

**Group Long Term Disability Insurance
Summary of Benefits for:**

Trinity Health

President, Vice Presidents, Physicians and All Full-Time Department Managers and Certified Registered Nurse Anesthetists

Long Term Disability is intended to protect your income for a long duration after you have depleted Short Term Disability or any sick leave your company may offer.

Eligibility All active employees working 20 or more hours weekly in a qualifying class are eligible for coverage.

Maximum Benefit Duration

<u>Age at Disability</u>	<u>Maximum Benefit Period</u>
Less than Age 62	To Age 65
62	48 months
63	42 months
64	36 months
65	30 months
66	27 months
67	24 months
68	21 months
69 and Over	18 months

Plan Choices The core plan is provided at no cost to you. If you elect the buy-up plan, the additional cost is deducted from your salary.

	Monthly Benefit	Max Monthly Benefit	Elimination Period
Core Plan	66 2/3%	\$10,000	180 days
Buy-Up Plan	66 2/3%	\$15,000	180 days

Elimination Period You need to satisfy a 180-day elimination period before benefits would begin. This elimination period can be satisfied with days of Partial Disability, Total Disability or a combination of both. The elimination period may be met by days of disability built up over an accumulation period of 360 days, so there is no penalty for briefly attempting to return to work during this elimination period.

Waiver of Premium You will not be required to pay premium during any time of approved total or partial disability.

Benefit Limitations Mental Illness: 24 months
Substance Abuse: 24 months

Buy-Up Plan (For employees earning \$180,000+ per year) Cost Example	EXAMPLE: \$190,000	EMPLOYEE COST
Annual income Divide by 12. (Maximum \$22,498.87)	\$15,833.33	
Annual income Divide by 12 (Maximum \$14,999.25)	- \$14,999.25	
Subtract the answer in line 2 from the answer in line 1.	<u>\$834.08</u>	
Multiply by	0.0028	0.0028
Your Estimated Bi-Weekly Premium	\$2.34	\$2.34

(Please see other side)

Understanding Your Benefits

- Total Disability** Total Disability is defined as the inability to perform each of the main duties of your own occupation, due to injury and sickness. The "own" occupation definition applies to the entire benefit duration of your disability. Following this, the definition of disability becomes the inability to perform any occupation for which you are reasonably fitted, based on your experience, education or training.
- Partial Disability** You are considered partially disabled if you are unable, due to an injury or illness, to perform the main duties of your regular occupation on a full-time basis. Partial Disability benefits may be payable if you are earning at least 20% of the income you earned prior to becoming disabled, but not more than 99%. Partial disability benefits allow you to work and earn income from your employer as well as continue to receive benefits, which may enable you to receive 100% of your income during your time of disability.
- Continuation of Disability** If you return to work full-time but become disabled from the same disability within six months of returning to work, you will begin receiving benefits again immediately.
- Benefit Exclusions** You will not receive benefits in the following circumstances:
- Your disability is the result of a self-inflicted injury.
 - You are not under the regular care of a doctor when requesting disability benefits.
 - You were involved in a felony commission, act of war, or participation in a riot.
 - You were residing outside of the United States or Canada for more than 12 consecutive months for purposes other than employment with your Employer.
- Benefit Reductions** Your benefits may be reduced if you are receiving benefits from any of the following sources:
- Any compulsory benefit act or law (such as state disability plans);
 - Any governmental retirement system earned as a result of working for the current policyholder;
 - Any disability or retirement benefit received under a retirement plan;
 - Any Social Security, or similar plan or act, benefits;
 - Earnings the insured earns or receives from any form of employment;
 - Workers compensation;
 - Salary continuance or employer contributions to an employer sponsored retirement plan.
- Benefit Termination** This coverage will terminate when you terminate employment with this policyholder, or at your retirement.

For assistance or additional information

Contact Lincoln Financial Group at (800) 423-2765 or log on to www.LincolnFinancial.com

NOTE: 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 details. Should there be a difference between this summary and the contract, the contract will govern.

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