

# Long-term Disability



We offer disability plans for short- and long-term absences so your employees can have that extra protection they need. **Long-term disability covers employees for a longer period of time** for illness and injuries like musculoskeletal disorders, cancer, severe fractures and muscle injuries, and heart attack or stroke.

BENEFIT	10+ SIZE GROUPS	2-9 SIZE GROUPS
<b>Benefit percentage</b>	40% – 70%	50% – 60%
<b>Maximum benefit</b>	\$2,500 to \$10,000 per month	\$6,000 per month
<b>Elimination period</b>	30 – 365 days	30 – 365 days
<b>Benefit duration</b>	<ul style="list-style-type: none"> <li>• Social Security Normal Retirement Age (SSNRA)</li> <li>• Two years</li> <li>• Five years</li> </ul>	<ul style="list-style-type: none"> <li>• Social Security Normal Retirement Age (SSNRA)</li> <li>• Two years</li> <li>• Five years</li> </ul>
<b>Benefit calculation</b>	Greater or Proportionate Loss Formula or Direct Reduction	Greater or Proportionate Loss Formula or Direct Reduction
<b>Definition of disability</b>	<ul style="list-style-type: none"> <li>• 1 / 2 / 3-year own occupation with any occupation following</li> <li>• Own occupation for duration</li> </ul>	2 year own occupation
<b>Recurrent disability</b>	<p>May return to work for specified number of days and then go back out for the same disability without claim terminating:</p> <p>1/2 of the Elimination Period (EP) during EP and within six months after EP</p>	<p>May return to work for specified number of days and then go back out for the same disability without claim terminating:</p> <p>1/2 of the Elimination Period (EP) during EP and within six months after EP</p>
<b>Survivor benefit</b>	<ul style="list-style-type: none"> <li>• 3x net benefit</li> <li>• 6x net benefit</li> </ul>	3x net benefit
<b>Family care credit</b>	<ul style="list-style-type: none"> <li>• <b>Maximum Amount / Reduced Amount:</b> \$350 / \$175 per dependent</li> <li>• <b>Benefits reduce at:</b> 12 months</li> <li>• <b>Total yearly max:</b> \$2,500 max benefit</li> <li>• <b>Duration:</b> 24 Months</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Maximum Amount / Reduced Amount:</b> \$350 / \$175 per dependent</li> <li>• <b>Benefits reduce at:</b> 12 months</li> <li>• <b>Total yearly max:</b> \$2,500 max benefit</li> <li>• <b>Duration:</b> 24 Months</li> </ul>
<b>Waiver of premium</b>	Included	Included
<b>Employer contribution / participation</b>	<ul style="list-style-type: none"> <li>• Non-contributory</li> <li>• Contributory</li> <li>• Voluntary</li> </ul>	Non-contributory
<b>Eligibility</b>	All active full-time employees working 20 to 40 hours per week	All active full-time employees working 20 to 40 hours per week
<b>Rate guarantee</b>	Up to three years	Up to three years
<b>Earnings definition</b>	Base salary only, excluding any bonus, commissions, overtime or tips/tokens (additional options available)	Base salary only, excluding any bonus, commissions, overtime or tips/tokens (additional options available)

Plan availability varies by state. Disability plans insured by Humana Insurance Company, Humana Insurance Company of Kentucky or Humana Insurance Company of New York.

This communication provides a general description of certain identified insurance or non-insurance benefits provided under one or more of our benefit plans. Our benefit plans have exclusions and limitations and terms under which the coverage may be continued in force or discontinued. For costs and complete details of the coverage, refer to the plan document or call or write your Humana insurance agent or the company. In the event of any disagreement between this communication and the plan document, the plan document will control.

