Elara Carings

Benefits At-A-Glance

All Service Employees International Union, Healthcare Missouri/Kansas, A Division of Service Employees International Union Healthcare Illinois/Indiana working a minimum of 35 regularly scheduled hours per week

Supplemental Long-Term Disability Insurance

The Lincoln Long-term Disability Insurance Plan:

- Provides a cash benefit after you are out of work for 90 days or more due to injury, illness, or surgery
- Starts with a "core plan" that is paid for by Elara Caring
- Offers a simple "buy-up" option that lets you enhance your benefit at affordable group rates
- Features group rates for eligible Elara Caring employees
- Includes *EmployeeConnect*SM services, which give you and your family confidential access to counselors as well as personal, legal, and financial assistance

Core Plan (paid by Elara Caring)	
Monthly benefit amount	A cash benefit of 40% of your monthly salary, limited to $10,000 per month
Elimination period	Long term disability starts after 90 days of disability and continues up to the maximum benefit period
"Buy-Up" Option LTD (paid by you through payroll deduction)	
Monthly benefit amount	A cash benefit of 60% of your monthly salary, limited to $10,000 per month
Elimination period	Long term disability starts after 90 days of disability and continues up to the maximum benefit period

Eligibility Waiting Period

- You are eligible on the first of the month following 30 days of continuous, active employment

Elimination Period

- This is the number of days you must be disabled before you can collect disability benefits.

Maximum Coverage Period

- This is the total amount of time you can collect disability benefits (also known as the benefit duration).
- Mental illness and substance abuse benefits are limited to a combined period of 24 months
- Age at Disability — Maximum Benefit Period

Age at Disability	Maximum Benefit Period
Less than age 60	Greater of Social Security Normal Retirement age or to age 65 (but not less than 5 years)
60	60 months
61	48 months
62	42 months
63	36 months
64	30 months
65	24 months
66	21 months
67	18 months
68	15 months
69 and over	12 months

Lincoln Life Assurance Company of Boston

Additional Plan Information

Definition of Disability

- You will be considered disabled if, during the elimination period and the next 24 months of disability, you are unable to perform the duties of your "own occupation" and thereafter, you are unable to perform the duties of "any occupation." Refer to your certificate of coverage for definitions of "own occupation" and "any occupation."

Pre-existing Condition

- If you have a medical condition that begins before your coverage takes effect, and you receive treatment for this condition within the 3 months leading up to your coverage start date, you may not be eligible for benefits for that condition until you have been covered by the plan for 12 months.

Benefit Exclusions & Reductions

Like any insurance, this long-term disability insurance policy does have some exclusions. You will not receive benefits if:

- Your disability is the result of a self-inflicted injury or act of war
- Your disability is the result of cosmetic surgery, unless related to a disabling condition
- Your disability occurs while you are committing a felony or misdemeanor or participating in a riot

Your benefits may be reduced if you are eligible to receive benefits from:

- A state disability plan or similar compulsory benefit act or law
- A retirement plan
- Social Security
- Any form of employment
- Workers' Compensation
- Salary continuance
- Sick leave

A complete list of benefit exclusions and reductions is included in the policy. State restrictions may apply to this plan.

This is not intended as a complete description of the insurance coverage offered. Controlling provisions are provided in the policy, and this summary does not modify those provisions or the insurance in any way. This is not a binding contract. A certificate of coverage will be made available to you that describes the benefits in greater detail. Refer to your certificate for your maximum benefit amounts. Should there be a difference between this summary and the contract, the contract will govern.

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Lincoln Financial Group®

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Supplemental Long-Term Disability Insurance
Calculate Your Premium

Use the employee buy-up long-term disability premium rate table provided below to calculate your cost and benefit. The following example calculates the monthly cost for an employee with annual earnings of $35,400.

Note: The maximum monthly covered earnings are equal to the maximum monthly benefit divided by the benefit percentage.

Calculation Example		Example	You
Step 1	Enter the monthly rate per $100 of monthly covered payroll.	$0.506	
Step 2	Enter your monthly earnings. *Divide your annual earnings by 12.*	$2,950	
Step 3	If your monthly earnings are greater than the **maximum monthly covered earnings** of $16,666.67, indicate $16,666.67. *Otherwise, indicate the amount from Step 2.*	$2,950	
Step 4	Calculate your monthly benefit. *Multiply Step 3 by 0.60.*	$1,770	
Step 5	Enter your monthly earnings in increments of $100 of monthly covered payroll. *To calculate, divide the amount in Step 3 by $100.*	29.5	
Step 6	Calculate your monthly cost. *Multiply Step 1 by Step 5*	$14.93	

Premium Rate
0.506

This worksheet allows you to approximate your monthly contributions for buy-up long-term disability insurance coverage. Cost of insurance may change in the future due to age and/or coverage amount elected.

Please see prior page for product information.