

Long Term Disability (LTD)

Employee Plan Summary	Class 1	Class 2
Class Description		
Benefit Percentage	60%	60%
Maximum Monthly Benefit	\$15,000	\$6,000
Guarantee Issue Amount	\$15,000	\$6,000
Minimum Monthly Benefit	Greater of \$100 or 10% of the Monthly Benefit	Greater of \$100 or 10% of the Monthly Benefit
Elimination Period	180 Days	90 Days
Benefit Duration	SSNRA	SSNRA
Definition of Disability	Unlimited Own Sub Specialty	2-Yr Own OCC
Return to Work Incentive	Included	Included
Integration Method	Primary & Family	Primary & Family
Pre-Existing Condition	Treatment Free/ Lookback/Continuously Insured	Treatment Free/ Lookback/Continuously Insured
Limitation	3/3/12	3/3/12
Takeover Provision	No Loss/No Gain	No Loss/No Gain
Mental Nervous/Substance Abuse Limitation	24 Month Outpatient	24 Month Outpatient
Family Care Credit	Included	Included
Workplace Modification	Included	Included
Rehab Participation	Not Applicable	Not Applicable
Recommended Treatment	Not Applicable	Not Applicable
Survivor Income Benefit	3 X Last Monthly Gross Benefit	3 X Last Monthly Gross Benefit
Employer Participates in Worker's Compensation	Yes	Yes
Conversion	Included	Included
Employee Contribution	Mandatory Contributory	Mandatory Contributory
Enrollment Type	Standard	Standard
Participation Requirement	100%	100%
FICA Match Service	Included	Included
A&D /Loss of Sight Option	Yes	Yes
Progressive Illness Option	Yes	Yes
Number of Employees	36	202

		Rate	Volume	Monthly Premium
RateGuarantee :	Class 1:	\$.62 per \$100 of Covered Payroll	\$542,956 of Covered Payroll	\$7,759.32
3 Years	Class 2:	\$.64 per \$100 of Covered Payroll	\$686,404 of Covered Payroll	*Composite rate is for illustrative purposes only.
	Composite*:	\$.63 per \$100 of Covered Payroll	\$1,229,360 of Covered Payroll	

Medical Group Management Association (MGMA) members qualify for 5% discount to LTD Rates

Accepted by: _____ Date: _____
 Signature assumes all parts of the plan schedule, including the plan assumptions