

Plan Highlights

Group Long Term Disability Insurance



Roman Catholic Bishop of Louisville

COVERAGE

Disability income protection insurance provides a benefit for "long 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 30 or more hours per week, except any person working on a temporary or seasonal basis.

BENEFIT AMOUNT

The monthly benefit is an amount equal to 50% of covered earnings, up to a maximum benefit of \$5,000 per month.

ELIMINATION PERIOD

180 consecutive days of total disability

MAXIMUM BENEFIT DURATION

Benefits will not extend beyond the longer of: Social Security Normal Retirement Age or Duration of Benefits below:

<u>Age at Disablement</u>	<u>Duration of Benefits</u>
61 or less	to age 65
62	3 ½ years
63	3 years
64	2 ½ years
65	2 years
66	1 ¾ years
67	1 ½ years
68	1 ¼ years
69	1 year

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62	3 ½ years
63	3 years
64	2 ½ years
65	2 years
66	1 ¾ years
67	1 ½ years
68	1 ¼ years
69	1 year

OR

Normal Retirement Age as defined by the 1983 Amendments to the United States Social Security Act and determined by the Insured's year of birth, as follows:

<u>Year of Birth</u>	<u>Normal Retirement Age</u>
1937 or before	65 years
1938	65 years and 2 months
1939	65 years and 4 months
1940	65 years and 6 months
1941	65 years and 8 months
1942	65 years and 10 months
1943 thru 1954	66 years
1955	66 years and 2 months
1956	66 years and 4 months
1957	66 years and 6 months
1958	66 years and 8 months
1959	66 years and 10 months
1960 and after	67 years

CONTRIBUTION REQUIREMENTS

Coverage is employer paid.

FEATURES

- ▶ Extended Disability Benefit
- ▶ FMLA Continuation
- ▶ Living Benefit
- ▶ Minimum Benefit Payable – \$100
- ▶ Own Occupation Coverage – 24 months
- ▶ Rehabilitation provision
- ▶ Residual and Partial Disability
- ▶ Specific Indemnity Benefit
- ▶ Survivor Benefit – 3 months
- ▶ Transfer of Coverage provision
- ▶ Work Incentive & Child Care provisions

VALUE ADDED SERVICES

- ▶ Travel Assistance Service

LIMITATIONS

- ▶ Limited Benefit Period for Other Specific Conditions – 24 months
 - ▶ Mental/Nervous Illness Limitation – 24 Months out-patient
 - ▶ Offsets (such as, but not limited to, Social Security, Workers Compensation, State Disability Plans)
 - ▶ Pre-Existing Condition Limitation – 3/12
 - ▶ Substance Abuse Limitation – 24 Months
- Please note: pre-ex limitations also apply to benefit increases

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; injury or sickness occurring while confined in any penal or correctional institution.

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-6564, et al.