

AMENDMENT TO GROUP STOP-LOSS POLICY

ISSUED BY HUMANA INSURANCE COMPANY

AMENDMENT NO. 4

ATTACHED TO GROUP STOP-LOSS
POLICY NO.: 707218

EFFECTIVE DATE OF
THIS AMENDMENT
January 1, 2012

The following provisions are made a part of the Group Stop-Loss Policy to which this Amendment is attached; however, nothing contained herein shall vary, alter or extend any provision of the Group Stop-Loss Policy to which this Amendment is attached except as stated herein:

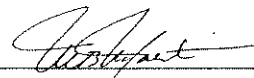
A NEW SCHEDULE OF COVERAGE IS ADDED TO THE GROUP STOP-LOSS POLICY COVERING THE COVERED PERSONS OF LEXINGTON FAYETTE URBAN COUNTY GOVERNMENT. THIS NEW SCHEDULE OF COVERAGE SHALL SUPERSEDE AND BE SUBSTITUTED FOR ANY PREVIOUSLY EXISTING SCHEDULE TO THE POLICY OF THE SAME OR SIMILAR DESIGNATION.

IN WITNESS WHEREOF, Humana Insurance Company has caused this Amendment to be executed at its Home Office in the City of Green Bay, Wisconsin to take effect at 12:01 A.M., Standard Time, on the Effective Date shown herein.

Accepted for the POLICYHOLDER by

HUMANA INSURANCE COMPANY

AUTHORIZED REPRESENTATIVE - TITLE



MICHAEL B. McCALLISTER
PRESIDENT

STOP-LOSS SCHEDULE OF COVERAGE

HUMANA INSURANCE COMPANY OF KENTUCKY

This Schedule of Coverage forms a part of the Policy issued to the Policyholder and shall be effective as of January 1, 2012 and continue in effect until December 31, 2012 unless sooner amended or revised.

Name of Policyholder's Plan: Lexington Fayette Urban County Government

Plan Administrator: Lexington Fayette Urban County Government
(Humana is *not* the Plan Administrator as defined by ERISA)

Plan Administrator address: 200 E Main Street, Lexington, Kentucky 40507

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1. **Covered entities other than Policyholder:** Not Applicable
 2. **Classes of employees excluded from coverage:** Not Applicable
 3. **Covered Benefits:**

Aggregate Stop-loss	Individual Stop-loss
<input checked="" type="checkbox"/> Medical	<input checked="" type="checkbox"/> Medical
<input checked="" type="checkbox"/> Prescription Drug	<input checked="" type="checkbox"/> Prescription Drug
<input checked="" type="checkbox"/> Mental Health	<input checked="" type="checkbox"/> Mental Health

4. Coverage Options:

Aggregate Stop-loss	Individual Stop-loss	Explanation
<input type="checkbox"/> Paid Option	<input type="checkbox"/> Paid Option	Claims Incurred after Policy effective date and Paid during the Policy Year.
<input type="checkbox"/> 12/12	<input type="checkbox"/> 12/12	Claims Incurred within 12 months following start of Policy Year and Paid within 12 months following start of Policy Year.
<input type="checkbox"/> 12/15	<input type="checkbox"/> 12/15	Claims Incurred within 12 months following start of Policy Year and Paid within 15 months following start of Policy Year.
<input type="checkbox"/> 12/18	<input type="checkbox"/> 12/18	Claims Incurred within 12 months following start of Policy Year and Paid within 18 months following start of Policy Year.
<input checked="" type="checkbox"/> <u>24/12</u>	<input checked="" type="checkbox"/> <u>24/12</u>	Claims Incurred within <u>24</u> months following start of Policy Year and Paid within <u>12</u> months following start of Policy Year.

5. Run In. Yes No

During the initial Policy Year, the Company will apply all Eligible Expenses incurred during the selected period preceding the Effective Date of the Policy and Paid during the initial Plan Year.

Aggregate Stop-loss	Individual Stop-loss
<input type="checkbox"/> 3 Months	<input type="checkbox"/> 3 Months
<input type="checkbox"/> 4 Months	<input type="checkbox"/> 4 Months
<input type="checkbox"/> 6 Months	<input type="checkbox"/> 6 Months
<input type="checkbox"/> _____	<input type="checkbox"/> _____
Limit:	Limit:

6. Organ Transplant Step Down Deductible Option Yes No
Step-Down Amount – \$10,000

7. Monthly Aggregate Advance Option Yes No

8. Aggregating Specific Stop-loss Yes No

Deductible amount – Not Applicable

9. Stop-loss Coinsurance:

Proposed Policyholder is a healthcare provider or an affiliation of providers that renders health care services to individuals covered under the Policyholder's self-funded health plan

Yes No

10. Annual Aggregate Maximum Benefit: \$1,000,000

11. Annual Individual Deductible: \$250,000

12. Lifetime Individual Maximum Benefit: Unlimited

13. Minimum Annual Aggregate Deductible: \$20,057,452

14. Covered Persons with unique individual stop-loss deductible amounts and maximums:

Name	Unique Annual Individual Stop-loss Deductible Amount	Unique Individual Lifetime Maximum Benefit
Not Applicable	Not Applicable	Not Applicable

15. Monthly Rates:

	Aggregate Deductible Factor 100/70 PPO 80/50 PPO (\$500 Ded) 80/50 PPO (\$2500 Ded) 100/70 HDHP (\$2500 Ded) 80/50 HDHP (\$2500 Ded)	Aggregate Stop-loss Premium	Individual Stop-loss Premium
Employee Only	\$839.15 \$750.96 \$608.05 \$505.25 \$463.63	\$1.63	\$9.78
Employee and Spouse	\$1,5010.47 \$1,351.72 \$1,094.49 \$909.46 \$834.54	\$1.63	\$19.55
Employee and Child	\$1,451.73 \$1,299.16 \$1,051.93 \$874.09 \$802.08	\$1.63	\$18.58
Family	\$1,762.22 \$1,577.01 \$1,276.90 \$1,061.06 \$973.63	\$1.63	\$31.29

16. Terminal Liability Option.

Yes No

This coverage will include all Eligible Expenses paid during the selected period following the Policy termination Effective Date. This feature is only available if "Paid Option" or "12/12" is chosen above.

A. Terminal Liability Period: Not Applicable

Aggregate Stop-loss		Individual Stop-loss	
<input type="checkbox"/>	3 Months	<input type="checkbox"/>	3 Months
<input type="checkbox"/>	4 Months	<input type="checkbox"/>	4 Months
<input type="checkbox"/>	6 Months	<input type="checkbox"/>	6 Months
<input type="checkbox"/>	_____	<input type="checkbox"/>	_____

B. Terminal Liability Maximum Benefit: Not Applicable

C. Terminal Liability Rates:

	Aggregate Deductible Factor	Aggregate Stop-loss Premium	Individual Stop-loss Premium
Employee Only	Not Applicable	Not Applicable	Not Applicable
Employee and Spouse	Not Applicable	Not Applicable	Not Applicable
Employee and Child	Not Applicable	Not Applicable	Not Applicable
Family	Not Applicable	Not Applicable	Not Applicable