voluntary Life for 300+ size groups. AD&D provides a death benefit based on the life schedule amount and includes the following features:

AD&D provisions

Covered loss must be within 365 days of accident.

Loss	Benefit amount equal to	Common carrier accident
- Life - Both hands or both feet - Both arms or both legs - Sight in both eyes - One hand and one foot - One hand or one foot and sight in one eye - Quadriplegia	Full amount	200%
- Paraplegia or hemiplegia - One hand or one foot - One arm or one leg - Sight in one eye - Speech or hearing	50% of full amount	100%
- Monoplegia - Loss of thumb and index finger on same hand	25% of full amount	50%
Big toe	10% of full amount	20%
One finger or one toe	3% of full amount	6%

Common carrier benefit

Paid after a covered accidental bodily injury sustained while riding as a fare-paying passenger in a common carrier. A common carrier is any land, air, or water vehicle operated with a valid license to transport passengers for hire.

Additional benefits	Percentage of Life Benefit amount
Adaptive home & vehicle	Pays the lesser of incurred expenses: 5% or \$2,000
Burn	- If 50 to 74% of the body is covered: 50% benefit - If 75% or more of the body is covered: 75% benefit
Child care	Actual expense to a maximum of \$5,000 or 5% of death benefit
Child higher education	- Actual expense to a maximum of \$5,000 or 5% of death benefit - Payable up to four years for employee’s dependent children or until age 25 - Dependent must be a full-time student beyond 12th grade at a college, university or vocational school on the date of the employee’s death or within 365 days after the death.
Coma	One time payment of 5% of the employee’s benefit, subject to a maximum of \$5,000
Disappearance and exposure	Will pay an Accidental Death or Dismemberment Benefit
Rehabilitative physical therapy	Will pay an additional benefit. Pays the lesser of incurred expenses, 5% or \$2,000.
Repatriation	Actual expenses to a maximum of \$5,000 if employee dies as a result of an accidental death at least 100 miles from his/her principal place of resident, and there are expenses for preparing and transporting the employee’s body to a mortuary.

ACCIDENTAL DEATH & DISMEMBERMENT BENEFITS (AD&D)

Additional benefits	Percentage of Life Benefit amount
Seat belt, airbag & helmet benefits	- Seat belt – 5% up to \$5,000 (\$1,000 minimum): Paid after death as a result of an auto accident while properly using a seat belt. - Airbag – 5% up to \$5,000 (\$500 minimum): Paid after death as a result of an auto accident while driving a vehicle with a properly functioning airbag. - Helmet – 10% up to \$10,000 (\$1,000 minimum): Paid after death as a result of a motorcycle accident while wearing a properly fitted and fastened motorcycle helmet.
Spouse education & training	- Actual expense to a maximum of \$5,000 or 5% of death benefit for one year after the employee’s death - Survivor must be enrolled as a student in an accredited school on the date of the employee’s death or within 365 days after the death
Severe head injury	Pays 5% to \$2,500
Workplace assault	Pays 10% to \$25,000

Life plans insured by Humana Insurance Company.

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Humana Disability Plans

LONG-TERM DISABILITY

This benefit summary highlights the standard options (availability varies by state). Additional benefit options may be available with underwriting approval. Quoting default options are noted in **BOLD**.

Benefit	10+ size groups	2-9 size groups
Premium contribution	Non-contributory: Employer pays 100% of the employee's premium Contributory: Employee pays a share of the premium Voluntary: Employee pays 100% of the employee's premium	☐ Non-contributory
Benefit percentage	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. ☐ 40% ☐ 50% ☐ 55% ☐ 60% ☐ 66 2/3% ☐ 70% (non-contributory only)	☐ 50% ☐ 60%
Monthly benefit maximum	Maximum benefit will be paid monthly if employee meets the definition of disability. \$6,000 Other amounts vary	\$6,000 Other amounts vary
Elimination period	Number of consecutive days after becoming disabled before the benefit becomes payable. ☐ 90 days ☐ 120 days ☐ 150 days ☐ 180 days	☐ 90 days ☐ 180 days

LONG-TERM DISABILITY

This benefit summary highlights the standard options (availability varies by state). Additional benefit options may be available with underwriting approval. Quoting default options are noted in **BOLD**.

Benefit	10+ size groups	2-9 size groups
Benefit duration	The length of time disability payments will be made to the employee. Benefits can last until retirement age as defined by Social Security. * Age Discrimination in Employment Act (ADEA) ADEA* 1 (Reducing Benefit Duration or RBD) ☐ with Social Security Normal Retirement Age (SSNRA) ☐ without SSNRA ADEA 2 (65/5/70) ☐ with SSNRA ☐ without SSNRA ☐ ADEA 3 (to age 70) Graded Durations ☐ 2 years ☐ 5 years	☐ ADEA 1 with Social Security normal retirement age (SSNRA) Graded Durations ☐ 2 years ☐ 5 years
Definition of disability	- Employee is prevented from performing one or more of the essential duties of his or her occupation during the elimination period selected. - Employee is prevented from performing essential duties of the occupation and has a specified percentage loss of earnings for period of time selected. - After own occupation period ends, employee is prevented from performing essential duties of “any occupation.”	☐ 1-year own occupation ☐ 2-year own occupation ☐ 3-year own occupation ☐ Own occupation for duration
Pre-existing condition limitation (in months) <i>Availability varies by state</i>	A pre-existing condition is any injury or sickness the employee received medical care for. Look-back period: Number of months before the effective date to determine if a medical condition is considered pre-existing. Insured period: Waiting period, beginning with the effective date of coverage, before the pre-existing condition is covered.	Look-back / Insured: ☐ 3 months / 12 months (non-contributory only) ☐ 6 months / 12 months ☐ 12 months / 12 months ☐ 6 months / 24 months ☐ 12 months / 24 months ☐ 3 months / 9 months (New Hampshire only)

LONG-TERM DISABILITY

This benefit summary highlights the standard options (availability varies by state). Additional benefit options may be available with underwriting approval. Quoting default options are noted in **BOLD**.

Benefit	10+ size groups	2-9 size groups
Survivor income benefit	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. ☐ 3x net benefit ☐ 6x net benefit ☐ Not included	☐ 3x net benefit ☐ Not included
Integration method	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. ☐ Direct family ☐ Direct primary	☐ Direct family
Type of disability	The degree of disability that is required to collect benefits under the policy.	Residual Disability
Earnings test	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. ☐ 80% / 60% ☐ 80% / 80%	☐ 80% / 60%
Part-time earnings calculation	The formula used to determine how the amount of the monthly benefit will be calculated.	Greater of proportionate loss formula or direct reduction
Return to work incentive period	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. ☐ 12 months ☐ 24 months	☐ 12 months
Family care credit	Additional financial support for a disabled employee for family care responsibilities, like childcare, while they are in a formal rehabilitation program through the insurer.	Maximum Amount / Reduced Amount: \$350 / \$175 per dependent Benefits reduce at: 12 months Total yearly max: \$2,500 Max benefit duration: 24 months

LONG-TERM DISABILITY

This benefit summary highlights the standard options (availability varies by state). Additional benefit options may be available with underwriting approval. Quoting default options are noted in **BOLD**.

Benefit	10+ size groups	2-9 size groups
Indexing	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.	Indexing waiting period: 12 months Duration: Entire duration of claim Indexing amount: Lesser of increase in CPI or 10%
Mental illness & substance abuse	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. ☐ 12 months combined lifetime ☐ 24 months combined lifetime	☐ 12 months combined lifetime ☐ 24 months combined lifetime
Mandatory rehabilitation	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. ☐ Included ☐ Not included	☐ Included
Recurrent disability	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.	50% of the Elimination Period during the Elimination Period, and within 6 months after Elimination Period.

Humana Disability Plans

LONG-TERM DISABILITY

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

OPTIONAL benefits		10+ size groups	2-9 size groups
Self-reported limitation / Special conditions limitation	A limit on the benefits due to conditions that cannot be definitively diagnosed by a physician.	☐ 12 months lifetime ☐ 24 months lifetime	☐ 24 months lifetime
Activities of daily living (ADL)	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.	☐ 10% ☐ 20%	Not available
Business protection rider	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.	☐ 15% for max of \$2,500 ☐ 25% for max of \$5,000	☐ 15% for max of \$2,500 ☐ 25% for max of \$5,000
Cost of Living Adjustment (COLA)	An increase made to the benefit to counteract the effects of inflation.	Percentage of change: ☐ Lesser of 50% CPI change or 3% ☐ Lesser of 50% CPI or 6% ☐ Lesser of CPI or 3% ☐ Flat 1% / 2% / 3% Number of adjustments: ☐ 5 ☐ 10 Waiting period: ☐ 12 months ☐ 24 months ☐ 36 months	Not available

LONG-TERM DISABILITY

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

OPTIONAL benefits		10+ size groups	2-9 size groups
Extended earnings protection benefit	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.	Qualification of benefit: ☐ Less than 60% of pre disability earnings ☐ Less than 80% of pre disability earnings Benefit end date: ☐ Lesser of 3 months or earnings exceed qualification % ☐ Lesser of 6 months or earnings exceed qualification % ☐ Lesser of 12 months or earnings exceed qualification % ☐ Lesser of 18 months or earnings exceed qualification % ☐ Lesser of 24 months or earnings exceed qualification %	Not available
Medical premium supplement	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).	Benefit paid to: Claimant Benefit amount: Lesser of \$1,200 / \$1,000 / \$800 / \$600 / \$400 or actual amount of premium paid to employee Duration of benefits: ☐ 12 months ☐ 18 months ☐ 24 months ☐ 27 months	Not available

LONG-TERM DISABILITY

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

OPTIONAL benefits		10+ size groups	2-9 size groups
Pension contribution benefit	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)	Not available
Rehabilitation bonus	A "bonus" lump sum payment when a claimant successfully completes an approved plan of rehabilitation.	☐ 1x monthly benefit ☐ 3x monthly benefit	Not available

SHORT-TERM DISABILITY

This benefit summary highlights the standard options (availability varies by state). Additional benefit options may be available with underwriting approval. Quoting default options are noted in **BOLD**.

Benefit		10+ size groups	2-9 size groups
Premium contribution	Non-contributory: Employer pays 100% of the employee's premium Contributory: Employee pays a share of the premium Voluntary: Employee pays 100% of the employee's premium	☐ Non-contributory ☐ Contributory ☐ Voluntary	☐ Non-contributory
Benefit selection			
☐ Benefit percentage	The employee will receive payments at the percentage selected up to the weekly benefit maximum.	Benefit percentage: ☐ 40% ☐ 50% ☐ 55% ☐ 60% ☐ 66 2/3% (non-contributory)	Benefit percentage: ☐ 50% ☐ 60%
	Maximum benefit 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>	Weekly benefit maximum: ☐ Up to \$1,500	Weekly benefit maximum: ☐ \$500 (2-3 lives) ☐ \$1,000 (4-9 lives)
☐ Flat dollar amount		☐ \$250	Not available

Humana Disability Plans

SHORT-TERM DISABILITY

This benefit summary highlights the standard options (availability varies by state). Additional benefit options may be available with underwriting approval. Quoting default options are noted in **BOLD**.

Benefit	10+ size groups	2-9 size groups
Elimination period Number of consecutive days after becoming disabled before the benefit becomes payable. Example: 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.	Benefits for accident begin on day: ☐ 1 ☐ 4 ☒ 8 ☐ 15 ☐ 30 Benefits for sickness begin on day: ☒ 8 ☐ 15 ☐ 30	Accident / Sickness / Benefit Duration: ☐ 8 days / 8 days / 13 weeks ☐ 8 days / 8 days / 12 weeks ☐ 8 days / 8 days / 25 weeks ☐ 8 days / 8 days / 26 weeks ☐ 15 days / 15 days / 11 weeks ☐ 15 days / 15 days / 13 weeks ☐ 15 days / 15 days / 25 weeks ☐ 15 days / 15 days / 26 weeks ☐ 30 days / 30 days / 9 weeks ☐ 30 days / 30 days / 13 weeks ☐ 30 days / 30 days / 22 weeks ☐ 30 days / 30 days / 26 weeks
Benefit duration The length of time disability payments will be made to the employee.	☐ 8 to 26 weeks ☒ 13 weeks ☐ 26 weeks	See "Elimination Period" options
Definition of disability 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.	☐ Own job ☐ Own occupation	☐ Own job
Pre-existing condition limitation (contributory and voluntary only) <i>Availability varies by state</i>	A pre-existing condition is any injury or sickness the employee received medical care for. • Look-back period: Time before the effective date to determine if a medical condition is considered pre-existing. • Insured period: Waiting period, beginning with the effective date of coverage, before the pre-existing condition is covered.	Look-back / Insured: ☐ 3 months / 12 months ☒ 6 months / 12 months
Pre-existing condition limitation type	Determines whether a pre-existing condition is excluded from benefits or else reduces the duration that the benefits will be paid.	Not available
	☐ Exclusionary ☐ Limited benefit duration: ☐ 2 weeks ☐ 4 weeks	

SHORT-TERM DISABILITY

This benefit summary highlights the standard options (availability varies by state). Additional benefit options may be available with underwriting approval. Quoting default options are noted in **BOLD**.

Benefit		10+ size groups	2-9 size groups
Earning definition averaging period	Period of time that is used to come to an average of the earnings amount that is used in benefit calculation.	☐ 12 months ☐ 24 months	☐ 12 months ☐ 24 months
Part-time earnings calculation	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.

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.

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