

**HUMANA CRITICAL ILLNESS (CRITICAL ADVANTAGE) - GROUP
POLICY # 8011
REGULATORY AND TECHNICAL INFORMATION GUIDE***

BENEFIT CONDITIONS, LIMITATIONS AND EXCLUSIONS

A Critical Illness must be diagnosed during the lifetime of the Covered Person.

Any loss due to a Pre-existing Condition will not be covered if the loss begins within 12 months after the Covered Person's Effective Date of Insurance. However, Benefits may be paid for a loss due to a Pre-existing Condition of a Covered Person who was covered:

- By a Replaced Policy; and
 - By the Policy on its Initial Effective Date.
1. We will review the claim. If the Policy's Pre-Existing Condition Exclusion does not apply, We will pay the Benefits of the Policy.
 2. If the Covered Person does not satisfy the Policy's Pre-Existing Condition Exclusion, but can satisfy the Replaced Policy's pre-existing condition exclusion giving credit for all time insured under both policies; then We will pay the lesser of:
 - (a) The Policy's Benefit without applying the Pre-Existing Condition Exclusion; or
 - (b) The Benefit of the Replaced Policy.

Any payment under "(a)" or "(b)" above will be in accord with all terms of the relevant policy.

3. If the Covered Person does not satisfy the Pre-Existing Condition Exclusion of the Policy or that of the Replaced Policy, no Benefit will be paid.

When a named Critical Illness is contributed to or caused by another named Critical Illness, We will pay only one Benefit. The Benefit paid will be the larger. If the Benefits are equal, the Employee may choose the Benefit to be paid.

A Tentative, Clinical or Pathological Diagnosis of Invasive Cancer during the 30-day period after a Covered Person's Effective Date of Insurance is not Covered. The 30-day period is reduced by one day for each day that a Replaced Policy was in force.

Benefits for Invasive Cancer or Carcinoma in Situ will not be payable based on a Tentative Diagnosis.

When We pay a sum equal to the Face Amount in a Benefit Group, the Automatic Benefit Increase ends for that Benefit Group.

The Automatic Benefit Increase ends when coverage is ported.

Except as provided in the Recurrence Benefit, all Vascular Benefits end when We have paid 100% of a Covered Person's Face Amount for any of the following:

- Heart Attack;
- Heart Transplant; or
- Stroke.

The Critical Illness product is underwritten by Kanawha Insurance Company.

*The Regulatory and Technical Information Guide only lists the major limitations and exclusions of the plan. Limitations and exclusions may vary by state. If there is any conflict between the Policy and this Regulatory and Technical Information, the Policy controls.

When We pay a Benefit for Coronary Artery Bypass Surgery, the Face Amount for other Vascular Benefits is reduced by 25%.

Except as provided in the Recurrence Benefit, all Cancer Benefits end when We have paid 100% of a Covered Person's Face Amount for Invasive Cancer.

When We pay a Benefit for Carcinoma in Situ, the Face Amount for Invasive Cancer is reduced by 25%.

Except as provided in the Recurrence Benefit, all Other Critical Illness Benefits end when We have paid 100% of a Covered Person's Face Amount for any of the following:

- Major Organ Transplant;
- End Stage Renal Disease;
- Loss of Vision, Speech or Hearing;
- Coma;
- Severe Burns;
- Permanent Paralysis; or
- Occupational HIV.

No Benefits of the Policy will be paid for loss that is contributed to, caused by, or occurs during;

- Any intentionally self-inflicted injury;
- Suicide, or attempted suicide, while sane or insane;
- Active duty military service;
- Participation in the commission or attempted commission of a felony;
- Being intoxicated or under the influence of alcohol, drugs or any narcotic (including overdose) unless administered on, and taken in accordance with, the instructions of a Physician;
- Psychosis; or
- Alcoholism or drug addiction.

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