



# Long-Term Disability Insurance

FOR EMPLOYEES OF THE HEALTH CARE AUTHORITY OF THE CITY OF HUNTSVILLE, DBA HUNTSVILLE HOSPITAL

<b>ELIGIBILITY - ALL ELIGIBLE EMPLOYEES</b>	
<b>Eligibility Requirement</b>	You must be actively working a minimum of 24 hours per week to be eligible for coverage.
<b>Premium Payment</b>	Your employer pays 100% of the premium for core coverage, and you pay 100% of the premium for buy-up coverage through easy payroll deduction. The premium amounts below reflect your contributions to the cost of the buy-up insurance.
<b>BENEFITS</b>	
<b>Elimination Period</b>	Your benefits begin on the later of 90 calendar days after the onset of your disabling injury or illness or the date your short term disability ends.
<b>Monthly Benefit</b>	<p>This long-term disability plan is a “core/buy-up” plan. “Core” benefits offer a basic level of income protection, and are paid for by your employer. You also have the option to enroll for “buy-up” benefits, which allow you to increase your level of income protection, through the convenience of affordable group rates and payroll deduction of premium.</p> <p>Under the core plan, your benefit is equivalent to 50% of your before-tax monthly earnings, not to exceed the plan’s maximum monthly benefit amount less other income sources.</p> <p>If you enroll for the buy-up plan, your total monthly benefit is equivalent to 60% of your before-tax monthly earnings, not to exceed the plan’s maximum monthly benefit amount less other income sources.</p> <p>The premium for your long-term disability coverage is waived while you are receiving benefits.</p>
<b>Maximum Monthly Benefit</b>	<p>Under the core plan, your maximum monthly benefit is \$3,000.</p> <p>If you enroll for the buy-up plan, your maximum benefit increases to \$7,000.</p>
<b>Minimum Monthly Benefit</b>	\$100/10%
<b>Maximum Benefit Period</b>	If you become disabled prior to age 62, benefits are payable to age 65, your Social Security Normal Retirement Age or 3.5 years, whichever is longest. At age 62 (and older), the benefit period will be based on a reduced duration schedule.
<b>Partial Disability Benefits</b>	If you become disabled and can work part-time (but not full-time), you may be eligible for partial disability benefits. Additional benefits for child care expenses for eligible dependent children are also available while receiving partial disability benefits.
<b>DEFINITIONS</b>	
<b>Own Occupation</b>	2 Years
<b>Own Occupation Earnings Test</b>	99%

<b>Definition of Monthly Earnings</b>	Monthly earnings for salaried employees is the gross annual salary in effect immediately prior to the date disability begins, divided by 12. Monthly earnings for hourly employees is the hourly rate of pay multiplied by the average number of hours worked during the 12 month period immediately prior to the date disability begins. If employed for part of the prior 12 month period, monthly earnings is the hourly rate of pay multiplied by the average number of hours worked.
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**FEATURES**

<b>Vocational Rehabilitation Benefit</b>	If you become disabled and participate in the vocational rehabilitation program, you will be eligible for a monthly benefit increase of 5%.
<b>Survivor Benefit</b>	If you pass away while receiving disability benefits, a lump sum equal to 3 times your monthly benefit will be paid to your eligible survivor.

**SERVICES**

<b>Hearing Discount Program</b>	The Hearing Discount Program provides you and your family discounted hearing products, including hearing aids and batteries. Call 1-888-534-1747 or visit <a href="http://www.amplifonusa.com/mutualofomaha">www.amplifonusa.com/mutualofomaha</a> to learn more.
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**BUY-UP LONG-TERM DISABILITY PREMIUM CALCULATION**

Use the premium factor in the table provided below to calculate your premium for buy-up long-term disability coverage in the worksheet below, using the example as a guide.

<b>BI-WEEKLY PREMIUM CALCULATION BUY-UP PLAN</b>		<b>EXAMPLE</b> <i>(42-year-old employee earning \$40,000 a year)</i>
List your monthly earnings (Maximum is \$11,666.67)	\$ _____	\$ <u>3,333.33</u>
Multiply by the premium factor*	<u>0.0012500</u>	<u>0.0012500</u>
Your Estimated Bi-Weekly Premium**	\$ _____	\$ <u>4.17</u>

\*Your employer contributes 0 percent to the cost of this coverage. The information shown above is your cost only.

\*\*This is an estimate of premium cost. Actual deductions may vary slightly due to rounding and payroll frequency.