

## Summary of Benefits Long Term Disability - LTD Option 1

Long Term Disability																									
<b>Class Description</b>	All Active Full Time Employees (30 Hours)																								
<b>Monthly Benefit</b>	60% of Predisability Earnings																								
<b>Maximum Monthly Benefit</b>	\$5,000.00																								
<b>Minimum Monthly Benefit*</b>	\$100.00																								
<b>Elimination Period</b>	90 Days or until the end of the STD Maximum Benefit Period.																								
<b>Own Occupation Period</b>	24 months																								
<b>Social Security Integration</b>	Family Social Security																								
<b>Benefit Duration</b>	RBD w/ SSNRA																								
	The later of Your Normal Retirement Age as defined by Social Security or the period shown below:																								
	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;"><u>Age on Date of Your Disability</u></th> <th style="text-align: left;"><u>Benefit Duration</u></th> </tr> </thead> <tbody> <tr> <td>less than 60</td> <td>to age 65</td> </tr> <tr> <td>60</td> <td>60 months</td> </tr> <tr> <td>61</td> <td>48 months</td> </tr> <tr> <td>62</td> <td>42 months</td> </tr> <tr> <td>63</td> <td>36 months</td> </tr> <tr> <td>64</td> <td>30 months</td> </tr> <tr> <td>65</td> <td>24 months</td> </tr> <tr> <td>66</td> <td>21 months</td> </tr> <tr> <td>67</td> <td>18 months</td> </tr> <tr> <td>68</td> <td>15 months</td> </tr> <tr> <td>69 and over</td> <td>12 months</td> </tr> </tbody> </table>	<u>Age on Date of Your Disability</u>	<u>Benefit Duration</u>	less than 60	to age 65	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
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<b>Rehabilitation Incentives included in quote</b> (details in limitations and definitions)	Work Incentive Rehabilitation Program Incentive Family Care Incentive Moving Expense Incentive																								
<b>Employee Assistance Program</b>	Employee Assistance Program is not included.																								
<b>Survivor Benefit</b>	Included in this quote																								
<b>Cost of Living Adjustment</b>	Cost of Living Adjustment does not apply.																								
*The minimum monthly benefit is subject to overpayment situations and any applicable rehabilitation incentives.																									

<b>Limitations and Definitions</b>	
<b>Definition of Disability</b>	<p>Due to a Sickness, or as a direct result of accidental injury:</p> <ul style="list-style-type: none"> <li>• The employee is receiving Appropriate Care and Treatment and complying with the requirements of such treatment unless, in the opinion of a Physician, future or continued treatment would be of no benefit, and</li> <li>• During the elimination period and the next 24 months is unable to earn more than 80% of predisability earnings at their Own Occupation for any employer in their Local economy, and</li> <li>• After such period, is unable to earn more than 60% of their predisability earnings from any employer in their Local economy at any gainful occupation for which they are reasonably qualified taking into account their training, prior education and experience.</li> </ul>
<b>Definition of Predisability Earnings</b>	<p>The amount of the employee's gross salary or wages from his/her employer as of the day before his/her disability began. Predisability earnings includes: <b>Basic earnings only</b>.</p> <p>The term does not include:</p> <ul style="list-style-type: none"> <li>• The grant, award, sale, conversion, and/or exercise of shares of stock or stock options;</li> <li>• The Employer's contributions on Your behalf to any deferred compensation arrangement or pension plan; or</li> <li>• Any other compensation from the Employer.</li> </ul>
<b>Pre-Existing Condition</b>	3/12
<b>Pre-Existing Condition Limitation</b>	<p>Pre-existing Condition means a Sickness or accidental injury for which the employee:</p> <ul style="list-style-type: none"> <li>• Received medical treatment, consultation, care, or services; or</li> <li>• Took prescription medication or had medications prescribed in the 3 months before insurance or any increase in the amount of insurance under the certificate takes effect.</li> </ul> <p>We will not pay benefits, or any increase in benefit amount due to an elected increase in the amount of insurance for a Disability that results for a Pre-existing Condition, if the employee has been Actively at Work for less than 12 consecutive months after the date their Disability insurance or the elected increase in the amount of such insurance takes effect under the certificate.</p>
<b>Work Incentive</b>	<p>While disabled and receiving a Monthly Benefit, employees may receive up to 100% of Predisability Monthly Earnings, including family care expense reimbursement, Rehabilitation incentive, return-to-work earnings, and other income benefits. After the first 24 months following the employees return to work, MetLife will reduce the employees Monthly Benefit by 50% of the amount the employee earns from working while Disabled.</p>
<b>Rehabilitation Incentive</b>	10% increase in the Monthly Benefit if participating in an approved Rehabilitation Program.

<b>Family Care Incentive</b>	If the employee works or participates in a Rehabilitation Program while they are Disabled, reimbursement may be provided for up to \$400 per month for eligible Family Care expenses incurred by an employee for each eligible family member during the first 24 months of benefit payments.
<b>Moving Expense Incentive</b>	Moving Expense Incentive: If the employee participates in a Rehabilitation Program while they are Disabled, reimbursement may be provided for expenses incurred in order to move to a new residence if recommended as part of the Rehabilitation Program.
<b>Temporary Recovery</b>	<p>If the employee returns to Active Work before completing the Elimination Period and then becomes Disabled again due to the same or related condition, a new Elimination Period is not required provided the return to full time work is within a period of 30 work days or less. MetLife will count the days worked while Disabled toward the satisfaction of the Elimination Period. If the return to Active Work is greater than 30 work days, a new Elimination Period is required.</p> <p>If the employee returns to Active Work, after they begin to receive Monthly Benefits, for a period of 180 continuous days or less and becomes Disabled again due to the same or related condition, they will not have to complete a new Elimination Period.</p>
<b>Zero Day Residual</b>	If the employee continues to meet the Definition of Disability, the elimination period may be satisfied during part-time employment.
<b>Survivor Benefit</b>	If the employee dies while they are Disabled, a single sum payment equal to 3 times the employee's last net Monthly Benefit is made to the employee's survivor.
<b>Continuity of Coverage</b>	Provided for groups where this plan will replace an inforce insured plan in force on the day immediately preceding the effective date of this plan.
<b>Cost of Living Freeze</b>	Cost of Living Freeze is included in this quote.
<b>Waiver of Premium</b>	Premium payments for Disabled employees are waived while benefits are payable.
<b>Indexing</b>	For the purposes of determining whether an employee continues to be Disabled and for calculating the Work Incentive, we will add to the employee's Predisability Earnings an amount equal to the lesser CPI or 7%
<b>Specific Disabilities</b>	

<b>Mental or Nervous Disorders or Diseases unless due to Neurocognitive Disorders</b>	<p>If the employee is Disabled, Disability benefits are limited to a per occurrence maximum of 24 months. BiPolar I Disorder will also be limited. Schizophrenia will also be limited.</p> <p>Combined monthly maximum limitation from date benefits begin with other limited conditions: Yes</p>
<b>Chronic Fatigue Syndrome and Related Disorders</b>	<p>If the employee is Disabled, Disability benefits are limited to a per occurrence maximum of 24 months.</p> <p>Combined monthly maximum limitation from date benefits begin with other limited conditions: Yes</p>
<b>Neuromuscular, Musculoskeletal or Soft Tissue Disorder</b>	<p>If the employee is Disabled, Disability benefits are limited to a per occurrence maximum of 24 months.</p> <p>Combined monthly maximum limitation from date benefits begin with other limited conditions: Yes</p>
<b>Alcohol, Drug or Substance Abuse or Addiction</b>	<p>If the employee is Disabled, Disability benefits are limited to a lifetime maximum of 24 months.</p> <p>Combined monthly maximum limitation from date benefits begin with other limited conditions: No</p>
<b>Fibromyalgia</b>	<p>If the employee is Disabled, Disability benefits are limited to a per occurrence maximum of 24 months.</p> <p>Combined monthly maximum limitation from date benefits begin with other limited conditions: Yes</p>

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Exclusions
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We will not pay for any Disability caused or contributed to by:

- War, whether declared or undeclared, or act of war, or participation in an insurrection, or rebellion;
- Your active participation in a riot;
- Intentionally self-inflicted injury;
- Attempted suicide; or
- Commission of or attempt to commit a felony.