

Plan Highlights Voluntary Group Short Term Disability Insurance



Douglas County, Kansas - Option 1

COVERAGE

Disability income protection insurance provides a benefit for “short term” disability resulting from a covered injury or sickness. Benefits begin at the end of the elimination period and continue while you are disabled up to the maximum benefit duration.

ELIGIBILITY

Each Active, Full-time employee working 20 or more hours per week, and earning an annual salary of at least \$15,000, except any person working on a temporary or seasonal basis.

BENEFIT AMOUNT

You may elect a weekly benefit in increments of \$25, from a minimum of \$100 up to a maximum benefit of \$1,250 per week, not to exceed 60% of your covered earnings (rounded to the next lower increment).

DAY BENEFITS BEGIN

Injury (accident): Benefits begin on the 15th consecutive day of disability.
Sickness (illness): Benefits begin on the 15th consecutive day of disability.

MAXIMUM BENEFIT DURATION

Benefits for one period of disability, will be paid up to a maximum of 24 weeks.

CONTRIBUTION REQUIREMENTS

Coverage is 100% employee paid.

RATES

See attached Rate Sheet.

FEATURES

- Maternity covered as any other illness
- Non-occupational coverage
- Partial Disability benefit included
- Pre-Existing Condition Limitation – 3/12
- Zero Day Residual included Definition

EXCLUSIONS

Benefits will not be payable for any disability caused by: an intentionally self-inflicted injury; an act of war (declared or undeclared); commission of a felony; sickness covered by workers’ compensation or other workers’ disability law; injury occurring out of or in the course of work for wage or profit.

For a comprehensive list of exclusions, limitations, and any applicable benefit offsets, please refer to the Certificate of Insurance. The Certificate also provides all requirements necessary to be eligible for coverage and benefits.

This Plan Highlights is a brief description of the key features of the RSL insurance plan. The availability of the benefits and features described may vary by state. It is not a certificate of insurance or evidence of coverage. Insurance is provided under group policy form LRS-6541, et al.

Plan Highlights Voluntary Group Short Term Disability Insurance



Douglas County, Kansas - Option 2

COVERAGE

Disability income protection insurance provides a benefit for “short term” disability resulting from a covered injury or sickness. Benefits begin at the end of the elimination period and continue while you are disabled up to the maximum benefit duration.

ELIGIBILITY

Each Active, Full-time employee working 20 or more hours per week, and earning an annual salary of at least \$15,000, except any person working on a temporary or seasonal basis.

BENEFIT AMOUNT

You may elect a weekly benefit in increments of \$25, from a minimum of \$100 up to a maximum benefit of \$1,250 per week, not to exceed 60% of your covered earnings (rounded to the next lower increment).

DAY BENEFITS BEGIN

Injury (accident): Benefits begin on the 31st consecutive day of disability.

Sickness (illness): Benefits begin on the 31st consecutive day of disability.

MAXIMUM BENEFIT DURATION

Benefits for one period of disability, will be paid up to a maximum of 22 weeks.

CONTRIBUTION REQUIREMENTS

Coverage is 100% employee paid.

RATES

See attached Rate Sheet.

FEATURES

- Maternity covered as any other illness
- Non-occupational coverage
- Partial Disability benefit included
- Pre-Existing Condition Limitation – 3/12
- Zero Day Residual included Definition

EXCLUSIONS

Benefits will not be payable for any disability caused by: an intentionally self-inflicted injury; an act of war (declared or undeclared); commission of a felony; sickness covered by workers’ compensation or other workers’ disability law; injury occurring out of or in the course of work for wage or profit.

For a comprehensive list of exclusions, limitations, and any applicable benefit offsets, please refer to the Certificate of Insurance. The Certificate also provides all requirements necessary to be eligible for coverage and benefits.

This Plan Highlights is a brief description of the key features of the RSL insurance plan. The availability of the benefits and features described may vary by state. It is not a certificate of insurance or evidence of coverage. Insurance is provided under group policy form LRS-6541, et al.

Plan Highlights Voluntary Group Short Term Disability Insurance



Douglas County, Kansas - Option 3

COVERAGE

Disability income protection insurance provides a benefit for “short term” disability resulting from a covered injury or sickness. Benefits begin at the end of the elimination period and continue while you are disabled up to the maximum benefit duration.

ELIGIBILITY

Each Active, Full-time employee working 20 or more hours per week, and earning an annual salary of at least \$15,000, except any person working on a temporary or seasonal basis.

BENEFIT AMOUNT

You may elect a weekly benefit in increments of \$25, from a minimum of \$100 up to a maximum benefit of \$1,250 per week, not to exceed 60% of your covered earnings (rounded to the next lower increment).

DAY BENEFITS BEGIN

Injury (accident): Benefits begin on the 61st consecutive day of disability.

Sickness (illness): Benefits begin on the 61st consecutive day of disability.

MAXIMUM BENEFIT DURATION

Benefits for one period of disability, will be paid up to a maximum of 17 weeks.

CONTRIBUTION REQUIREMENTS

Coverage is 100% employee paid.

RATES

See attached Rate Sheet.

FEATURES

- Maternity covered as any other illness
- Non-occupational coverage
- Partial Disability benefit included
- Pre-Existing Condition Limitation – 3/12
- Zero Day Residual included Definition

EXCLUSIONS

Benefits will not be payable for any disability caused by: an intentionally self-inflicted injury; an act of war (declared or undeclared); commission of a felony; sickness covered by workers’ compensation or other workers’ disability law; injury occurring out of or in the course of work for wage or profit.

For a comprehensive list of exclusions, limitations, and any applicable benefit offsets, please refer to the Certificate of Insurance. The Certificate also provides all requirements necessary to be eligible for coverage and benefits.

This Plan Highlights is a brief description of the key features of the RSL insurance plan. The availability of the benefits and features described may vary by state. It is not a certificate of insurance or evidence of coverage. Insurance is provided under group policy form LRS-6541, et al.

BenefitsDirect

Customized Employee Benefit Programs

Douglas County Disability Premiums Price Per Month

<u>Weekly Benefit</u>	Option 1 15/15	Option 2 31/31	Option 3 61/61
\$ 100.00	\$ 11.40	\$ 8.30	\$ 6.80
\$ 125.00	\$ 14.25	\$ 10.38	\$ 8.50
\$ 150.00	\$ 17.10	\$ 12.45	\$ 10.20
\$ 175.00	\$ 19.95	\$ 14.53	\$ 11.90
\$ 200.00	\$ 22.80	\$ 16.60	\$ 13.60
\$ 225.00	\$ 25.65	\$ 18.68	\$ 15.30
\$ 250.00	\$ 28.50	\$ 20.75	\$ 17.00
\$ 275.00	\$ 31.35	\$ 22.83	\$ 18.70
\$ 300.00	\$ 34.20	\$ 24.90	\$ 20.40
\$ 325.00	\$ 37.05	\$ 26.98	\$ 22.10
\$ 350.00	\$ 39.90	\$ 29.05	\$ 23.80
\$ 375.00	\$ 42.75	\$ 31.13	\$ 25.50
\$ 400.00	\$ 45.60	\$ 33.20	\$ 27.20
\$ 425.00	\$ 48.45	\$ 35.28	\$ 28.90
\$ 450.00	\$ 51.30	\$ 37.35	\$ 30.60
\$ 475.00	\$ 54.15	\$ 39.43	\$ 32.30
\$ 500.00	\$ 57.00	\$ 41.50	\$ 34.00
\$ 525.00	\$ 59.85	\$ 43.58	\$ 35.70
\$ 550.00	\$ 62.70	\$ 45.65	\$ 37.40
\$ 575.00	\$ 65.55	\$ 47.73	\$ 39.10
\$ 600.00	\$ 68.40	\$ 49.80	\$ 40.80
\$ 625.00	\$ 71.25	\$ 51.88	\$ 42.50
\$ 650.00	\$ 74.10	\$ 53.95	\$ 44.20
\$ 675.00	\$ 76.95	\$ 56.03	\$ 45.90
\$ 700.00	\$ 79.80	\$ 58.10	\$ 47.60
\$ 725.00	\$ 82.65	\$ 60.18	\$ 49.30
\$ 750.00	\$ 85.50	\$ 62.25	\$ 51.00
\$ 775.00	\$ 88.35	\$ 64.33	\$ 52.70
\$ 800.00	\$ 91.20	\$ 66.40	\$ 54.40
\$ 825.00	\$ 94.05	\$ 68.48	\$ 56.10
\$ 850.00	\$ 96.90	\$ 70.55	\$ 57.80
\$ 875.00	\$ 99.75	\$ 72.63	\$ 59.50
\$ 900.00	\$ 102.60	\$ 74.70	\$ 61.20
\$ 925.00	\$ 105.45	\$ 76.78	\$ 62.90
\$ 950.00	\$ 108.30	\$ 78.85	\$ 64.60
\$ 975.00	\$ 111.15	\$ 80.93	\$ 66.30
\$ 1,000.00	\$ 114.00	\$ 83.00	\$ 68.00
\$ 1,025.00	\$ 116.85	\$ 85.08	\$ 69.70
\$ 1,050.00	\$ 119.70	\$ 87.15	\$ 71.40
\$ 1,075.00	\$ 122.55	\$ 89.23	\$ 73.10
\$ 1,100.00	\$ 125.40	\$ 91.30	\$ 74.80
\$ 1,125.00	\$ 128.25	\$ 93.38	\$ 76.50
\$ 1,150.00	\$ 131.10	\$ 95.45	\$ 78.20
\$ 1,175.00	\$ 133.95	\$ 97.53	\$ 79.90
\$ 1,200.00	\$ 136.80	\$ 99.60	\$ 81.60
\$ 1,225.00	\$ 139.65	\$ 101.68	\$ 83.30
\$ 1,250.00	\$ 142.50	\$ 103.75	\$ 85.00