Highmark Companies LLC Summary of Benefits Long Term Disability Insurance



Effective Date	January 1, 2021		
		oyees, excluding Owners, working	
	-	·	
	a minimum of 30 hours per week. And		
Eligibility		hing Curriculum Employees	
) hours per week over the most	
	recent 6 months period		
Salary Gross-Up LTD Benefit	60% of your Monthly Earnings to a maximum of \$7,500 per month.		
January 2.000 Cp 2.12 20.10.11			
	Minimum Benefit: Greate	r of \$100 or 10% of gross monthly benefit	
	Guaranteed Issue Benefit: \$7,500		
	Earnings are defined in the UnitedHealthcare contract with your employer.		
Elimination Period	90 days of Disability	90 days of Disability	
Definition of Disability	Residual	Residual	
Own Occupation Period	24 months (2 year) own	24 months (2 year) own occupation	
Earnings Test	80% Own Occupation / 8	80% Own Occupation / 80% Any Occupation	
Requires Loss of Earnings/Duties	Loss of Earnings and Duties Disability is defined in the UnitedHealthcare contract with your employer.		
Maximum Benefit Duration	Reducing Benefit Duration		
	Age at Disability	Maximum Benefit Period	
		Greater of: SSNRA* or	
	Less than age 60	To age 65	
	Age 60	60 Months	
	Age 61	48 Months	
	Age 62	42 Months	
	Age 63	36 Months	
	Age 64	30 Months	
	Age 65	24 Months	
	Age 66	21 Months	
	Age 67	18 Months	
	Age 68	15 Months	
	69 and over	12 Months	
	*SSNRA means the Social Security Normal Retirement Age as figured by the 1983 amendment or any amendment to the Social Security Act.		
Survivor Income Benefit	3 months Gross	·	
Work Incentive Benefit	12 months		
Portability	Included		
Mental and Nervous Limitation	24 months lifetime		
Substance Abuse Limitation	24 months lifetime	24 months lifetime	
Subjective Symptoms Limitation	No Limit	No Limit	
Pre-existing Conditions Exclusion	·	3 month look back; 12 month after effective date	
Offsets		below within the Important Details, your monthly Long-Term Disability	
	benefit may be reduced by other income you receive.		
Other limitations to enrollment	If you are all division this programs and a second control of the second		
		nrollment period, your coverage is provided to you on a guaranteed basis -	
		required. If you enroll after this enrollment period, (or any time after you dence of insurability will be required for all coverage amounts.	
	in at become eligible), evi	acrice of insurability will be required for all coverage afficulties.	
	You must be Actively at \	You must be Actively at Work with your employer on the day your coverage takes effect.	
	This sources like we set		
	•	group benefit Insurance, requires that a certain percentage of eligible f that group participation minimum is not met, the insurance coverage that	
	you have elected may no	• • • •	
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Important Details:

This Summary of Benefits sheet is an overview of the Long Term Disability Insurance being offered and is provided for illustrative purposes only and is not a contract. It in no way changes or affects the policy as actually issued. Only the insurance policy issued to the policyholder (your employer) can fully describe all of the provisions, terms, conditions, limitations and exclusions of your insurance coverage. In the event of any difference between the Summary of Benefits sheet and the insurance policy, the terms of the insurance policy apply.

Limitations and Exclusions:

You cannot receive Long Term Disability Insurance benefit payments for disabilities that are caused or contributed to by*:

- War or act of war (declared or not)
- · The commission of, or attempt to commit a felony
- · An intentionally self-inflicted injury
- Any case where your being engaged in an illegal occupation was a contributing cause to your disability

You must be under the regular care of a physician to receive benefits.*

Your benefit payments will be reduced by other income you receive or are eligible to receive due to your disability, including but not limited to*:

- · Social Security Disability Insurance (please see next section for exceptions)
- · Workers' Compensation
- Other employer-based insurance coverage you may have
- · Unemployment benefits
- Settlements or judgments for income loss
- Retirement benefits that your employer fully or partially pays for (such as a pension plan)
- Loss of time or lost wages from a no-fault motor vehicle insurance plan.
- Benefits from Employer's sick leave or salary continuation plan.

Your benefit payments will not be reduced by certain kinds of other income, such as*:

- Retirement benefits if you were already receiving them before you became disabled
- · Retirement benefits that are funded by your after-tax contributions
- · Your personal savings, investments, IRAs or Keoghs
- Profit-sharing
- · Most personal disability policies
- · Social Security increases

Member Assistance Program:

The Member Assistance Program, which accompanies your Long Term Disability benefit, comes at no additional cost to the employee. It includes personal and confidential assistance for employees and their families.

- Toll-free Member Assistance line
- 24/7 access to liveandworkwell.com.
- Referral for face-to-face counseling
- Legal and Financial services information and referrals**

UnitedHealthcare Life and Disability products are provided by UnitedHealthcare Insurance Company, and certain products in California by Unimerica Life Insurance Company. Texas Coverage is provided on Form LASD-POL-TX (05/03), Form UHCLD-POL 2/2008-TX, or UICLD-POL-TX 4/5.

UnitedHealthcare Insurance Company is located in Hartford, CT; Unimerica Insurance Company and Unimerica Life Insurance Company in Milwaukee, WI.

^{*}Some State variations may apply.

^{**}May not be available in all states.

Highmark Companies LLC Summary of Benefits Long Term Disability Insurance



Eligibility Salary Gross-Up LTD Benefit 60% of your Monthly Earnings to a maximum of \$7,500 per month. Minimum Benefit: Greater of \$100 or 10% of gross monthly benefit Guaranteed Issue Benefit: \$7,500 Earnings are defined in the UnitedHealthcare contract with your employer. Elimination Period 90 days of Disability Definition of Disability Residual Own Occupation Period 24 months (2 year) own occupation Earnings Test 80% Own Occupation / 80% Any Occupation Requires Loss of Earnings/Duties Loss of Earnings and Duties Disability is defined in the UnitedHealthcare contract with your employer. Maximum Benefit Duration Reducing Benefit Duration w/SSINA Age at Disability Maximum Benefit Period Greater of: SSNRA* or Less than age 60 To age 65 Age 60 Age 60 Age 61 Age 62 42 Months Age 62 42 Months Age 63 36 Months Age 64 30 Months Age 65 Age 66 21 Months Age 67 18 Months Age 67 18 Months Age 68 15 Months Age 68 69 and over 12 Months			
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	3 months Gross		
	12 months		
Portability Included			
	24 months lifetime		
	24 months lifetime		
	No Limit		
	3 month look back; 12 month after effective date		
Offsets In addition, as described below within the Important Details, your monthly Long-Term Disa	oility		
benefit may be reduced by other income you receive.			
	You must be Actively at Work with your employer on the day your coverage takes effect.		
This coverage, like most group benefit Insurance, requires that a certain percentage of eligent employees participate. If that group participation minimum is not met, the insurance cover you have elected may not be in effect.			

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- · Retirement benefits that are funded by your after-tax contributions
- · Your personal savings, investments, IRAs or Keoghs
- Profit-sharing
- · Most personal disability policies
- · Social Security increases

Member Assistance Program:

The Member Assistance Program, which accompanies your Long Term Disability benefit, comes at no additional cost to the employee. It includes personal and confidential assistance for employees and their families.

- Toll-free Member Assistance line
- 24/7 access to liveandworkwell.com.
- Referral for face-to-face counseling
- Legal and Financial services information and referrals**

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Highmark Companies LLC

Cost Summary (Current Monthly Rates)

Long Term Disability Insurance



Salary Gross-Up Long Term Disability	recent 6 months period \$0.33per \$100 of monthly covered payroll
	All Active Full Time Teaching Curriculum Employees working an average of 20 hours per week over the most
Eligibility	And
	All Active Full Time Employees, excluding Owners, working a minimum of 30 hours per week.

Premium Calculation Example:

Voluntary Long Term Disability

Annual Earnings ÷ 12 = monthly covered payroll x rate ÷ 100 = monthly premium

Maximum monthly covered payroll calculation example: \$5,000 maximum monthly benefit ÷ 60% benefit percentage = \$8,333.33

- If actual monthly payroll is higher, use the calculated monthly covered payroll in the premium calculation.

Example: Employee, age 36, Annual Earnings = \$50,000, Rate = .25 $$50,000 \div 12 = $4,166.67 \times $0.25 = $1,041.67 \div 100 = 10.42 per month

Highmark Companies LLC

Cost Summary (Current Monthly Rates)

Long Term Disability Insurance



Eligibility	All active full time Owners working a minimum of 30 Hours per week.
Salary Gross-Up Long Term Disability	\$0.33per \$100 of monthly covered payroll

Premium Calculation Example:

Voluntary Long Term Disability

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