

## Benefits At-A-Glance

**Core Plan-** All Active, full-time Employees with a 14 day Elimination Period

**Buy Up Plan-** All Active, full time Employees with a 7 day Elimination Period

### Short-Term Disability Insurance

#### The Lincoln Short-term Disability Insurance Plan:

- Provides a cash benefit when you are out of work for up to 13 weeks due to injury, illness, surgery, or recovery from childbirth
- Starts with a “core plan” that is paid for by Southwest Community Health System
- Offers a simple “buy-up” option that lets you enhance your benefit at affordable group rates
- Features group rates for Southwest Community Health System employees
- Offers a fast, no-hassle claims process

Core Plan	
Weekly benefit amount	60% of your weekly salary, limited to \$2,500 per week
Maximum coverage period	77 days following the elimination period
Buy Up Plan (paid by you through payroll deduction if elected)	
Weekly benefit amount	60% of your weekly salary, limited to \$2,500 per week
Maximum coverage period	84 days following the elimination period

#### Elimination Period

- This is the number of days you must be disabled before you can collect disability benefits.

#### If you elect the core plan:

- Benefits are payable after a period of 14 calendar days due to injury or sickness.

#### If you elect the buy up plan option:

- Benefits are payable after a period of 7 calendar days due to injury or sickness.

#### Partial Disability Benefits

- Partial disability benefits can be payable if your earnings are between 20% and 80% of your pre-disability earnings.

#### Successive Disability Benefits

- If you become disabled for the same condition within 14 days following your prior disability, your benefits will continue under the same claim.

#### Maximum Coverage Period

- This is the number of weeks you can collect disability benefits (also known as the benefit duration).

## Evidence of Insurance

- When you are first offered this coverage, you may be able to take advantage of this important coverage with no evidence of insurability (proof of health). If you are electing this coverage after your initial enrollment period, evidence of insurability will be required

## Benefit Exclusions & Reductions

Like any insurance, this short-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
- Your disability is the result of cosmetic surgery, unless related to a disabling condition
- Your disability occurs while you are committing a felony or misdemeanor or participating in a riot

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

- Sick pay from your employer
- A state disability plan or similar compulsory benefit act or law
- A retirement plan
- Social Security
- Any form of employment
- Workers' Compensation

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

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 policy, the policy will govern.

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Supplemental Short-term Disability Insurance At-A-Glance

## Supplemental Short-Term Disability Premium Calculate Your Premium for the Buy Up Plan Option

Use the employee voluntary short-term disability premium rate table provided to below to calculate your cost and benefit. The following example calculates the monthly cost for an employee with annual earnings of \$35,400.

Note: The maximum weekly covered earnings are equal to the maximum weekly benefit divided by the benefit percentage.

Calculation Example		Example	You	Premium Rate
Step 1	Enter the monthly rate per \$10 of weekly benefit.	\$0.140		\$0.140
Step 2	Enter your weekly earnings. <i>Divide your annual earnings by 52.</i>	\$681		
Step 3	If your weekly earnings are greater than the <b>maximum weekly covered earnings</b> of \$4,166.67, indicate \$4,166.67. Otherwise, indicate the amount from Step 2.	\$681		
Step 4	Calculate your weekly benefit. <i>Multiply Step 3 by 0.60</i>	\$408		
Step 5	Enter your weekly benefit in increments of \$10. <i>To calculate, divide the amount in Step 4 by 10.</i>	40.8		
Step 6	Calculate your monthly cost. <i>Multiply Step 1 by Step 5.</i>	\$5.71		

This worksheet allows you to approximate your monthly contributions for voluntary short-term disability insurance coverage. Cost of insurance may change in the future due to age and/or coverage amount elected.

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Please see prior page for product information.

Supplemental Short-term Disability Insurance Premium Calculation