

Humana.

303-894-7855
894-7499

August 28, 2013

It's extremely
important that you
call us at
1-877-222-0650

Re: Policy/Certificate Number: [REDACTED]

Important Information about the Continuation of your Humana Policy - You Must Contact Us in the Next 30 Days or Your Policy Will Be Terminated

Dear [REDACTED]:

Thank you for being a Humana member. As you may have heard, the Affordable Care Act (ACA), also known as the healthcare reform law, is changing the rules governing healthcare coverage. We encourage you to learn more about healthcare reform and what it means for you, including guidance about the new health insurance marketplace and the different ways you go about determining whether you may be eligible for financial assistance. Visit Humana.com/HealthcareForYou for more information.

Some people are unclear about how ACA will affect them. Humana will be updating policies such as yours to meet the new 2014 ACA rules. The required 2014 ACA changes include removing any exclusionary riders that you may currently have on your medical policy and providing coverage for a new set of healthcare service categories called Essential Health Benefits (EHBs). EHBs include coverage for a variety of services that may or may not be relevant to you - preventive and wellness services, mental health and substance use disorders, maternity coverage, chronic disease management, and many other benefits and services that may be new to you.

Humana is offering you a choice about your coverage. You must choose one of these two options no later than 30 days from the date of this letter or your coverage will be terminated.

Option A: Keep your current policy with all your existing benefits and services, including any exclusionary riders, rate-ups, and limitations. By electing Option A and agreeing to a policy amendment, you will keep your current policy and establish your policy year as December 31, 2013 through December 30, 2014. On December 31, 2014 Humana will issue to you a 2014 ACA compliant policy. This option gives you the time to decide what Humana 2014 ACA policy you want in the future¹.

Option B: Choose a new policy with 2014 ACA benefits effective January 1, 2014. In addition to including the EHBs listed above, any exclusionary riders and rate-ups will be removed. See attachment #3 for a benefit comparison between your current policy and the 2014 ACA policy.

To help you with your decision, we've enclosed an estimated comparison of premiums and a general description of the coverage differences between Option A and Option B. See attachment #1 for that cost comparison.

Insured by Humana Insurance Company

We offer a variety of convenient ways to contact us with your selection:


- Call us at 1-877-222-0650 using our 24-hour automated system to electronically sign the policy amendment. Signing the amendment in this manner will require agreeing to the amendment electronically. This must be completed no later than 30 calendar days of the date of this letter, or
- Sign the policy amendment form, included with this mailing, and either fax it to 1-877-562-8320 or mail it using the enclosed envelope to: Humana Insurance Company, PO Box 30111, Tampa, FL 33630-3111. The policy amendment form is attachment #2. The signed amendment must be received by Humana no later than 30 calendar days following the date of this letter.

Remember you must make a decision and tell us if you wish to stay on your current policy. You have two options: continue your current policy on December 31, 2013 and retain it through December 30, 2014 (Option A) or choose a new policy with 2014 ACA benefits beginning January 1, 2014 (Option B.)

If you don't select Option A or B, Colorado legislation requires your current policy to be terminated as of December 31, 2013. If you are terminated then you will no longer have medical insurance coverage. You will be able to sign up for another plan during the initial open enrollment period from October 1, 2013 through March 31, 2014. Note that with either option if you have a Traditional Preferred Dental policy, that policy will automatically follow suite with your medical policy decision. In other words, a Dental policy will automatically renew or terminate with your medical policy.

As a Fortune 100 company with years of healthcare experience, Humana wants to help you manage your health and well-being. It's our privilege to have you as a Humana member. We look forward to serving you in the coming year. As always, please feel free to contact your agent or a Customer Care Specialist at 1-877-222-0650 if you have any questions about your options.

Sincerely,



Steve DeRaleau
Humana Individual Products

Enclosure

¹Members also have the option to enroll in medical insurance with 2014 ACA benefits during the new initial open enrollment period, October 1, 2013 through March 31, 2014.

As of October 1, 2013, Connect for Health Colorado will begin operating within Colorado's health insurance marketplace. Consumers using Connect for Health Colorado will have the opportunity to shop for coverage, compare premiums, deductibles, co-payment costs, and health benefits provided by a variety of health benefit plans starting January 1, 2014. Connect for Health Colorado will also provide assistance in determining who qualifies for federal financial assistance that could reduce premiums and other costs.

You may find that you qualify for plans that have reduced deductibles and co-payments. It is possible that a plan similar to what you have now may be less expensive if purchased through Connect for Health Colorado, or through another insurance company. You can contact your insurance advisor for assistance and additional information. You will still be able to purchase coverage from us, either through Connect for Health Colorado, or directly from us, or coverage from any other company, although federal assistance for premiums, co-payments, and deductibles will not be available for plans purchased outside of Connect for Health Colorado. It is important to note that under state and federal law, after January 1, 2014, you cannot be denied a health benefit plan due to a prior health condition. There is no requirement that you continue to obtain health coverage from us, but you may choose to do so.

More information is available at <http://www.connectforhealthco.com> or www.healthcare.gov.

Attachment #1

Below is an estimated cost comparison between continuing your current policy with a new policy year (Option A) or choosing to include the new 2014 ACA benefits in your policy beginning 1/1/2014 (Option B). The 2014 cost comparison is based on your existing policy as of the date of this letter and does not reflect any changes or updates you may have made to the policy since then. **Note: The 2014 ACA policy premium amount is a projection and could change. The 2014 ACA compliant policy premium has been filed with your state's Department of Insurance (DOI) and is subject to DOI approval. The uncertainty of the DOI approved premium level must be considered by you as part of your evaluation of what option you select.**

	Option A Current Premium	Option B 2014 ACA Compliant Policy on 1/1/14
Policy Name:	Autograph Total / HSA	Humana Natl Preferred Bronze 6300/6300 with Children's Dental
Provider Offering/Network:	Humana/ChoiceCare Network PPO	Humana/ChoiceCare Network PPO
In-network deductible:	\$5,200.00	\$6,300
In-network coinsurance:	We pay: 100%, You pay: 0%	We pay 100% you pay 0%
In-network office visits:	100% after deductible	None
Separate prescription deductible:	Not covered	combined with medical
In-network coinsurance out-of-pocket limit (does not include deductible or copays):	0	\$6300 ind/\$12600 fam
Health Savings Account - Qualified:	Yes	Yes
Essential Health Benefits:	No	Yes
Monthly Premium:	\$396.76	\$697.56
<p><i>This is a policy snapshot only. Association and administrative fees may apply. The estimated premium amount includes fees and taxes, some of which support and fund components of the Affordable Care Act (ACA, commonly known as "healthcare reform") and are paid directly by Humana. This amount also includes any optional benefits, but may not reflect recent changes to your policy. For a complete list of your current policy benefits, covered services, out-of-network coverage, limitations and exclusions, please review your policy located on MyHumana, your secure website on Humana.com, or call 1-877-222-0650. If you haven't registered for MyHumana yet, you can go to Humana.com and click on "Register for MyHumana" to get started. If you would like a paper copy of your policy/certificate, call the Customer Care number on the back of your Humana ID card. We'll mail a copy within 10 business days of your request. You can also reference the Summary of Benefits and Coverage (SBC) which is a government-required document intended to provide you with consistent and comparable information about your health policy options across health insurance carriers. You can also find your SBC on MyHumana.</i></p>		

If your policy premium increased, you should know this isn't unique to Humana -- premium increases generally will occur industry-wide. Increases aren't based on your individual claims or changes in health status. Many other factors go in to your premium, including:

- ACA compliance, including the addition of the new essential health benefits
- Increasing cost of medical care
- Your age and where you live

Attachment #3: Policy Benefit Comparison

Policy Provision	Current Plan	ACA Compliant 2014 Plan
24-Hour Coverage	Included in Plan	Included in Plan
Abortion	Excluded - Varies by Plan	Life Threatening Covered; Elective Excluded
Annual Open Enrollment	Not Included	Included
Clinical Trials (Phases I thru IV)	Phase I Not Included	Includes all Phases
Condition Specific Deductible, if applicable	Included - Varies by Plan	Not Included
Continuation for Surviving Dependents	Included in Plan	Special Enrollment (Qualifying Life Event) or Open Enrollment
Conversion/Transferring Coverage	Included in Plan	Special Enrollment (Qualifying Life Event) or Open Enrollment
Copayments	Not included in out-of-pocket maximum	Included in out-of-pocket maximum
Deductible Carryover, if applicable	Included- Varies by Plan	Not Available
Dependent Child Limiting Age	31	31
Exclusion Riders, if applicable	Available	Not Available
Grace Period	31 Days	31 Days
Guarantee Issue	Not Applicable	Applicable
Inadequate Network	Non-Network Paid at Network Level	Non-Network Paid at Network Level
Late Add Ons	Medically Underwritten	Special Enrollment (Qualifying Life Event) or Open Enrollment
Maternity, if applicable	Optional Benefit	Included
Mental Health	Share 80/HSA, Total/HSA, HumanaOne HSA 100% - Excluded All other plans - covered - 50% coins	Covered same as any other illness
Mental Health Deductible, if applicable	Included - Varies by Plan	Not Included
Newborns/Adopted	Automatically Added if Enrolled within 31 Days of Event	Automatically Added if Enrolled within 31 Days of Event
Pediatric Dental/Vision	Not Included	Included
Pre-Existing Limitation/Exclusion	Included in Plan	Not Included
Reinstatement	Included in plan	Not Included
Sickness Effective Date, if applicable	Included - Varies by Plan	Not Included
Special Enrollment	Not Included	Included
Supplemental Accident Rider	Optional Benefit	Not Available
Terminate When Moving Out of Service Area	Not Applicable	Yes - Replacement Plan Availability Varies by State
Term Life Insurance Rider	Optional Benefit	Not Available
Timely Dependent Add Ons (Other Than a Newborn/Adopted Child)	Medically Underwritten	Special Enrollment (Qualifying Life Event) or Open Enrollment

AMENDMENT

HUMANA INSURANCE COMPANY

Policyholder: _____

Policy Number: _____

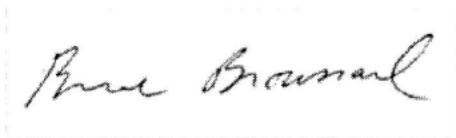
This amendment should be attached to and made a part of your *policy*.

I hereby agree to the following change(s);

To establish the policy year as the period of time from December 31, 2013 through December 30, 2014.

I hereby acknowledge that I have read and understand the above statements.

Date: ____/____/____ Policyholder's signature: _____
Primary applicant or parent/guardian of minor



Bruce Broussard
President