Humana Voluntary Life

Fellow Travelers

PENNSYLVANIA

Coverage	Loss	Benefit
Life insurance	Death	100 percent of the life benefit amount.
Accelerated death benefit	Terminal illness with a life-expectancy of 24 months or less.	50 percent of the life benefit amount to a maximum benefit of $250,000. The final life benefit amount will be reduced by the amount of the accelerated death benefit paid (may vary by state).
Portability	Termination of employment.	Continue coverage by paying premiums directly to Humana. Employee must exercise portability option within 31 days of termination.
Dependent insurance	Death of spouse Death of dependent child (Some limitations apply. No benefit for birth through 14 days. Reduced benefit for age 15 days to 6 months.)	You will receive the coverage amount selected. $5,000 / $10,000

Accidental death or bodily injury (AD&D)[1]

Loss of Life / Dismemberment*	Benefit: Non common carrier accident	Benefit: Common carrier accident
Loss of life	100%	200%
Loss of both hands	100%	200%
Loss of both limbs	100%	200%
Loss of both legs	100%	200%
Loss of both feet	100%	200%
Loss of sight in both eyes	100%	200%
Loss of one hand and one foot	100%	200%
Loss of one hand or one foot and sight of one eye	100%	200%
Quadriplegia	100%	200%
Paraplegia	50%	200%
Hemiplegia	50%	200%
Loss of one hand	50%	200%
Loss of one arm	50%	200%
Loss of one leg	50%	200%
Loss of one foot	50%	100%
Loss of sight of one eye	50%	100%

*Reimbursement percentages for each benefit based on principle amount.

[1]The total benefit for all losses resulting from the same accident will be limited to the one type of loss which provides the greatest benefit. This is in addition to the life benefit amount.

AD&D includes the following benefits:		
Seat belt-airbag helmet benefit	Death as the result of an auto accident while properly using a seat belt, or wearing a properly fitted and fastened motorcycle helmet in a motorcycle accident.	Amount of your accidental death benefit increases by 10 percent, but not less than $1,000 or more than $10,000. In addition, we will increase your accidental death benefit by 5 percent, to a maximum of $5,000 but no less than $500, for a properly functioning airbag.
Education benefit	Death as the result of an accident.	Actual expense to a maximum of $5,000 or 5 percent 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.
Childcare benefit	Death as the result of an accident.	Actual expense to a maximum of $5,000 or 5 percent of death benefit. For a dependent in a licensed childcare center up to four consecutive years after the employee's death, or until the child's 13th birthday.
Coma benefit	Employee is in a coma caused by a body injury, the coma begins within 365 days after the accident; and the person remains in a coma for more than 31 consecutive days.	One time payment of 5 percent of the employee's benefit, subject to a maximum of $5,000.
Repatriation benefit	Death as the result of an accident.	Actual expenses to a maximum of $5,000 if employee dies as a result of an accidental death at least 150 miles from his/her principal place of resident, and there are expenses for preparing and transporting the employee's body to a mortuary.
Spouse training benefit	Death as the result of an accident.	Actual expense to a maximum of $5,000 or 5 percent 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.

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Age reduction schedule

Beginning at age 65 (or age 70 in schedule three), employee life coverage will reduce based on the benefit amount in force on the employee's 64th birthday (or age 69 in schedule three). Spouse benefits reduce based on spouse's age.

Age	Schedule two
65	35 percent
70	50 percent
75	No further reduction
80	
85+	

Eligibility to participate

Active, full-time employees are eligible for coverage.

Waiver of premium

If you are totally disabled for at least six consecutive months prior to age 60, you can continue life insurance coverage and waive the premium. Waiver ends at age 65 or 70 (see certificate for benefit details).

Conversion privilege

If your employment ends, you may be eligible to convert your coverage to an individual whole life insurance policy.

Questions?

Visit **Humana.com** or call **866-427-7478,** Monday – Friday, 8 a.m. – 6 p.m., Eastern time.

Insured by Humana Insurance Company.

This is not a complete disclosure of plan qualifications and limitations. Please review your Certificate of Insurance for a complete list of benefits. The Certificate of Insurance is the document upon which eligibility and benefit payment will be determined. Your agent/broker 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.

Humana®

Policy Number: GN-70050-07 EM POLICY 5/06 et.al., ICC22-GN-70050-07 EM POLICY et.al.

Important

At Humana, it is important you are treated fairly.

Humana Inc. and its subsidiaries do not discriminate or exclude people because of their race, color, national origin, age, disability, sex, sexual orientation, gender, gender identity, ancestry, ethnicity, marital status, religion, or language. Discrimination is against the law. Humana and its subsidiaries comply with applicable Federal Civil Rights laws. If you believe that you have been discriminated against by Humana or its subsidiaries, there are ways to get help.

- You may file a complaint, also known as a grievance:
  Discrimination Grievances, P.O. Box 14618, Lexington, KY 40512-4618
  If you need help filing a grievance, call **877-320-1235** or if you use a **TTY**, call **711**.
- You can also file a civil rights complaint with the **U.S. Department of Health and Human Services**, Office for Civil Rights electronically through their Complaint Portal, available at **https://ocrportal.hhs.gov/ocr/portal/lobby.jsf**, or at **U.S. Department of Health and Human Services**, 200 Independence Avenue, SW, Room 509F, HHH Building, Washington, DC 20201, **800-368-1019**, **800-537-7697 (TDD)**. Complaint forms are available at **https://www.hhs.gov/ocr/office/file/index.html**.
- **California residents**: You may also call California Department of Insurance toll-free hotline number: **800-927-HELP (4357)**, to file a grievance.

Auxiliary aids and services, free of charge, are available to you. 877-320-1235 (TTY: 711)

Humana provides free auxiliary aids and services, such as qualified sign language interpreters, video remote interpretation, and written information in other formats to people with disabilities when such auxiliary aids and services are necessary to ensure an equal opportunity to participate.

Language assistance services, free of charge, are available to you. 877-320-1235 (TTY: 711)

Español (Spanish): Llame al número arriba indicado para recibir servicios gratuitos de asistencia lingüística.
繁體中文 (Chinese): 撥打上面的電話號碼即可獲得免費語言援助服務。
Tiếng Việt (Vietnamese): Xin gọi số điện thoại trên đây để nhận được các dịch vụ hỗ trợ ngôn ngữ miễn phí.
한국어 (Korean): 무료 언어 지원 서비스를 받으려면 위의 번호로 전화하십시오 .
Tagalog (Tagalog – Filipino): Tawagan ang numero sa itaas upang makatanggap ng mga serbisyo ng tulong sa wika nang walang bayad.
Русский (Russian): Позвоните по номеру, указанному выше, чтобы получить бесплатные услуги перевода.
Kreyòl Ayisyen (French Creole): Rele nimewo ki pi wo la a, pou resevwa sèvis èd pou lang ki gratis.
Français (French): Appelez le numéro ci-dessus pour recevoir gratuitement des services d'aide linguistique.
Polski (Polish): Aby skorzystać z bezpłatnej pomocy językowej, proszę zadzwonić pod wyżej podany numer.
Português (Portuguese): Ligue para o número acima indicado para receber serviços linguísticos, grátis.
Italiano (Italian): Chiamare il numero sopra per ricevere servizi di assistenza linguistica gratuiti.
Deutsch (German): Wählen Sie die oben angegebene Nummer, um kostenlose sprachliche Hilfsdienstleistungen zu erhalten.
日本語 **(Japanese)**: 無料の言語支援サービスをご要望の場合は、上記の番号までお電話ください。
فارسی (Farsi)
برای دریافت تسهیلات زبانی بصورت رایگان با شماره فوق تماس بگیرید.
Diné Bizaad (Navajo): Wódahí béésh bee hani'í bee wolta'ígíí bich'į' hódíílnih éí bee t'áá jiik'eh saad bee áká'ánída'áwo'dęę niká'adoowoł.
العربية (Arabic)
الرجاء الاتصال بالرقم المبين أعلاه للحصول على خدمات مجانية للمساعدة بلغتك