



SUMMARY OF BENEFITS

Sponsored by: Dublin City School

Short-term disability is intended to protect your income for a short duration in case you become ill or injured.

STD Benefit

Weekly Benefit	Elimination Period	Maximum Duration
Any \$100 increment, with a minimum of \$100 of coverage Maximum of \$2,500 per week, not to exceed 60% of salary	Benefits begin on: Accident: 8 th day Illness: 8th day	26 weeks

Pre-Existing Condition You may not be eligible for benefits if you have received treatment for a condition within 3 months prior to your effective date under this policy until you have been covered under the policy for 6 months.

Waiver of Premium You will not be required to pay premium during any time of approved total or partial disability.

Additional Benefits

- Portability
 - Rehab Assistance - 5%
 - Survivor Income - 3 Weeks
 - C-Section Benefit - 8 weeks
- See your Schedule of Benefits on your Certificate for more information**

Enrolling for Coverage

Eligibility: All employees in an eligible class.
You are able to take advantage of this coverage now without a health examination. You may not be offered this opportunity again until your annual open enrollment.

Weekly Premium Calculation**

EXAMPLE

1	List your weekly earnings (Maximum covered payroll is \$4,167 weekly)	\$ _____	\$610
2	Multiply by 60%	\$ _____	\$366
3	Determine the coverage you want, not to exceed the number on Line 2	(Round down to the next lower \$100 increment)	(\$366 rounds down to \$300)
4	Write the total amount of coverage you have elected	\$ _____	\$300
5	Multiply by the premium factor	<u>0.018923</u>	0.018923
6	Your Estimated Weekly Premium	\$ _____	\$5.68

Composite Rate Factor:

0.018923

**This is an estimate of premium cost.
Actual deductions may vary slightly due to rounding and payroll frequency.

Understanding Your Benefits

Total Disability	Due to an injury or illness, you are unable to perform each of the main duties of your regular occupation.
Partial Disability	Due to an injury or illness, you are unable to perform one or more of the main duties of your regular occupation on a full-time basis. Partial Disability benefits may be payable if you are earning at least 20% of the income you earned prior to becoming disabled, but not more than 99%. Partial disability benefits allow you to work and earn income from your employer as well as continue to receive benefits, which may enable you to receive 100% of your income during your time of disability.
Continuation of Disability	If you return to work full-time but become disabled from the same disability within 2 weeks of returning to work, you will begin receiving benefits again immediately.
Pre-Existing Condition	Any sickness or injury for which you have received medical treatment, consultation, care, or services (including diagnostic measures or the taking of prescribed medications) during the specified months prior to your coverage effective date. A disability arising from any such sickness or injury will be covered only if it begins after you have performed your regular occupation on a full-time basis for the specified months following the coverage effective date.
Benefit Exclusions	You will not receive benefits in the following circumstances: <ul style="list-style-type: none">• Your disability is the result of a self-inflicted injury.• You are not under the regular care of a doctor when requesting disability benefits.• Your disability is covered under a worker's compensation plan and/or is due to a job-related sickness or injury.
Benefit Reductions	Your benefits may be reduced if you are receiving benefits from any of the following sources: <ul style="list-style-type: none">• Any Social Security, or similar plan or act, benefits;• Earnings the insured earns or receives from any form of employment;
Rehabilitation Assistance Benefit	Employees who participate in an approved rehabilitation program are eligible to receive an additional percent of benefit. Additionally, approved program costs may be reimbursed.
Survivor Income	A benefit may be paid to your survivor for additional months if you should die while you were eligible to receive benefits under this policy.
Coverage Termination	This coverage will terminate when you terminate employment with this policyholder, or at your retirement.

For assistance or additional information Contact Lincoln Financial Group at

(800) 423-2765; reference ID: **DUBLINCTY**

www.LincolnFinancial.com

NOTE: 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. Should there be a difference between this summary and the policy, the policy will govern.

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