

Plan Highlights

Voluntary Group Long Term Disability Insurance



HonorHealth

COVERAGE

Disability income protection insurance provides a benefit for long term disability resulting from a covered injury or sickness. Benefits begin at the end of the elimination period and continue while you are disabled up to the maximum benefit duration.

ELIGIBILITY

All eligible employees as defined by your employer.

CONTRIBUTION REQUIREMENTS

Core: Coverage is 100% employer paid.
Buyup: Coverage is 100% employee paid.

ELIMINATION PERIOD

180 consecutive days of total disability.

BENEFIT AMOUNT

Core: 40% of covered earnings, up to a maximum benefit of \$15,000 per month.
Buyup: 60% of covered earnings, up to a maximum benefit of \$15,000 per month.

MAXIMUM BENEFIT DURATION

Benefits will not extend beyond the longer of Social Security Normal Retirement Age or Duration of Benefits below:

Age at Disablement	Duration of Benefits
61 or less	To Age 65
62	3 1/2 Years
63	3 Years
64	2 1/2 Years
65	2 Years
66	1 3/4 Years
67	1 1/2 Years
68	1 1/4 Years
69 or more	1 Year

RATES

See attached Rate Sheet

FEATURES

- ▶ Conversion Privilege
- ▶ Military Services Leave of Absence
- ▶ FMLA Continuation
- ▶ Interruption and Recurrent Provisions
- ▶ Minimum Benefit Payable – \$100
- ▶ Own Occupation Coverage – 24 months
- ▶ Rehabilitation Provision
- ▶ Residual and Partial Disability
- ▶ Specific Indemnity Benefit
- ▶ Survivor Benefit – 3 months
- ▶ Transfer of Coverage Provision
- ▶ Work Incentive & Child Care Provisions

VALUE-ADDED SERVICES

- ▶ Travel Assistance Services

LIMITATIONS

- ▶ Please note: Pre-ex limitations also apply to benefit increases
- ▶ Mental/Nervous Illness Limitation – 12 months outpatient
- ▶ Substance Abuse Limitation – 12 months
- ▶ Offsets: your benefit may be reduced by other income sources such as, but not limited to, Social Security, Workers Compensation, State Disability Plans
- ▶ Pre-Existing Condition Limitation – 3/12

EXCLUSIONS

Benefits will not be payable for any disability caused or contributed to by: an intentionally self-inflicted injury; an act of war (declared or undeclared); commission of a felony; or for injury or sickness occurring while confined in any penal or correctional institution. Exclusions and Limitations may vary from state to state. For a comprehensive list of exclusions and specific limitations, and any applicable benefit offsets, please refer to the Certificate of Insurance. The Certificate also provides all requirements necessary to be eligible for coverage and benefits. This Plan Highlights is a brief description of the key features of the RSL insurance plan. The availability of the benefits and features described may vary by state. It is not a certificate of insurance or evidence of coverage. Insurance is provided under group policy form LRS-6564, et al.

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Scheduled Benefit: Each eligible employee may elect **60%** of their monthly earnings, up to **\$15,000** per month benefit maximum.

To calculate your monthly payroll deduction, use the formula indicated below:
(Round all numbers to the nearest whole number)

1. Enter your **Annual Earnings** 1. \$ _____
2. **Divide** your annual earnings by 12 (monthly earnings).
Average monthly income cannot exceed **\$25,000** 2. \$ _____
3. **Multiply** the amount on Line 2 by **\$0.60**. 3. \$ _____
4. **Divide** the amount on Line 3 by 100 and enter the
amount on Line 4 to get your monthly payroll deduction. 4. \$ _____

Rate per \$100 of covered payroll
\$0.60

Example Calculation:

1. Enter your **Annual Earnings** 1. \$ 50,000
2. **Divide** your annual earnings by 12 (monthly earnings).
Average monthly income cannot exceed **\$25,000** 2. \$ 4,167 (monthly earnings)
3. **Multiply** the amount on Line 2 by **\$0.60**. 3. \$ 2,500.20
4. **Divide** the amount on Line 3 by 100 and enter the
amount on Line 4 to get your monthly payroll deduction. 4. \$ 25.00 (monthly payroll deduction)