

# Plan Highlights

## Voluntary Group Long Term Disability Insurance



### Jackson Health System

#### 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 Full Time and Part Time Employees with benefits who consistently work 30 or more hours per week and part time employees assigned to a 3/2 schedule that average 57.5 hours biweekly.

#### BENEFIT AMOUNT

You may elect a monthly benefit equal to:

OPTION 1: 60% of your covered earnings, up to a maximum benefit of \$2,500.

OPTION 2: 60% of your covered earnings, up to a maximum benefit of \$6,000.

#### ELIMINATION PERIOD

180 consecutive days of total disability

#### 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 ½ years
63	3 years
64	2 ½ years
65	2 years
66	1 ¾ years
67	1 ½ years
68	1 ¼ years
69 or more	1 year

#### CONTRIBUTION REQUIREMENTS

Coverage is 100% employee paid.

#### FEATURES

- ▶ Conversion Privilege
- ▶ Extended Disability Benefit
- ▶ Minimum Benefit Payable - \$100/10%
- ▶ Own Occupation Coverage - 24 months
- ▶ Rehabilitation provision
- ▶ Residual and Partial Disability
- ▶ Specific Indemnity Benefit
- ▶ Survivor Benefit - 3 months
- ▶ Work Incentive & Child Care provisions

#### VALUE ADDED SERVICES

- ▶ Travel Assistance Service
- ▶ Employee Assistance Program

#### LIMITATIONS

- ▶ Mental/Nervous Illness Limitation - 24 Months out-patient Pre-
- ▶ Existing Condition Limitation - 3/12
- ▶ Substance Abuse Limitation - 24 Months

Please note- pre-ex limitations also apply to benefit increases

#### EXCLUSIONS

Benefits will not be payable for any disability caused by: an intentionally self-inflicted injury; an act of war (declared or undeclared); commission of a felony; injury or sickness occurring while confined in any penal or correctional institution.

For a comprehensive list of exclusions, 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.



