

# Humana Specialty Benefits Agent Sales Guide

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The guidelines outlined in this booklet will help you obtain, enroll and maintain your HumanaDental and HumanaLife business. For specific questions or additional information, please contact your sales representative. It is important that you advise your client not to cancel any current group coverage until the employer receives written approval from HumanaDental or Humana.

This guide is subject to change. Contractual information supersedes information in this guide.

## Eligibility

### Employer eligibility

- › Minimum of two enrolled employees.
- › Groups must have an employer/employee relationship.
- › Groups' home offices must be in states where HumanaDental is licensed to do business.
- › Groups' participation levels and employee eligibility must be verifiable through company records.

### Employee eligibility

An employee is a person who is:

- › Regularly employed.
- › In active status at the employer's place of business.
- › Active status means the employee is performing all of his or her duties:
  - On a regular, full-time basis.
  - For the required number of hours per week shown on the employer's group application.
  - For 48 weeks per year.
- › Paid a salary or earnings.
- › If the employer is a union, in good standing and eligible for insurance according to the rules of eligibility of the union.

Call your sales representative for information about U.S. citizens working in foreign countries. Foreign employees legally working in the United States are eligible.

### Dependent eligibility

Generally, a dependent is defined as an employee's lawful spouse, unmarried natural blood-related child, stepchild, or legally adopted child whose age is less than limiting age. Unless otherwise mandated, covered dependent children are eligible for coverage through age 18. Unless otherwise mandated, a child is eligible for coverage up to age 25 if a covered dependent child is a regular, full-time student attending an accredited secondary school, college or university.

## Quote requests

### Group size 2-99 eligible

It's easy to quote with HumanaDental. Just select your preferred method:

1. E-mail the quote request to [easyrate@humanadental.com](mailto:easyrate@humanadental.com).
2. Fax 1-800-233-4009.
3. Log on to **HumanaDental.com** to produce a quote online (for group size 2-50 only).
4. Call 1-800-248-4138.
5. Call your HumanaDental sales representative.

Include the following information:

- › Agent tax identification, Social Security number, or your Humana Agent Number, which can be found on your commissions check
- › Fax number, address, or Internet e-mail address for quote delivery.
- › Name, address and phone number of group.
- › Nature of business and standard industry code (SIC).
- › Prior dental carrier information.

- › Requested effective date.
- › Census information for each eligible employee, including gender, age or birth date, and current coverage type (single, family, employee with child(ren), employee with spouse and waivers): Include coverage type list for all retirees).
- › If quoting a group with more than one business location, please provide the census information by location.
- › Requested plan(s): Provide specific name of product(s) you want quoted along with deductible, annual maximum, and optional plan benefits.

## Group size 100+ eligible

Groups of 100+ employees require the same information listed above and:

- › A copy of current plan of benefits and notice of any benefit changes within the last two years.
- › Current and available renewal rates.
- › Agent commissions.
- › Employer contribution.
- › Number of carriers within the last five years, if available.

Submit requests for proposals to your sales representative at least 60 days before the proposed effective date.

## Group size 300+ eligible

Groups of 300+ employees require the information for 100+ employees and:

- › Two complete years of premium and claims history current to within six months of proposed effective date.
- › Enrollment history, by month, by coverage type, to coincide with experience submitted.

Submit requests for proposals to your sales representative at least 30 days before the proposed effective date.

## Carve-out classes

An employer can define certain categories of employees as eligible to enroll for coverage. Acceptable carve-out classes are limited to salary and hourly, management and nonmanagement, or union and nonunion. Groups of 51+ employees allow for more flexibility; contact your sales representative to discuss options.

## Retiree class

- › Retiree coverage is an option for dental plans. It is available for groups with 26 or more actively-at-work enrolled employees.
- › The minimum age for retiree eligibility is 50 for groups with 51+ enrolled employees, and 65 for groups with 26 to 50 enrolled employees.
- › The percentage of retirees cannot exceed 10 percent (20 percent for 100+) of the entire eligible group.

## Required forms checklist

6. HumanaDental requires the following information when you submit an application. Please send materials to your sales representative no later than the 15th of the month before the requested effective date for standard, fully insured groups or 45 days before the requested effective date for Administrative Services Only (ASO) or Custom Request (CR) groups. Incomplete submissions may delay processing of a group's application. For the most current forms, access **HumanaDental.com** or contact your sales representative.
  - › Employer Group Application.
  - › Employee enrollment forms, list enrollment spreadsheet, or Electronic Data Interchange (EDI) forms.
  - › Complete and submit waiver forms for employees not electing coverage for themselves or their eligible dependents. (For voluntary plans, HumanaDental does not need complete waiver forms. The employer can simply submit a letter stating all eligible employees had the opportunity to enroll.)
  - › First month's premium deposit check (the check must be drawn from employer's or agent's account, payable to HumanaDental).

- › Copy of quote with sold plan and rates marked.
- › Prior carrier bill (if applicable).
- › Multiple location form (if applicable).

## Effective dates

Standard effective dates are the first day of the month and are required for Prepaid/DHMO plans. To avoid a lapse in coverage, we can coordinate the effective date for non-Prepaid/DHMO plans when the prior carrier policy terminates on a day other than the first of the month. The renewal date for groups issued on dates other than the first of the month will be the first of the month after the effective date.

Please note:

- › All applications must be signed before the requested effective date.
- › Underwriting reserves the right to determine the effective date.
- › It is important that you advise your client not to cancel any current group coverage until written approval is received from Underwriting.

## Contribution requirements

**Employer-sponsored plans:** Employers must contribute a minimum of 25 percent toward the employees' premium cost.

**Voluntary plans:** Employers may contribute toward the premium cost, but it is not required.

## Participation requirements

### PPO, Traditional, Preventive Plus, Advantage Plus, and DHMO/Prepaid

- › 2+ eligible employees—Traditional Preferred, PPO, Preventive Plus, and DHMO/Prepaid without orthodontia
- › 10+ eligible employees—Advantage Plus and DHMO/Prepaid with orthodontia

	<b>Participation</b>
Employer pays 100 percent of premium	100 percent
Employer contributes at least 25 percent of premium For groups with two or more eligible employees, HumanaDental will lower the participation requirement to 50 percent if 25 percent or more of the eligible employees waive due to other credible coverage.	75%*
Voluntary—PPO and Traditional Preferred	Two enrolled employees or 25%, whichever is greater
Voluntary—Advantage Plus	10 enrolled employees or 25 percent, whichever is greater
Voluntary—DHMO/Prepaid	Two or more enrolled employees
Voluntary—DHMO/Prepaid with orthodontia coverage	10 or more enrolled employees

## Offering dual choice

Dual-choice arrangements enable an employer to offer two dental plans to groups of 10+ enrolled employees:

- › There is no minimum enrollment per plan\* as long as the group meets standard participation guidelines.
- › Multiple choice is not available in the same plan. Exceptions may be considered for 100+ groups.
- › Multiple-choice dental plans must be either voluntary or employer-sponsored, not a combination of both.
- › Adding or deleting a dental plan to create or discontinue a multiple-choice arrangement is allowed at renewal.
- › Triple choice is available for 100+ enrolled groups with DHMO and Advantage Plus coverage or with PPO, TRP, or Preventive Plus Plans.
- › Employees may move from one plan to another on renewal.
- › Confirm options with your sales representative.

\* Minimum enrollment may apply to DHMO.

## Orthodontia:

- › Orthodontic options must be selected on both products or not at all, with exceptions on the Preventive Plus and some DHMO/Prepaid plans.
- › Orthodontic lifetime maximums do not need to be the same on both plans.

## Premium Only Plans

The Premium Only Plan (P.O.P.)\* is an employee benefit program designed to take advantage of certain provisions of Section 125 of the Internal Revenue Code. The P.O.P. allows employers to reduce their payroll tax obligations through the use of pretax deductions of employee benefit premiums. If groups apply for Humana specialty products without medical or dental group with 25 or more enrolled lives, they have the option to purchase P.O.P. for a nominal administrative fee of \$125 and a \$100 annual renewal fee.

\* This is not available in Kentucky.

## Enrolling a new employee

A new employee can apply based on the eligibility requirements on the Employer Group Application. An enrollment form must be completed, dated and signed before it can be processed. Access [HumanaDental.com](https://www.humana.com/humana-dental) for the most current forms and enrollment options.

## Timely applicant

A timely applicant is any employee or dependent applying for coverage within 31 days of the eligibility date or within 31 days of a qualifying event. Eligibility date is determined by the employer's enrollment period or qualifying event.

A newborn is considered timely if he/she is added to the plan by his/her second birthday.

**Qualifying events:** Marriage, adoption, change of legal guardianship, return to full-time student status, involuntary loss of prior dental coverage (which must have been in place for a minimum of 12 months), or divorce.

## Late applicant

Any employee or dependent applying for coverage more than 31 days after his/her eligibility date or more than 31 days after a qualifying event.

The effective date of coverage for late applicants will be the first of the month after HumanaDental receives the application.

Benefit waiting periods will be applied to basic, major and orthodontia services.

## Waiting periods

### PPO, Traditional, and Preventive Plus

#### Employer-sponsored funding

Enrollment type	Group size	Preventive	Basic	Major	Orthodontia
Initial enrollment and timely add-on	2-9 enrolled employees	No	No	12 months <sup>1</sup>	Not available
Initial enrollment, open enrollment, and timely add-on	10 or more enrolled employees	No	No	No	No
Late applicant <sup>3</sup>	All group sizes <sup>2</sup>	No	12 months	12 months	12 months

#### Voluntary funding

Enrollment type	Group sizes	Preventive	Basic	Major	Orthodontia
Initial	All group sizes <sup>2</sup>	No	No	12 months <sup>1</sup>	12 months <sup>1</sup>
Open enrollment and timely add-on	All group sizes <sup>2</sup>	No	No	12 months <sup>1</sup>	12 months <sup>1</sup>
Late applicant	All group sizes <sup>2</sup>	No	12 months	12 months	12 months

### Advantage Plus

#### Employer-sponsored funding

Enrollment type	Group sizes	Preventive	Basic	Major	Orthodontia
Initial enrollment and timely add-on	10 or more enrolled employees (5D plan available for 2 or more employees)	No	No	No	No

#### Voluntary funding

Enrollment type	Group sizes	Preventive	Basic	Major	Orthodontia
Initial enrollment and timely add-on	10 or more enrolled employees (5D plan available for 2 or more employees)	No	No	12 months <sup>1</sup>	12 months <sup>1</sup>

<sup>1</sup> The 12-month waiting period may be decreased or waived based on the number of months the member had dental coverage immediately before joining the HumanaDental plan.

<sup>2</sup> Orthodontia is not available for groups with 2-9 enrolled employees.

<sup>3</sup> Late applicants not allowed with open enrollment option.

## New employee rate

Contact HumanaDental's Billing and Enrollment department for new employee rates. Other places to find rates are:

- › Welcome letter (if rate is needed before the first renewal).
- › Last renewal letter.
- › **HumanaDental.com**.

## Employee coverage change

When an employee wants to increase coverage, submit the change on an employee enrollment form. Dual-choice groups, when an employee wants to move from one plan to the other, can be done at renewal.

- › Employers can make the following changes by submitting an Employee Change Form, calling Billing and Enrollment, or logging on to **HumanaDental.com**:
  - › Drop dependents.
  - › Decrease coverage type (family to single, employee and spouse, or employee and children).
  - › Cancel a line of coverage.
  - › Add a newborn (telephone call can be made by employer or employee).

## Premium billing

A premium billing statement will be mailed each month, about two weeks before the due date. Payments are always due on the first of the month for that month's coverage. Credits or back bills for terminated, new employees, or employee changes will be deducted/added to the next billing statement generated after processing.

If premium due is not received by the 15th of the month, the group will receive a warning letter informing them premium has not been received. If premium due is not received by the 31st day after the due date, the group will receive a termination letter explaining our termination and/or reinstatement procedures. The termination date will be effective as of the last day of the month for which the last premium was received.

## Renewals

Renewal notifications are mailed to the employer a minimum of 30 days before the renewal date, or 60 days where required by state law. For 2-99 groups, an agent copy is mailed one week before the employer's notice. For 100+ groups, a sales account executive or Underwriting will contact you. For 2-99 alternate plan options, contact HumanaDental raters. Alternative quotes for 100+ groups are done on request.

## Employee/dependent terminations

An employee and/or dependent termination occurs when an employee and/or dependent no longer is eligible for coverage. The termination date is based on the effective date provision selected by the employer—either the end of the month or immediately.

To ensure only eligible members receive benefits under the policy, please notify HumanaDental of any member (employee or dependent) terminations as soon as possible, using any of the following methods:

- › Visit **HumanaDental.com**.
- › Call a Billing and Enrollment representative.
- › Fax the change to Billing and Enrollment.
- › Mail directly to HumanaDental separate from premium payments.

If we are notified more than two months after a termination, the coverage termination date will be backdated a maximum of two months.

## Continuation privileges

### State continuation

Some states mandate continuation of dental benefit options for employees after they no longer are eligible for group coverage. The employee's eligibility for state continuation is determined by the state where the company is located. Obtain specific guidelines and requirements for a state continuation from Billing and Enrollment, or your local sales office.

### Consolidated Omnibus Budget Reconciliation Act (COBRA)

COBRA applies to employers with 20 or more employees (full-time employees count for one; part-time employees count for fractions depending on the number of hours worked per week). The law requires that employers who maintain group dental plans offer employees and/or their dependents continuation of group dental coverage at group rates, in certain instances, when there is a loss of group insurance coverage. For COBRA-specific guidelines, contact Billing and Enrollment, or refer to the administration guide on [HumanaDental.com](https://www.humana.com).

### Group termination

Groups may terminate coverage at any time if written notice is received before the requested termination date. All premium payments will be due up to the date of termination. If the employer is moving to a new carrier, we advise the group to wait to terminate current coverage until it has approval and proof of a new carrier. As long as proof of the new carrier is provided to us, we will backdate group terminations.

### Group reinstatement

Groups can reinstate terminated group coverage twice within a 12-month period. A fee, which varies by the size of the group, is charged for each reinstatement request.

Active employees	Reinstatement fee
1-50	\$50
51-99	\$150
100+	\$300

### Group plan changes

A group may elect to change its plan annually as of the renewal date or the month after the renewal. For alternate plan options and requirements, contact the following:

- › 2-99, HumanaDental Underwriting.
- › 100+, sales representative, account executive or Underwriting.

Submit 2-99 requests for changes to Billing and Enrollment on a Request to Modify Form or an Employer Group Application. Submit 100+ requests to your sales representative or account executive.

Requests to change benefits must be received by the 15th of the month preceding the requested effective date.

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In 2007, Humana acquired KMG America, offering group term life plans through Kanawha Insurance Company. Humana offers a wide range of standard group term life products for clients of all sizes, and the convergence of Humana and KMG allows even more flexibility and customization for large groups.

The information below is unique to HumanaLife only. For KMG contact information see page 23.

## Eligibility

### Employer eligibility

- › Minimum of two enrolled employees.
- › Groups must have an employer/employee relationship.
- › Groups' home offices must be in states where Humana is licensed to do business.
- › Groups' participation levels and employee eligibility must be verifiable through company records.

### Employee eligibility

An employee is a person who is:

- › In active status at the employer's place of business. Active status means the employee is performing all of his or her duties:
  - On a regular, full-time basis.
  - For the required number of hours per week shown on the employer's group application.
  - For 48 weeks per year.
- › Paid a salary or earnings.

Call your sales representative for information about U.S. citizens working in foreign countries. Foreign employees legally working in the United States are eligible.

## Dependent eligibility

Generally, a dependent is defined as an employee's lawful spouse, unmarried natural blood-related child, stepchild, or legally adopted child whose age is less than limiting age. Unless otherwise mandated, covered dependent children are eligible for coverage through age 18. Unless otherwise mandated, a child is eligible for coverage to age 25 if a covered dependent child is a regular, full-time student attending an accredited secondary school, college or university.

## Quote requests

### Group size 2-99

It's easy to quote with Humana Specialty. Just select your preferred method:

1. Call 1-800-248-4138.
2. Fax 1-800-233-4009.
3. Log on to **HumanaDental.com** to produce a quote online.
4. E-mail the quote request to [easyrate@humanadental.com](mailto:easyrate@humanadental.com).
5. Call your sales representative.

Include the following information:

- › Requested effective date.
- › Agent tax identification, Social Security number, or your Humana Agent number, which can be found on your commission check.
- › Fax number, address, or Internet e-mail address for quote delivery.
- › Name, address, and phone number of group.
- › Nature of business and standard industry code (SIC).

- › Prior life carrier information.
- › Census information for each eligible employee, including gender and age or birth date.
- › If quoting a group with more than one business location, please provide the census information by location.
- › Salary and class information, if applicable.

## **Group size 100-999**

Send the request for proposal to your sales representative. Include the following:

- › Requested effective date.
- › Census information for each eligible employee, including gender and age or birth date.
- › Current and requested benefits.
- › Salary and class information, if applicable.
- › Current rates.
- › Commissions.
- › Due date.
- › Paid premiums and paid claims, if available.

## **Group size 1,000+**

Send request for proposal to sales. Include the following:

- › Requested effective date.
- › Census information for each eligible employee, including gender and age or birth date.
- › Current and requested benefits.
- › Salary and class information, if applicable.
- › Current rates.
- › Commissions.
- › Due date.
- › For basic life insurance, include two years experience for the following:
  - Premium.
  - Claims.
  - Employee count.
  - Rates.
  - Waiver of premium.

## **Carve-out classes**

An employer can define certain categories of employees as eligible to enroll for coverage. Acceptable carve-out classes are limited to salary and hourly, management and nonmanagement, or union and nonunion. Groups of 100+ employees allow for more flexibility; contact your sales representative to discuss options.

## **Retiree class**

- › Available for groups with 100+ employees.
- › The percentage of retirees cannot exceed 10 percent of the total life volume.
- › Age reduction schedule can be different for retirees.
- › Voluntary life is not available to retired employees.

## Required forms checklist

Humana requires the following information when you submit an application. Please send materials to your sales representative no later than the 15th of the month before the requested effective date. Incomplete submissions may delay processing of a group's application. For forms, access **HumanaDental.com** or contact your sales representative.

- › Employer Group Application.
- › Employee enrollment forms or list enrollment spreadsheet.
- › A copy of quote or proposal presented to the group.
- › First month's premium deposit check. The check must be drawn from employer's or agent's account, payable to Humana.
- › Copy of bill and certificate if this is a rate match sale (applies to groups with 100-300 eligible employees).
- › Evidence of insurability for amounts applied for over the guaranteed issue amount.
- › Single case agreement / replacement commission agreement for non-standard commissions.
- › Self-administration agreement for self-administered groups.

## Effective dates

Standard effective dates are the first day of the month. To avoid a lapse in coverage, we can coordinate the effective date when the prior carrier policy terminates on a day other than the first of the month. The renewal date for groups issued on dates other than the first of the month will be the first of the month after the effective date.

Please note:

- › All applications must be signed before the requested effective date.
- › Underwriting reserves the right to determine the effective date.
- › It is important that you advise your client not to cancel any current group coverage until written approval is received from Underwriting.

## Contribution requirements

**Basic life plans:** Employers must contribute a minimum of 50 percent toward the employees' premium cost.

**Voluntary life plans:** Employers may contribute toward the premium cost, but it is not required.

## Participation requirements

### Basic life

#### 2+ eligible employees

#### Participation

Employer pays 100 percent of premium	100 percent
Employer pays 50-99 percent of premium	75 percent

### Voluntary life

#### Eligible employees

#### Participation

5-300	Five enrolled employees or 25 percent, whichever is greater
301-999	20 percent
1,000+	15 percent

## Enrolling a new employee

- › A new employee may apply within the eligibility requirements on the Employer Group Application.
- › An enrollment form must be completed, dated, and signed before it can be processed.
- › Access **HumanaDental.com** for forms and enrollment options.

## Timely applicant

**Basic and voluntary life plans:** Any employee or dependent applying for coverage within 31 days of the eligibility date. Eligibility date is determined by the employer's enrollment period.

## Late applicant

**Contributory basic and voluntary life plans:** Evidence of insurability is required for all amounts of life insurance.

**Noncontributory basic life plans:** There are no late enrollees. If an employee applies for coverage more than 31 days after the date of eligibility, we must add him/her to the plan with an effective date equal to his/her date of eligibility and charge the company premium for the employee. For a noncontributory plan, the employer contracts with us to provide life insurance at no cost to all eligible employees; for that reason, we need to collect the premium from the employer (no exceptions).

## New employee rate

Contact Humana Billing and Enrollment for new employee rates. You also can find rates in the last renewal letter.

## Employee coverage change

An employer can drop or add dependents by submitting an employee change form or calling Billing and Enrollment.

**Basic life plans:** When an employee increases coverage because of a salary increase, submit the change on an employee enrollment form. For a coverage increase over the guaranteed issue amount because of salary increase, an employee may increase his/her total basic life coverage to more than the guaranteed issue amount. No additional underwriting is required as long as the employee's total coverage is less than \$350,000.

**Voluntary life plans:** Underwriting must review all voluntary life increases after initial enrollment.

An employee who wants basic or voluntary life insurance for more than the guaranteed acceptance limit needs to complete a health questionnaire and provide additional information that Underwriting may request.

## Premium billing

A premium billing statement will be mailed each month, about two weeks before the due date. Payments are always due on the first of the month for that month's coverage. Credits or back bills for terminated, new employees, or employee changes will be deducted/added to the next billing statement generated after processing.

If premium due is not received by the 15th of the month, the group will receive a warning letter informing them premium has not been received. If premium due is not received by the 31st day after the due date, the group will receive a termination letter explaining our termination and / or reinstatement procedures. The termination date will be effective as of the last day of the month for which the last premium was received.

Premium payments for self-administered life groups (100+ only), which do not receive monthly billings, are always due on the first of each month for that month's coverage.

## Renewals

Renewal notifications are mailed to the employer a minimum of 30 days before the renewal date, or 60 days where required by state law. For 2-99 groups, an agent copy is mailed one week before the employer's notice. Contact Humana raters to request a quote for an alternate plan option for 2-99 groups. For 100+ groups, a sales account representative will contact you.

## Age reduction schedule

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

Age	Reduction of coverage
65	35 percent
70	55 percent
75	70 percent
80	80 percent
85	85 percent

## Employee/dependent terminations

An employee and/or dependent termination occurs when an employee and/or dependent no longer is eligible for coverage. The termination date is based on the effective date provision selected by the employer—either the end of the month or immediately.

To ensure only eligible members receive benefits under the policy, please notify Humana of any member (employee or dependent) terminations as soon as possible using any of the following methods:

- › Visit **HumanaDental.com**.
- › Call a Billing and Enrollment representative.
- › Fax the change to Billing and Enrollment.
- › Mail directly to Humana separate from premium payments.

If we are notified more than two months after a termination, the coverage termination date will be backdated a maximum of two months.

## Accidental death and dismemberment (AD&D)

AD&D must be offered with basic life insurance for all fully insured groups. In addition, AD&D is offered with retiree coverage.

AD&D is optional for self-administered groups with basic life, and groups with voluntary life.

The benefit amount is the same as the basic life or voluntary life coverage selected. Benefit amount doubles if the loss results from a common carrier accident.

Additional AD&D benefits (available in all states except Maryland):

- › Seat belt – airbag – helmet benefit (also available for spouse)
- › Education benefit
- › Childcare benefit
- › Spouse training benefit
- › Coma benefit
- › Repatriation benefit

## Conversion or portability

If an employee is eligible for either conversion or portability, he or she must apply for coverage within 31 days of termination.

**Conversion:** If an 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 a permanent insurance plan. Maximum amounts to be converted vary based on the contract. If the group coverage ends due to termination of the policy, conversion is available when the member's coverage has been in effect for at least three years. Voluntary ported coverage also can be converted when the policy is terminated. The conversion policy is issued without evidence of insurability. A converted life policy is not eligible for portability.

**Portability:** Available only with voluntary life in some states. Contact your sales representative for information. An active eligible employee who leaves the group can continue voluntary life insurance by paying premiums to Humana if he or she is not yet age 70. Only coverage in force or a lesser amount can be ported. Coverage is portable for dependents if the employee ports coverage. If the group terminates, ported coverage is eligible for conversion.

Portability is state-specific and is not available in Massachusetts and Minnesota. Portability does not include AD&D, waiver of premium, and accelerated death benefit. Member requests to port life coverage are routed to the Dental Billing and Enrollment (B&E) Contact Center. For more information call 1-800-233-4013.

## Group termination

Groups may terminate coverage at any time if written notice is received before the requested termination date. All premium payments will be due up to the date of termination. If the employer is moving to a new carrier, we advise the group to wait to terminate current coverage until it has approval and proof of a new carrier. As long as proof of the new carrier is provided to us, we will backdate group terminations.

## Group reinstatement

Groups can reinstate terminated group coverage twice within a 12-month period. A fee is charged for each reinstatement request. The amount of the fee varies by the size of the group.

Active employees	Reinstatement fee
1-50	\$50
51-99	\$150
100+	\$300

## Plan changes for groups 2–99

For alternate plan quotes, contact our Conservation Department. Submit changes to Billing and Enrollment on a Plan Change Request Form or an Employer Group Application. Requests to change benefits must be received by the 15th of the month preceding the requested effective date.

## Plan changes for groups 100+

For alternate plan quotes and requirements, contact your sales representative. Submit approved changes to Billing and Enrollment on a Request to Modify Form or change notice or an Employer Group Application. Requests to change benefits must be received by the 15th of the month preceding the requested effective date.

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The guidelines outlined in this booklet will help you obtain, enroll and maintain your HumanaDental, HumanaVision, and HumanaLife business. For specific questions or additional information, please contact your sales representative. It is important that you advise your client not to cancel any current group coverage until the employer receives written approval from Humana Specialty Benefits or Humana.

This guide is subject to change. Contractual information supersedes information in this guide.

## Eligibility

### Employer eligibility

- › Minimum of two enrolled employees.
- › Groups must have an employer/employee relationship.
- › Groups' home offices must be in states where Humana is licensed to do business.
- › Groups' participation levels and employee eligibility must be verifiable through company records.

### Employee eligibility

An employee is a person who is:

- › Regularly employed.
- › In active status at the employer's place of business. Active status means the employee is performing all of his or her duties:
  - On a regular, full-time basis.
  - For the required number of hours per week shown on the employer's group application.
  - For 48 weeks per year.
- › Paid a salary or earnings.
- › If the employer is a union, in good standing and eligible for insurance according to the rules of eligibility of the union.

Call your sales representative for information about U.S. citizens working in foreign countries. Foreign employees legally working in the United States are eligible.

## Dependent eligibility

Generally, a dependent is defined as an employee's lawful spouse, unmarried natural blood-related child, stepchild, or legally adopted child whose age is less than limiting age. Unless otherwise mandated, covered dependent children are eligible for coverage through age 18. Unless otherwise mandated, a child is eligible for coverage to age 25 if a covered dependent child is a regular, full-time student attending an accredited secondary school, college or university.

## Quote requests

### Group size 2-99

\* Available for 2-9 if sold with a Humana dental insurance plan with a minimum of 25% participation and no fewer than 2 enrolled.

It's easy to quote with Humana Specialty. Just select your preferred method:

1. E-mail the quote request to [easyrate@humanadental.com](mailto:easyrate@humanadental.com).
2. Fax 1-800-233-4009.
3. Log on to **HumanaDental.com** to produce a quote online.
4. Call 1-800-248-4138.
5. Call your sales representative.

Include the following information:

- › Requested effective date.
- › Agent tax identification, Social Security number, or your Humana Agent number, which can be found on your commission check.
- › Fax number, address, or Internet e-mail address for quote delivery.
- › Name, address, and phone number of group.

- › Prior vision carrier information.
- › Census information for each eligible employee (if available), including gender, age or birthdate, and coverage type (single, family, employee with children, employee with spouse and waivers): Include coverage type list for retirees.
- › If quoting a group with more than one business location, please provide the census information by location.
- › Requested plan(s): Provide specific name of product(s) you want quoted.

## **Group size 100-+**

Groups of 100+ employees require the same information listed above and:

- › Current and available renewal rates.
- › Agent commissions.
- › Employer contribution.

Submit requests for proposals to your sales representative at least 30 days before the proposed effective date.

## **Carve-out classes**

An employer can define certain categories of employees as eligible to enroll for coverage. Acceptable carve-out classes are limited to salary and hourly, management and non-management, or union and nonunion. Groups of 51+ employees allow for more flexibility; contact your sales representative to discuss options.

## **Retiree class**

- › Retiree coverage is an option for vision plans. It is available for groups with 26 or more actively-at-work enrolled employees.
- › The minimum age for retiree eligibility is 50 for groups with 51+ enrolled employees, and 65 for groups with 26 to 50 enrolled employees.
- › The percentage of retirees cannot exceed 10 percent (20 percent for 100+) of the entire eligible group.

## **Required forms checklist**

Humana Specialty Benefits requires the following information when you submit an application. Please send materials to your sales representative no later than the 15th of the month before the requested effective date. Incomplete submissions may delay processing of a group's application. For the most current forms, access

**HumanaVisionCare.com** or contact your sales representative.

- › Employer Group Application.
- › Employee enrollment forms or list enrollment spreadsheet.
- › Complete and submit waiver forms for employees not electing coverage for themselves or their eligible dependents. (For voluntary plans, HumanaVision does not need complete waiver forms. The employer can simply submit a letter stating all eligible employees had the opportunity to enroll.)
- › First month's premium deposit check (the check must be drawn from employer's or agent's account, payable to Humana Specialty Benefits).
- › Copy of quote with sold plan and rates marked.
- › Multiple location form (if applicable).

## Effective dates

Standard effective dates are the first day of the month. To avoid a lapse in coverage, we can coordinate the effective date when the prior carrier policy terminates on a day other than the first of the month. The renewal date for groups issued on dates other than the first of the month will be the first of the month after the effective date.

Please note:

- › All applications must be signed before the requested effective date.
- › Underwriting reserves the right to determine the effective date.
- › It is important that you advise your client not to cancel any current group coverage until written approval is received from Underwriting.

## Contribution requirements

**Employer-sponsored plans:** Employers must contribute a minimum of 75 percent toward the employees' premium cost.

**Voluntary plans:** Employers may contribute toward the premium cost, but it is not required.

## Participation requirements

	Employer contribution	Participation
Employer-sponsored	at least 75 percent	10 or more enrolled*
Voluntary	less than 75 percent	10 or more enrolled*

\* 2-9 considered if sold with a Humana dental insurance plan with a minimum of 25% participation and no fewer than 2 enrolled.

## Dual choice for Vision

- › For groups 2-99, Vision Dual-Choice is not offered.
- › For groups 100+, Vision Dual-Choice is subject to underwriting review and prior approval.
- › If approved, the following will apply:
  - One plan must be employer sponsored.
  - Dual-Choice of two voluntary products is not allowed.
  - Buy-up plan must meet contribution requirements of 75% of single premium in order to be considered Employer-Sponsored.
  - When the employer is contributing less than 75 percent of single premium on the buy up plan, voluntary rates will apply.

## Premium Only Plans

The Premium Only Plan (P.O.P.)\* is an employee benefit program designed to take advantage of certain provisions of Section 125 of the Internal Revenue Code. The P.O.P. allows employers to reduce their payroll tax obligations through the use of pretax deductions of employee benefit premiums. If groups apply for P.O.P. with any Humana group medical plan, or any HumanaDental plan enrolling 25 or more lives, they will pay a \$100 annual renewal fee. If groups apply for Humana specialty products without medical or dental group with 25 or more enrolled lives, they have the option to purchase P.O.P. for a nominal administrative fee of \$125 and a \$100 annual renewal fee. Employer Group Application.

\* P.O.P. plans are not available in Kentucky

## Enrolling a new employee

A new employee can apply based on the eligibility requirements on the Employer Group Application. An enrollment form must be completed, dated and signed before it can be processed. Access [HumanaVisionCare.com](https://www.humana.com/humana-vision-care) for the most current forms and enrollment options.

Please note:

- › All applications must be signed before the requested effective date.
- › Underwriting reserves the right to determine the effective date.
- › It is important that you advise your client not to cancel any current group coverage until written approval is received from Underwriting.

## Timely applicant

A timely applicant is any employee or dependent applying for coverage within 31 days of the eligibility date or within 31 days of a qualifying event. Eligibility date is determined by the employer's enrollment period or qualifying event.

A newborn is considered timely if he/she is added to the plan by his/her second birthday.

Qualifying events: Marriage, adoption, change of legal guardianship, return to full-time student status, involuntary loss of prior vision coverage (which must have been in place for a minimum of 12 months), or divorce.

## Late applicant

Any employee or dependent applying for coverage after the open enrollment period or after 31 days of a qualifying event will not be effective until the groups renewal date.

## New employee rate

Contact Humana Specialty Benefit's Billing and Enrollment department for new employee rates. Other places to find rates are:

- › Welcome letter (if rate is needed before the first renewal).
- › Last renewal letter.

## Employee coverage change

When an employee wants to increase coverage, submit the change on an employee enrollment form. Dual-choice groups, when an employee wants to move from one plan to the other, can be done at renewal.

Employers can make the following changes by submitting an Employee Change Form or calling Billing and Enrollment:

- › Drop dependents.
- › Decrease coverage type (family to single, employee and spouse, or employee and children).
- › Cancel a line of coverage.
- › Add a newborn (telephone call can be made by employer or employee).

## Premium billing

A premium billing statement will be mailed each month, about two weeks before the due date. Payments always are due on the first of the month for that month's coverage. Credits or back bills for terminated or new employees added will appear on the next billing statement after processing.

If premium due is not received by the 15th of the month, the group will receive a warning letter informing them premium has not been received. If premium due is not received by the 31st day after the due date, the group will receive a termination letter explaining our termination and/or reinstatement procedures. The termination date will be effective as of the last day of the month for which the last premium was received.

## Renewals

Renewal notifications are mailed to the employer a minimum of 30 days before the renewal date, or 60 days where required by state law. For 2-99 groups, an agent copy is mailed one week before the employer's notice. For 100+ groups, a sales account executive or Underwriting will contact you. For 2-99 alternate plan options, contact Humana Specialty Benefits raters. Alternative quotes for 100+ groups are done on request.

## Employee/dependent terminations

An employee and/or dependent termination occurs when an employee and/or dependent no longer is eligible for coverage. The termination date is based on the effective date provision selected by the employer—either the end of the month or immediately.

To ensure only eligible members receive benefits under the policy, please notify Humana Specialty Benefits of any member (employee or dependent) terminations as soon as possible, using any of the following methods:

- › Visit **HumanaVisionCare.com**.
- › Call a Billing and Enrollment representative.
- › Fax the change to Billing and Enrollment.
- › Mail directly to Humana Specialty Benefits separate from premium payments.

If we are notified more than two months after a termination, the coverage termination date will be backdated a maximum of two months.

## Continuation privileges

**State continuation:** Some states mandate continuation of vision benefit options for employees after they no longer are eligible for group coverage. The employee's eligibility for state continuation is determined by the state where the company is located. Obtain specific guidelines and requirements for a state continuation from Billing and Enrollment, or your local sales office.

**Consolidated Omnibus Budget Reconciliation Act (COBRA):** COBRA applies to employers with 20 or more employees (full-time employees count for one; part-time employees count for fractions depending on the number of hours worked per week). The law requires that employers who maintain group vision plans offer employees and/or their dependents continuation of group vision coverage at group rates, in certain instances, when there is a loss of group insurance coverage. For COBRA-specific guidelines, contact Billing and Enrollment.

## Group termination

Groups may terminate coverage at any time if written notice is received before the requested termination date. All premium payments will be due up to the date of termination. If the employer is moving to a new carrier, we advise the group to wait to terminate current coverage until it has approval and proof of a new carrier. As long as proof of the new carrier is provided to us, we will backdate group terminations.

### Group reinstatement

Groups can reinstate terminated group coverage twice within a 12-month period. A fee, which varies by the size of the group, is charged for each reinstatement request.

Active employees	Reinstatement fee
1-50	\$50
51-99	\$150
100+	\$300

### **Group plan change**

A group may elect to change its plan annually as of the renewal date or the month after the renewal. For alternate plan options and requirements, contact the following:

- 2-99, Humana Specialty Benefits raters.
- 100+, sales representative, account executive or Underwriting.

Submit 2-99 requests for changes to Billing and Enrollment on a Request to Modify Form or an Employer Group Application. Submit 100+ requests to your sales representative or account executive.

Requests to change benefits must be received by the 15th of the month preceding the requested effective date.

### Contact information

#### Quoting

- › Group size 2-99 eligible
  - Phone: 1-800-248-4138
  - Fax: 1-800-233-4009
  - E-mail: [easyrate@humanadental.com](mailto:easyrate@humanadental.com)
  - Call your Humana sales representative or 1-866-4-ASSIST (1-866-427-7478)
- › Group size 100+ eligible
  - Call your Humana sales representative or 1-866-4-ASSIST (1-866-427-7478)

#### ID cards for dental or vision

- › Phone: 1-800-233-4013

#### To add dental and/or vision coverage or modify existing dental coverage

- › Phone: 1-800-233-4013
- › E-mail: [dentalplanchange@humana.com](mailto:dentalplanchange@humana.com)
- › Fax, group level changes: 920-632-9378

#### Life conversion

- › Phone: 1-866-836-6144

#### Life Portability

- › Phone: 1-800-233-4013

#### New or existing group questions

- › 1-866-4-ASSIST (1-866-427-7478)

#### Enrollment contact center

- › Phone: 1-800-233-4013
- › Fax: 1-866-584-9140

#### Web

- › [HumanaDental.com](http://HumanaDental.com)
- › [HumanaLife.com](http://HumanaLife.com)
- › [HumanaVisionCare.com](http://HumanaVisionCare.com)

### Contact information (KMG)

#### Quoting

- › Group size 2-99 eligible
  - Phone: 1-800-248-4138
  - Fax: 1-800-233-4009
  - E-mail: [easyrate@humanadental.com](mailto:easyrate@humanadental.com)
  - Call your Humana sales representative or 1-866-4-ASSIST (1-866-427-7478)
- › Group size 100+ eligible
  - Call your Humana sales representative

#### Plan change questions

- › Call your Humana sales representative

#### Life conversion

- › Phone: 1-800-584-4214

#### New or existing group questions

- › 1-800-584-4214

#### Web

- › [KMGAmerica.com](http://KMGAmerica.com)

# HUMANA<sup>®</sup>

*Specialty Benefits*

HumanaDental.com • 1-800-233-4013

Dental products insured or administered by HumanaDental Insurance Company, The Dental Concern Inc., the Dental Concern, Ltd., CompBenefits, CompBenefits of Alabama, Inc., CompBenefits Company, CompBenefits Dental, Inc., CompBenefits of Georgia, Inc., and American Dental Plan of North Carolina, Inc.

Life products insured by Humana Insurance Company and Humana Insurance Company of Kentucky, and Kanawha Insurance Company

Vision products insured by Humana Insurance Company, Humana Insurance Company of Kentucky, Humana Health Benefit Plan of Louisiana, Inc., and CompBenefits Insurance Company