

Plan Highlights

Voluntary Group Long Term Disability Insurance



Southeast Healthcare, LLC

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

As defined by the Employer.

CONTRIBUTION REQUIREMENTS

Coverage is 100% Employee Paid.

ELIMINATION PERIOD

90 consecutive days of total disability.

BENEFIT AMOUNT

The benefit amount is equal to 60% of your monthly covered earnings, to a maximum benefit of \$6,000 per month.

MAXIMUM BENEFIT DURATION

Benefits will not extend beyond the longer of your 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
- ▶ Own Occupation Coverage – 24 Months
- ▶ Rehabilitation Provision
- ▶ Residual and Partial Disability
- ▶ Specific Indemnity Benefit
- ▶ Survivor Benefit – 3 months
- ▶ Work Incentive & Child Care Provisions
- ▶ Worksite Modification Benefit

VALUE-ADDED SERVICES

- ▶ Travel Assistance Services

LIMITATIONS

- ▶ Pre-Existing Condition Limitation: 12/12
- ▶ Limited Benefit Period for Other Specific Conditions – 24 months
- ▶ Mental & Nervous Limitation – 24 months outpatient
- ▶ Substance Abuse Limitation – 24 months
- ▶ Offsets: your benefit may be reduced by other income sources such as, but not limited to, Social Security, Workers Compensation, State Disability Plans

Premium Worksheet



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The benefit amount is equal to 60% of your monthly covered earnings, to a maximum benefit of \$6,000 per month.

To calculate your semi-monthly payroll deduction, use the formula indicated below:

1. Enter your **Annual Earnings**. 1. \$ _____
2. **Divide** your annual earnings by 12 (monthly earnings). Average monthly income cannot exceed **\$10,000**. 2. \$ _____
3. Find your rate from the age table displayed. 3. \$ _____
4. **Multiply** the amount on Line 2 by the appropriate rate for your age entered on Line 3. 4. \$ _____
5. **Divide** the amount on Line 4 by 100 and enter the amount on Line 5 to get your **monthly payroll deduction**. 5. \$ _____
6. **Divide** the amount on Line 5 by 2 to get your semi-monthly payroll deduction. 6. \$ _____

Age	Rate per \$100 of covered payroll
18-24	\$0.530
25-29	\$0.530
30-34	\$0.530
35-39	\$0.930
40-44	\$1.220
45-49	\$1.470
50-54	\$1.940
55-59	\$2.420
60-64	\$2.850
65-69	\$2.020
70+	\$2.020

Example Calculation: Jane Smith is age 35.

1. Enter your **Annual Earnings**. 1. \$ 50,000
2. **Divide** your annual earnings by 12 (monthly earnings). Average monthly income cannot exceed **\$10,000**. 2. \$ 4,167 (monthly earnings)
3. Find your rate from the age table displayed. 3. \$ 0.930
4. **Multiply** the amount on Line 2 by the appropriate rate for your age entered on Line 3. 4. \$ 3,875.31
5. **Divide** the amount on Line 4 by 100 and enter the amount on Line 5 to get your **monthly payroll deduction**. 5. \$ 38.75 (monthly payroll deduction)
6. **Divide** the amount on Line 5 by 2 to get your semi-monthly payroll deduction. 6. \$ 19.38 (semi-monthly payroll deduction)

