



Offered by Life Insurance Company of North America, a Cigna company

## Employee-Paid LONG-TERM DISABILITY INSURANCE

### SUMMARY OF BENEFITS

Prepared for: Educational Service Center Of Central Ohio

**If you had an unexpected illness or injury and were unable to work, how long would you be able to pay your bills? Long-term disability pays a portion of your salary if you're unable to work due to a covered disability.**

#### Who Can Elect Coverage?:

You: All active, Full-time Employees of the Employer who are United States citizens or permanent resident aliens regularly working a minimum of 20 hours per week in the United States.

You will be eligible for coverage immediately.

#### Available Coverage:

Gross Monthly Benefit	Maximum Gross Monthly Benefit	Benefit Waiting Period	Maximum Benefit Period
60% of your monthly covered earnings	\$8,500	90 Days	Please refer to the 'How Long Benefits Last' section below for more details.

#### Additional Features

**Family Survivor Benefit** – If you die while receiving benefits, we will pay a survivor benefit to your lawful spouse, eligible children, or estate. The plan will pay a single lump sum equal to 3 months of benefits.

#### Employee's Monthly Cost of Coverage:

Age	Monthly Rate per \$100 of Monthly Covered Earnings
0–19	\$0.152
20–24	\$0.152
25–29	\$0.152
30–34	\$0.292
35–39	\$0.394
40–44	\$0.635
45–49	\$0.800
50–54	\$1.054
55–59	\$1.168

Age	Monthly Rate per \$100 of Monthly Covered Earnings
60–64	\$1.168
65–69	\$1.168
70–74	\$1.168
75–79	\$1.168
80–84	\$1.168
85–89	\$1.168
90–94	\$1.168
95–99	\$1.168

*Actual per pay period premiums may differ slightly due to rounding.  
Rates vary by age and may be subject to change in the future.*

#### How to Calculate Your Semi-Monthly Cost:

- Step 1:** Divide your annual salary by 12 to calculate your monthly earnings.
- Step 2:** Use the chart above to find your Monthly rate based on age.
- Step 3:** Multiply this rate by your monthly earnings, or \$14,167, whichever is less.
- Step 4:** Divide the total by 100. The result is your Monthly cost.
- Step 5:** Multiply your Monthly cost by 12.
- Step 6:** Divide by 24. The result is your **Semi-Monthly Cost**.

## Important Definitions and Policy Provisions:

**Disability** – “Disability” or “Disabled” means that, solely because of a covered injury or sickness, you are unable to perform the material duties of your regular occupation/regular job and you are unable to earn 80% or more of your indexed earnings from working in your regular occupation/regular job. After benefits have been payable for 24 months, you are considered disabled if solely due to your injury or sickness, you are unable to perform the material duties of any occupation for which you are (or may reasonably become) qualified by education, training or experience, and you are unable to earn 60% or more of your indexed earnings. We will require proof of earnings and continued disability.

**Covered Earnings** – “Covered Earnings” means your wages or salary, not including overtime pay, bonuses, commissions, and other extra compensation.

**When Benefits Begin** – You must be continuously Disabled for 90 Days before benefits will be paid for a covered Disability.

**How Long Benefits Last** – Once you qualify for benefits under this plan, you continue to receive them until the end of the benefit or until you no longer qualify for benefits, whichever occurs first. Should you remain Disabled, your benefits continue according to the later of your Social Security Normal Retirement Age, or the following schedule, depending on your age at the time you become Disabled.

Age at Disability	Age 62 or younger	63	64	65	66	67	68	69+
Duration of Payments (months)	To age 65 or the date the 42nd monthly benefit is payable, if later.	36	30	24	21	18	15	12

**When Coverage Takes Effect** – Your coverage takes effect on the later of the policy’s effective date, the date you become eligible, the date we receive your completed enrollment form if required, or the date you authorize any necessary payroll deductions if applicable. If you’re not actively at work on the date your coverage would otherwise take effect, your coverage will take effect on the date you return to work. If you have to submit proof of good health, your coverage takes effect on the date we agree, in writing, to cover you.

## Benefit Reductions, Conditions, Limitations and Exclusions:

**Effects of Other Income Benefits** – This plan is structured to prevent your total benefits and post-disability earnings from equaling or exceeding pre-disability earnings. Therefore, we reduce this plan’s benefits by an amount equal to any Social Security retirement and/or disability benefits payable to you, your dependents, or a qualified third party on behalf of you or your dependents. Your disability benefits will not be reduced by any Social Security disability benefits you are not receiving as long as you cooperate fully in efforts to obtain them and agree to repay any overpayment when and if you do receive them. Disability benefits will be reduced by amounts received through other government programs, sick pay, employer funded retirement benefits, workers’ compensation, franchise/group insurance, auto no-fault, and damages for wage loss. For details, see your outline of coverage, policy certificate, or your employer’s summary plan description.

**Earnings While Disabled** – During the first 24 months that benefits are payable, benefits will be reduced if benefits plus income from employment exceeds 100% of pre-disability Covered Earnings. After that, benefits will be reduced by 50% of earnings from employment.

**Limited Benefit Period** – Disabilities caused by or contributed to by any one or more of the following conditions are subject to a lifetime limit of 24 months for outpatient treatment: Anxiety-disorders, delusional (paranoid) or depressive disorders, eating disorders, mental illness, somatoform disorders (including psychosomatic illnesses), Alcoholism, drug addiction or abuse. Benefits are payable during periods of hospital confinement for these conditions for hospitalizations lasting more than 14 consecutive days that occur before the 24-month lifetime outpatient limit is exhausted.

**Pre-existing Condition Limitation** – Benefits are not payable for medical conditions for which you incurred expenses, took prescription drugs, received medical treatment, care or services (including diagnostic measures), or for which a reasonable person would have consulted a physician during the 3 months just prior to the most recent effective date of insurance. Benefits are not payable for any disability resulting from a pre-existing condition unless the disability occurs after you have been insured under this plan for at least 12 months after your most recent effective date of insurance.

**Termination of Disability Benefits** – Your benefits will terminate when your Disability ceases, when your benefit duration period is exceeded, you earn more than your allowable Covered Earnings, or the date you refuse to participate in rehabilitation services.

**Exclusions** – This plan does not pay benefits for a Disability which results, directly or indirectly, from any of the following: • Suicide, attempted suicide, or intentionally self-inflicted injury while sane or insane. • war or any act of war, whether or not declared. • active participation in a riot; • commission of a felony; • the revocation, restriction or non-renewal of an Employee’s license, permit or certification necessary to perform the duties of his or her occupation unless due solely to Injury or Sickness otherwise covered by the Policy. • any cosmetic surgery or surgical procedure that is not Medically Necessary.

*In addition, the plan does not pay disability benefits any period of Disability during which you are incarcerated in a penal or corrections institution.*

1. Your benefit amount will be reduced by any amounts payable to you by any of the sources listed under the “Effects of Other Income Benefits” section.
2. Costs are subject to change.

Terms and conditions of coverage for Long Term Disability insurance are set forth in Group Policy No. VDT 962892. This is not intended as a complete description of the insurance coverage offered. This is not a contract. Complete coverage details, including premiums, are contained in the Policy Certificate. If there are any differences between this summary and the group policy, the information in the group policy takes precedence. Product availability and/or features may vary by state.

Please keep this material as a reference. Insurance coverage is issued on group policy form number: Policy Form TL-004700. Coverage is underwritten by Life Insurance Company of North America, 1601 Chestnut St. Philadelphia, PA 19192.

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