Plan Highlights

Voluntary Group Short Term Disability Insurance

Jackson Hospital and Clinic, Inc. - Class 1

COVERAGE

Disability income protection insurance provides a benefit for short term disability resulting from a covered injury or sickness. Benefits begin at the end of the elimination period and continue while you are disabled up to the maximum benefit duration.

ELIGIBILITY

All Active Full-Time Employee participating in the 7/7/12 plan working 20 hours or more per week and earning a minimum salary of $15,000 per year, except any person working on a temporary or seasonal basis.

BENEFIT AMOUNT

You may elect a weekly benefit equal to 60% of your covered earnings, up to a maximum benefit of $1,250 per week.

DAY BENEFITS BEGIN

Injury (accident) and Sickness (illness): benefits begin on 8th consecutive day of disability or the day following the number of accumulated sick days determined by your employer.

MAXIMUM BENEFIT DURATION

Benefits for one period of disability will be paid up to a maximum of 12 weeks.

CONTRIBUTION REQUIREMENTS

Coverage is employee paid.

RATES

See attached Rate Sheet

FEATURES

- Maternity covered as any other illness
- Non-occupational coverage
- Partial disability benefit included
- Zero Day Residual: You can accumulate time toward the elimination period even while partially disabled
- Transfer of Coverage provision

VALUE-ADDED SERVICES

- Telephonic Claim Intake Included

LIMITATIONS

- Pre-Existing Condition Limitation - A pre-existing condition is any sickness or injury, whether specifically diagnosed or not, for which you received medical treatment, consultation, care, or services, including diagnostic procedures, or for which you took prescription drugs or medicines during the look back period (3 months) before the individual effective date of coverage (or the effective date of an increase in coverage). Benefits (or an increased benefit) would not be payable due to a pre-existing condition unless the Total Disability occurs after (12 months) from the effective date of coverage (or effective date of an increase).
- Offsets: Your benefit may be reduced by other income sources such as, but not limited to, Social Security, Workers Compensation, State Disability Plans.

EXCLUSIONS

Benefits will not be payable for any disability caused or contributed by: an intentionally self-inflicted Injury; an act of war (declared or undeclared); an Injury or Sickness that occurs while confined in any penal or correctional institution; while confined in any penal or correctional institution; committing a felony; caused or contributed to by any of the following: cosmetic surgery or treatment primarily to change appearance; or in vitro fertilization; or embryo transfer procedures; or artificial insemination; or reversal of sterilization; or liposuction; or radial keratotomy.

For a comprehensive list of exclusions and limitations, and any applicable benefit offsets, please refer to the Certificate of Insurance. The Certificate also provides all requirements necessary to be eligible for coverage and benefits.

This Plan Highlights is a brief description of the key features of the RSL insurance plan. The availability of the benefits and features described may vary by state. It is not a certificate of insurance or evidence of coverage. Insurance is provided under group policy form LRS-6451, et al.

Premium Worksheet

Group Short Term Disability Insurance

Jackson Hospital and Clinic, Inc.

Scheduled Benefit: Each eligible employee may elect **60%** of their weekly earnings, up to **$1,250** per week benefit maximum.

To calculate your bi-weekly payroll deduction, use the formula indicated below:
(Round all numbers to the nearest whole number)

1. Enter your **Weekly Earnings**, not to exceed **$2,083** — 1. $ _____
2. **Multiply** your weekly earnings (Line 1) by **0.60** — 2. $ _____
3. Find your rate from the age table displayed — 3. $ _____
4. **Multiply** the amount on Line 2 by the appropriate rate for your age entered on Line 3 — 4. $ _____
5. **Divide** the amount on Line 4 by 10 and enter the amount on Line 5 to get your monthly payroll deduction. — 5. $ _____
6. **Multiply** the amount on Line 5 by 12, then **Divide** by 26 to get your bi-weekly payroll deduction. — 6. $ _____

Age	Rate per $10 benefit
18-24	$1.240
25-29	$1.240
30-34	$1.240
35-39	$1.240
40-44	$1.240
45-49	$1.240
50-54	$1.480
55-59	$1.480
60-64	$1.790
65-69	$1.960
70+	$2.070

Example Calculation: Jane Smith is age 35.

1. Enter your **Weekly Earnings**, not to exceed **$2,083** — 1. $ 400
2. **Multiply** your weekly earnings (Line 1) by **0.60** — 2. $ 240 (maximum weekly benefit)
3. Find your rate from the age table displayed — 3. $ 1.240
4. **Multiply** the amount on Line 2 by the appropriate rate for your age entered on Line 3 — 4. $ 297.60
5. **Divide** the amount on Line 4 by 10 and enter the amount on Line 5 to get your monthly payroll deduction. — 5. $ 29.76 (monthly payroll deduction)
6. **Multiply** the amount on Line 5 by 12, then **Divide** by 26 to get your bi-weekly payroll deduction. — 6. $ 13.74 (bi-weekly payroll deduction)