



# MetLife Long Term Disability

Plan Highlights for: Abel HR
Plan Option 1
Effective Date: November 1

## Who is Eligible?

All active full-time employees working at least 30 hours per week are eligible to enroll in the Long-Term Disability (LTD) plan.

## What is "Disability"?

"Disability" is defined in two phases:

For the elimination period and the first 24 months you must be unable to earn (at your own occupation) more than 80% of your predisability earnings due to illness, injury, or pregnancy.

After 24 months of disability benefit payments, you must be unable to earn more than 60% of your pre- disability earnings at any occupation for which you are reasonably qualified, considering prior education, training, experience, and earnings. Throughout your disability, you must be receiving appropriate care and treatment from a physician on a continuing basis. A complete description of the requirements is contained in the LTD certificate booklet.

#### What is the benefit amount?

The Long-Term Disability benefit replaces 60% of your gross monthly earnings, less income you may receive from other sources (such as Social Security, Workers' Compensation, etc.). The maximum monthly benefit is \$10,000.00.

# When do benefits begin and how long do they continue?

Benefits begin after the end of the elimination period of 90 days and continue as long as you remain disabled, up to the point specifically outlined in the disability booklet.

The elimination period is the length of time you must wait after you become disabled before you begin to receive benefits.

## Can I return to work part-time and still receive a benefit?

Yes. The LTD plan provides financial incentives for you to return to work, even on a part-time basis. For the first 24 months of disability benefits, you may receive up to 100% of your pre-disability earnings when combining Rehabilitation Incentives, Family Care Expense reimbursement, and part-time earnings.

If you are participating in a MetLife approved Rehabilitation Program, you may be eligible to receive the Rehabilitation Incentive, which provides a 10% increase in the monthly benefit. Family Care Expense reimbursement provides \$400 per month for eligible expenses, such as child care, during the first 24 months of disability. (Please note: Certain states have specific requirements.)

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### Does the plan have limitations?

The LTD plan does have limitations. The plan does not cover <u>pre-existing conditions</u>, unless your disability begins after you have been covered under the plan for 12 months. A pre-existing condition is an injury, sickness, or pregnancy for which you in the 3 months prior to your effective date: received medical treatment, consultation, care or services; took prescription medications or had medication prescribed; or had symptoms or conditions which would cause a reasonably prudent person to seek diagnosis, care, or treatment. Disability is excluded from coverage if it is caused or contributed to by: war, whether declared or undeclared, or act of war, insurrection, rebellion, or terrorist act, your active participation in a riot; intentionally self-inflicted injury, attempted suicide; or the commission of or attempt to commit a felony.

The plan also has limited benefits for particular conditions, such as mental or nervous disorders or diseases, alcohol, drug or substance abuse or addiction, neuromusculoskeletal and soft tissue disorders, and chronic fatigue syndrome and related conditions.

State variations may apply.

## How do I file a claim?

Call the following toll-free number, if you will be absent from work for more than 30 calendar days due to sickness or injury.

1-800-ASK-4MET 1-800-275-4638

This "Plan Highlights" provides only a brief overview of the LTD plan. A more complete description of the benefits provisions, conditions, limitations, and exclusions will be included in the employee booklet. If any discrepancies exist between this information and the legal plan documents, the legal plan documents will govern.

Long-Term Disability ("LTD") coverage is provided under a group insurance policy (Policy Form GPNP99) issued to your employer by MetLife. This LTD coverage terminates when your employment ceases, when you cease to be an eligible employee, when your LTD contributions cease (if applicable) or upon termination of the group contract by your employer. The group policy and your coverage may be discontinued by MetLife for non-payment of premium or if participation requirements are not met or if the number of lives falls below ten. Like most group insurance policies, MetLife group policies contain certain exclusions, waiting periods, reductions, limitations and terms for keeping them in force.

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LTD Benefit & Premium Chart			
Salary	Monthly Salary	Monthly Benefit Amount	Monthly Premium
\$10,000.00	\$833.33	\$500.00	\$4.83
\$15,000.00	\$1,250.00	\$750.00	\$7.25
\$20,000.00	\$1,666.67	\$1,000.00	\$9.67
\$25,000.00	\$2,083.33	\$1,250.00	\$12.08
\$30,000.00	\$2,500.00	\$1,500.00	\$14.50
\$35,000.00	\$2,916.67	\$1,750.00	\$16.92
\$40,000.00	\$3,333.33	\$2,000.00	\$19.33
\$45,000.00	\$3,750.00	\$2,250.00	\$21.75
\$50,000.00	\$4,166.67	\$2,500.00	\$24.17
\$55,000.00	\$4,583.33	\$2,750.00	\$26.58
\$60,000.00	\$5,000.00	\$3,000.00	\$29.00
\$65,000.00	\$5,416.67	\$3,250.00	\$31.42
\$70,000.00	\$5,833.33	\$3,500.00	\$33.83
\$75,000.00	\$6,250.00	\$3,750.00	\$36.25
\$80,000.00	\$6,666.67	\$4,000.00	\$38.67
\$85,000.00	\$7,083.33	\$4,250.00	\$41.08
\$90,000.00	\$7,500.00	\$4,500.00	\$43.50
\$95,000.00	\$7,916.67	\$4,750.00	\$45.92
\$100,000.00	\$8,333.33	\$5,000.00	\$48.33
\$110,000.00	\$9,166.67	\$5,500.00	\$53.17
\$115,000.00	\$9,583.33	\$5,750.00	\$55.58
\$120,000.00	\$10,000.00	\$6,000.00	\$58.00
\$125,000.00	\$10,416.67	\$6,250.00	\$60.42
\$130,000.00	\$10,833.33	\$6,500.00	\$62.83
\$135,000.00	\$11,250.00	\$6,750.00	\$65.25
\$140,000.00	\$11,666.67	\$7,000.00	\$67.67
\$145,000.00	\$12,083.33	\$7,250.00	\$70.08
\$150,000.00	\$12,500.00	\$7,500.00	\$72.50
\$160,000.00	\$13,333.33	\$8,000.00	\$77.33
\$165,000.00	\$13,750.00	\$8,250.00	\$79.75
\$170,000.00	\$14,166.67	\$8,500.00	\$82.17
\$180,000.00	\$15,000.00	\$9,000.00	\$87.00
\$185,000.00	\$15,416.67	\$9,250.00	\$89.42
\$190,000.00	\$15,833.33	\$9,500.00	\$91.83
\$195,000.00	\$16,250.00	\$9,750.00	\$94.25
\$200,000.00	\$16,666.67	\$10,000.00	\$96.67
Benefit Calculation:	Annual Salary / 12 x .60%	Maximum Salary 200k	
Premium Calculation:	Monthly Salary x Rate (.58) / 100		