

BENEFITS AT A GLANCE

LONG TERM DISABILITY PLAN

This long term disability plan provides financial protection for **you** by paying a portion of your income while **you** are disabled. In some cases, **you** can receive disability payments even if **you** work while **you** are disabled. Your **disability** must begin while **you** are covered under the long term disability plan.

All terms **bolded** are defined in the **GLOSSARY** section.

EMPLOYER'S ORIGINAL PLAN

EFFECTIVE DATE: January 1, 2023

POLICY NUMBER: 920844 002

ELIGIBLE GROUP(S):

All Eligible Employees in **active employment** in the United States with the **Employer**.

Temporary and seasonal workers are excluded from coverage.

MINIMUM HOURS REQUIREMENT:

Employees must be in **active employment** at least 20 hours per week.

WAITING PERIOD:

The **waiting period** is a continuous period of **active employment** which **you** must satisfy before **you** are eligible for coverage.

For **employees** in an eligible group on or before the plan effective date: None

For **employees** entering an eligible group after the plan effective date: First of the month coincident with or next following the date **you** enter an eligible group

ENROLLMENT:

Employees who are eligible may apply for their coverage at any time within the first 31 days of being eligible.

After 31 days, **employees** who are eligible may apply for their coverage during any **scheduled enrollment period**.

You may decrease any coverage for which **you** make contributions at any time.

EVIDENCE OF INSURABILITY:

Evidence of insurability is required:

- for any amount of coverage applied for more than 31 days after **you** are first eligible for coverage.
- if **you** reapply for coverage after it terminates.

REHIRE:

If your employment ends and **you** are rehired within 12 months, your previous work while in an eligible group will apply toward the **waiting period**. All other policy provisions apply.

WHO PAYS FOR THE COVERAGE:

You must make contributions for your coverage.

No premium contributions are required for your coverage while **you** are receiving benefit payments under this long term disability plan.

ELIMINATION PERIOD:

Benefits begin on the later of:

- 90 days after the date **disability** occurs; or
- the date your insured group short term disability payments end, if applicable.

This is the period of **disability** which must be satisfied before **you** are eligible to receive benefits.

DISABILITY COVERED:

Total Disability and Partial Disability

For definition of **disability** refer to "**WHEN ARE YOU TOTALLY DISABLED?**" and "**WHEN ARE YOU PARTIALLY DISABLED?**" in the **BENEFIT INFORMATION** section.

Some disabilities may not be covered or may have limited coverage under this long term disability plan.

MAXIMUM MONTHLY BENEFIT:

66.6667% of **monthly pre-disability earnings** to a maximum benefit of \$10,000 per month.

Your payment will be reduced by **benefit reductions** and **disability earnings**. Refer to "**WHAT ARE BENEFIT REDUCTIONS?**" in the **BENEFIT INFORMATION** section for income sources that qualify for **benefit reductions**.

MAXIMUM PERIOD OF PAYMENT (for total disability and partial disability combined):

<u>Age at Disability</u>	<u>Maximum Period of Payment</u>
Less than Age 62	To Social Security Normal Retirement Age
Age 62	60 months
Age 63	48 months
Age 64	42 months
Age 65	36 months
Age 66	30 months
Age 67	24 months
Age 68	18 months
Age 69 or older	12 months

TOTAL BENEFIT CAP:

The total benefit payable to **you** on a monthly basis (including all benefits provided under this long term disability plan) will not exceed 100% of your **monthly pre-disability earnings** or your **maximum monthly benefit**.

PRE-EXISTING CONDITION:

Benefits are not payable for any **disability** caused by or resulting from a pre-existing condition, as defined in the policy. To see if your **disability** excludes **you** from receiving benefits due to a pre-existing condition, refer to "**WHAT IS AN EXCLUDED PRE-EXISTING CONDITION?**" in the **BENEFIT INFORMATION** section.

Some disabilities may not be covered or may have limited coverage under this long term disability plan.

The above items are only highlights of this long term disability plan. For a full description of your coverage, continue reading your certificate of coverage and if you make contributions to the long term disability plan, refer to your confirmation of coverage. The long term disability plan includes enrollment, risk management and other support services related to your Employer's benefit program.