

Housing Benefits Plan LONG TERM DISABILITY BENEFIT SUMMARY

LONG TERM DISABILITI BENEFITI SUMMARI	
MEMBER DEFINITION	An Active Employee of the Employer working 20 hours per week and a citizen or resident of the United States or Canada.
BENEFIT PERCENTAGE	60% of the first \$14,167 of your Predisability Earnings, reduced by Deductible Income.
MAXIMUM MONTHLY BENEFIT	\$8,500 before reduction by Deductible Income.
MINIMUM MONTHLY BENEFIT	\$100
BENEFIT WAITING PERIOD	180 Days
MAXIMUM BENEFIT PERIOD	To Age 65
BENEFIT INTEGRATION	Primary and Family Social Security benefits, Worker's Compensation, income from any other employer or government sponsored disability or retirement plans are used to offset your benefit.
DEFINITION OF DISABILITY	The inability to perform the material duties of your own occupation considering prior education, training, experience and earnings for 24 months.
OWN OCC PERIOD	24 Months
ANY OCC PERIOD LIMITATIONS	From the end of the Own Occ Period to end of Maximum Benefit Period. Payment of LTD Benefits is limited to 24 months during your entire lifetime for a Disability caused or contributed by a Mental Disorder, Substance Abuse or other Limited Conditions including musculoskeletal. However, if you are confined in a Hospital solely because of a Mental Disorder at the end of the 12 months, the limitation will not apply while you are continuously confined.
PRE-EXISTING CONDITION	Pre-existing Condition Period is the 12 month period just prior before your insurance becomes effective. The Exclusion Period is 24 months.
EMPLOYEE ASSISTANCE PROGRAM	EAP Services include WorkLife services, legal and financial counseling and up to three (3) face-to-face assessment and counseling sessions.
ASSISTED LIVING BENEFIT	Upon meeting requirements outlined in the contract, you may be eligible to receive an additional 20% of the first \$10,000 of your Predisability Earnings, but not to exceed \$2,000. The Assisted Living Benefit is not reduced by Deductible Income.
REHABILITATION PLAN BENEFIT	Upon approval, Standard will pay for some or all of the expenses incurred by a disabled employee in connection with approved training and education, family care, and job-related and job search expenses.

Note: The above information is for illustrative purposes only. Please refer to your Group Insurance Certificate for complete plan details. Master Contract contains controlling provisions.