CBIA HEALTH CONNECTIONS
THE POWER OF CHOICE

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Long-term Disability Insurance

	Group LTD 3 to 9 employees	10+ employees	Voluntary LTD 3+ employees
Employee Participation	Greater of 3 enrolled employees or 75%	75% of employees	3 to 50: Minimum 3 enrolled 51+: Minimum 10 enrolled
Eligibility	All active full-time employees working 30+ hours/week	All active full-time employees working 30+ hours/week	All active full-time employees working 30+ hours/week"
Benefit Percentage	**Standard:** 60%; **Options:** 50%, 66 2/3%	**Standard:** 60%; **Options:** 50%, 66 2/3%	**Standard:** 60%; **Options:** 50%, 66 2/3%
Maximum Monthly Benefit	$1,000 to $5,000	$1,000 to $10,000	$1,000 to $10,000
Minimum Benefit	Greater of $100 or 10% gross benefit	Greater of $100 or 10% gross benefit	Greater of $100 or 10% gross benefit
Benefit Duration	ADEA 1 with Social Security normal retirement age	ADEA 1 with Social Security normal retirement age	ADEA 1 with Social Security normal retirement age
Elimination Period	90 or 180 days	90 or 180 days	90 or 180 days
Recurrent Disability	Employee can work up to 50% of the days in the Elimination Period without having to satisfy a new Elimination Period	Employee can work up to 50% of the days in the Elimination Period without having to satisfy a new Elimination Period	Employee can work up to 50% of the days in the Elimination Period without having to satisfy a new Elimination Period
Definition of Disability	**Standard:** 2 year own occupation **Options:** 3 year own occupation, any thereafter or Own Occupation to Social Security normal retirement age	**Standard:** 2 year own occupation **Options:** 3 year own occupation, any thereafter or Own Occupation to Social Security normal retirement age	**Standard:** 2 year own occupation **Options:** 3 year own occupation, any thereafter or Own Occupation to Social Security normal retirement age
Initial Rate Guarantee	2 years	2 years	2 years
Pre-existing Condition	3/3/12, 6/6/12 or 12/12/24 **Groups with no prior coverage:** 12/12/24	3/3/12, 6/6/12 or 12/12/24 **Groups with no prior coverage:** 12/12/24	6/6/12 or 12/12/24 **Groups with no prior coverage:** 12/12/24
Waiver of Premium	Included	Included	Included
Limitations for Mental/Nervous and Alcohol & Drug Abuse	Outpatient: 24 months Inpatient: Covered as long as confined	Outpatient: 24 months Inpatient: Covered as long as confined	Outpatient: 24 months Inpatient: Covered as long as confined
Coverage Basis	24 hours	24 hours	24 hours
Family Medical Leave	Option	Option	Included
Cost Of Living Adjustment	None	None	Option: Flat 3% for duration of claim
Survivor Income Benefit	Standard: 3 month lump sum gross benefit	Standard: 3 month lump sum gross benefit	Standard: 3 month lump sum gross benefit
Workplace Modification	Included	Included	Included
FICA Match Service	Included	Included	Included
W-2 Service	Signed agreement required to include or waive service	Signed agreement required to include or waive service	Signed agreement required to include or waive service

CBIA Service Corp.

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