



Washington Unified School District - Group Voluntary Long-term Disability Benefit Summary & Rates Sheet - Management & Confidential Employees Only

Carrier	Lincoln Financial
Effective Date	01/01/2018
Renewal Date	01/01/2020
Rate Guarantee	2 Years
Schedule of Benefits	
Eligible Employees	Active Management & Confidential; Must work minimum 30 hours/week
Monthly Rate per \$100 of CMP	
under 30	\$0.07
30-34	\$0.14
35-39	\$0.22
40-44	\$0.34
45-49	\$0.48
50-54	\$0.61
55-59	\$0.78
60-64	\$0.66
65-69	\$0.52
70-74	\$0.45
75-99	\$0.45
Monthly Benefit	60% of Covered Monthly Payroll; CMP Maximum: \$10,000
Maximum Monthly Benefit	\$6,000
Minimum Monthly Benefit	Greater of \$100 or 10%
Elimination Period	180 days
Definition of Disability	24 months own occ; any occ thereafter; Partial Disability: Income Test during first 24 months of Partial Disability (99% first 24 months; 85% thereafter)
Maximum Benefit Period	
<u>Age at Disability</u>	<u>Maximum Benefit Period</u>
Less than age 60	SSNRA
60	60 months
61	48 months
62	42 months
63	36 months
64	30 months
65	24 months
66	21 months
67	18 months
68	15 months
69 and over	12 months
Offsets	SSI (Primary & Family), PERS, STRS
Survivor Income	3 x gross monthly benefit
Return to work incentive	100% Covered Monthly Earnings for first 12 months and 50% thereafter; LFG enhancement: Can collect up to 100% of pre-disability earnings between RTW earnings and the disability benefit for the life of the claim
Rehabilitation	Included (Voluntary)
Workplace modification	Include
Family care	Include



Washington Unified School District - Group Voluntary Long-term Disability Benefit Summary & Rates Sheet - Management & Confidential Employees Only

Carrier	Lincoln Financial
Effective Date	01/01/2018
Renewal Date	01/01/2020
Rate Guarantee	2 Years
Schedule of Benefits (continued)	
Waiver of Premium	6 months to age 65/SSNRA; LFG enhancement: waived during any period for which total or partial disability benefits are payable
Benefits Terminate	At retirement
Mental Health/Substance Abuse limitation	24 months
Recurrent Disability	6 months
Other additional features at no add'l cost	Portability, Residual with Progressive RTW formula, EAP with face-to-face visits
Prior Insurance Credit	Not Included
Limitations and Exclusions	
Pre-existing conditions	3/12; Credit under prior payroll deducted policy will apply
Alcohol & Drug Abuse and/or Substance Abuse	24 month lifetime limitation for each condition
Mental Disorders and Self-reported conditions	No limitation
Attempted Suicide	Excluded
Intentionally self-inflicted Injury or Sickness	Excluded
Participation in a riot or commission of or attempt to commit a felony	Excluded
War or Act of War (declared or not)	Excluded
Minimum Participation requirement	Greater of 15% or 10 lives
<p>* CONFIDENTIAL - The information contained in this chart is intended for the exclusive use of the recipient in connection with the recipient's review of this proposal. The information described on this page is only intended to be a summary of your benefits. It does not describe or include all benefit provisions, limitations, exclusions, or qualifications for coverage. Please review your Summary Plan Description (SPD) for a complete summary of your benefits. If the information on this page conflicts in any way with the Summary Plan Description (SPD), the contract provisions of the appropriate policy or plan document (available from your employer) will prevail.</p>	