# Financial Group®

# Full-Time Employees of Archdiocese of San Antonio

## **Benefits At-A-Glance**

## Voluntary Long Term Disability Insurance

# Option: 2-year Benefit Period The Lincoln Long-term Disability Insurance Premier Plan:

- Provides a cash benefit after you are out of work for 90 days or more due to injury, illness, or surgery
- Features group rates for Archdiocese of San Antonio employees
- Includes EmployeeConnect<sup>SM</sup> services, which give you and your family confidential access to counselors as well as personal, legal, and financial assistance

Long-term Disability	
Monthly benefit amount	60% of your monthly salary (\$300 minimum, \$5,000 maximum) in a \$100 increment
Elimination period	90 days
Coverage period for your occupation	24 months
Maximum coverage period	2 years or up to age 70, whichever comes first

#### **Elimination Period**

- This is the number of days you must be disabled before you can collect disability benefits.
- The 90-day elimination period can be met through either total disability (out of work entirely) or partial disability (working with a reduced schedule or performing different types of duties).

#### **Maximum Coverage Period**

- This is the total amount of time you can collect disability benefits (also known as the benefit duration).
- This is the coverage period for the trade or profession in which you were employed at the time of your disability (also known as your own occupation).
- Benefits are limited to 24 months for mental illness.

#### **Pre-existing Condition**

• If you have a medical condition that begins before your coverage takes effect, and you receive treatment for this condition within the 12 months leading up to your coverage start date, you may not be eligible for benefits for that condition until you have been covered by the plan for 24 months, unless you received no treatment of the condition for 12 consecutive months after your effective date.

#### Additional Plan Benefits

Family Income Benefit	Included
Portability	Included

#### **Open Enrollment**

 When you are first offered this coverage (and during approved open enrollment periods), you can take advantage of this important coverage with no health examination.

### **Benefit Exclusions & Reductions**

Like any insurance, this long-term disability insurance policy does have some exclusions. You will not receive benefits if:

- Your disability is the result of a self-inflicted injury or act of war
- You are not under the regular care of a doctor when you request disability benefits
- Your disability occurs while you are committing a felony or participating in a riot
- Your disability occurs while you are imprisoned for committing a felony
- Your disability occurs while you are residing outside of the United States or Canada for more than 12 consecutive months for a purpose other than work

Your benefits may be reduced if you are eligible to receive benefits from:

- A state disability plan or similar compulsory benefit act or law
- A retirement plan
- Social Security
- Any form of employment
- Workers' Compensation
- Salary continuance
- Sick leave

A complete list of benefit exclusions and reductions is included in the policy. State restrictions may apply to this plan.

#### Questions? Call 800-423-2765 and mention Group ID: SAANARCH.

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 detail. Refer to your certificate for your maximum benefit amounts. Should there be a difference between this summary and the contract, the contract will govern.

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Insurance products (policy series GL3001) are issued by The Lincoln National Life Insurance Company (Fort Wayne, IN), which does not solicit business in New York, nor is it licensed to do so. Product availability and/or features may vary by state. Limitations and exclusions apply.



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#### Voluntary Long-term Disability Insurance At-A-Glance | Premier Plan

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## Voluntary Long Term Disability Insurance Here's how little you pay with group rates.

1. Multiply your monthly salary (up to \$8,333) by 0.6. If your monthly salary exceeds \$8,333, multiply \$8,333 by 0.6. This is your maximum coverage limit.	\$ monthly salary X 0.6 = maximum limit
<ol> <li>Select a coverage amount up to your maximum limit in a \$100 increment</li> </ol>	\$ coverage amount
3. Multiply this amount by your age-range premium rate from the table for your estimated monthly premium	X premium rate =\$ monthly premium

Age	Premium
Range	Rate
0 - 24	0.00120
25 - 29	0.00120
30 - 34	0.00140
35 - 39	0.00170
40 - 44	0.00210
45 - 49	0.00390
50 - 54	0.00570
55 - 59	0.01010
60 - 64	0.01460
65 - 69	0.01540
70 - 74	0.00920
75 - 99	0.00990

The Lincoln National Life Insurance Company Please see prior page for product information. Voluntary Long-term Disability Insurance Premium Calculation | Premier Plan

# Financial Group®

# Full-Time Employees of Archdiocese of San Antonio

## **Benefits At-A-Glance**

## Voluntary Long Term Disability Insurance

# Option: 5-year Benefit Period The Lincoln Long-term Disability Insurance Premier Plan:

- Provides a cash benefit after you are out of work for 90 days or more due to injury, illness, or surgery
- Features group rates for Archdiocese of San Antonio employees
- Includes EmployeeConnect<sup>SM</sup> services, which give you and your family confidential access to counselors as well as personal, legal, and financial assistance

Long-term Disability	
Monthly benefit amount	60% of your monthly salary (\$300 minimum, \$5,000 maximum) in a \$100 increment
Elimination period	90 days
Coverage period for your occupation	24 months
Maximum coverage period	5 years or up to age 70, whichever comes first

#### **Elimination Period**

- This is the number of days you must be disabled before you can collect disability benefits.
- The 90-day elimination period can be met through either total disability (out of work entirely) or partial disability (working with a reduced schedule or performing different types of duties).

#### **Coverage Period for Your Occupation**

- This is the coverage period for the trade or profession in which you were employed at the time of your disability (also known as your own occupation).
- You may be eligible to continue receiving benefits if your disability prohibits you from any employment for which you are reasonably suited through your training, education, and experience. In this case, your benefits are extended through the end of your maximum coverage period (benefit duration).

#### Maximum Coverage Period

- This is the total amount of time you can collect disability benefits (also known as the benefit duration).
- Benefits are limited to 24 months for mental illness.

#### **Pre-existing Condition**

• If you have a medical condition that begins before your coverage takes effect, and you receive treatment for this condition within the 12 months leading up to your coverage start date, you may not be eligible for benefits for that condition until you have been covered by the plan for 24 months, unless you received no treatment of the condition for 12 consecutive months after your effective date.

#### Additional Plan Benefits

Family Income Benefit	Included
Portability	Included

#### **Open Enrollment**

 When you are first offered this coverage (and during approved open enrollment periods), you can take advantage of this important coverage with no health examination.

### **Benefit Exclusions & Reductions**

Like any insurance, this long-term disability insurance policy does have some exclusions. You will not receive benefits if:

- Your disability is the result of a self-inflicted injury or act of war
- You are not under the regular care of a doctor when you request disability benefits
- Your disability occurs while you are committing a felony or participating in a riot
- Your disability occurs while you are imprisoned for committing a felony
- Your disability occurs while you are residing outside of the United States or Canada for more than 12 consecutive months for a purpose other than work

Your benefits may be reduced if you are eligible to receive benefits from:

- A state disability plan or similar compulsory benefit act or law
- A retirement plan
- Social Security
- Any form of employment
- Workers' Compensation
- Salary continuance
- Sick leave

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#### Voluntary Long-term Disability Insurance At-A-Glance | Premier Plan

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## Voluntary Long Term Disability Insurance Here's how little you pay with group rates.

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0 - 24	0.00170
25 - 29	0.00170
30 - 34	0.00210
35 - 39	0.00300
40 - 44	0.00370
45 - 49	0.00700
50 - 54	0.01060
55 - 59	0.01900
60 - 64	0.02910
65 - 69	0.02300
70 - 74	0.00880
75 - 99	0.00960

The Lincoln National Life Insurance Company Please see prior page for product information. Voluntary Long-term Disability Insurance Premium Calculation | Premier Plan

# Financial Group®

## Voluntary Long Term Disability Insurance

# Option: To Age 65r Benefit Period The Lincoln Long-term Disability Insurance Premier Plan:

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Long-term Disability	
Monthly benefit amount	60% of your monthly salary (\$300 minimum, \$5,000 maximum) in a \$100 increment
Elimination period	90 days
Coverage period for your occupation	24 months
	Up to age 65 if the disability occurs at age 59 or before 5 years if the disability occurs at age

60 to 64

age 65 to 69

70 or after

up to age 70 if the disability occurs at

1 year if the disability occurs at age

Full-Time Employees of Archdiocese of San Antonio

**Benefits At-A-Glance** 

#### **Elimination Period**

Maximum coverage period

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60 - 64	0.02190
65 - 69	0.01340
70 - 74	0.00870
75 - 99	0.00940

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