

Plan Code: ST0001SB130014
For Employers with 2-5, 6-9 Eligible Employees

Our disability insurance programs focus on the total health and well-being of the employee and provide replacement income in the event the employee is unable to work due to an injury or sickness. Our Short Term Disability (STD) portfolio provides flexible options for duration, weekly benefit amounts, and non-occupational coverage. Our claims management services balance expectations with clinical guidelines for a realistic recovery and return to work.

Coverage	Benefit	Description
Benefit Amount	60%	Weekly benefit amount paid by the insurer to the claimant, expressed as a percentage of pre-disability weekly earnings.
Maximum Weekly Benefit	\$500	Maximum amount paid by the insurer to the claimant, regardless of salary. The benefit amount may be reduced by Other Income Benefits.*
Benefit Duration	26 Weeks	Maximum amount of time for which disability benefits are payable.
Pre-Existing Period	12/12	Number of months before effective date that employee must be treatment-free for a pre-existing condition / Number of months after effective date that employee must wait before receiving benefits for a pre-existing condition.
Elimination Period	0 Days Injury / 7 Days Sickness	Length of time employee must be continuously disabled before benefits are payable.
Premium Contribution	Non-Contributory	Non-Contributory is when the employer pays 100% of the premium.
Minimum Participation	100%	Minimum number of eligible employees that must enroll in the plan for the plan to be installed.
Definition of Disability	Residual	A covered person is disabled when unable to perform some or all of the duties of his regular occupation, has a 20% or more loss in pre-disability earnings, and is under the regular care of a physician.

Value-Added Disability Services

- **Integrated Medical & Disability Management.** Our integrated approach helps increase health care quality, manage health and absentee costs, improve health outcomes and enable employees to return to a productive lifestyle. Integrated Medical & Disability Management (IMDM) is automatically offered at no charge to customers who have disability insurance with UnitedHealthcare Specialty Benefits and either fully insured medical, or self-insured medical with select Care Solutions and/or Behavioral Solutions programs, from UnitedHealthcare. IMDM services offered by OptumHealth, a company of UnitedHealth Group.
 - **Claims management excellence.** Our disability claims specialists are experts in the industry. The goal of our claims management services is to manage employee illness and injury with a plan that optimizes employee productivity, controls costs, promotes effective care, enhances stay-at-work options and encourages safe and timely return to work.
 - **Customer service experience.** Our experienced customer service professionals-available through our single source, call center-have in-depth product knowledge and a thorough understanding of the causes and costs of disability, enabling them to provide
- This is an overview of your benefits. The contract will govern actual benefits. The Company reserves the right to make future changes.*

complete answers and innovative solutions. They are committed to maintaining an equitable balance between the financial objectives of the employer and a commitment to the needs of the individual. **Our Life & Disability Claims Center may be reached by calling 888-299-2070.**

- **Claim management philosophy.** Our claim philosophy is to provide full-service disability management. We manage claims collaboratively with a Claim Risk Management Team, and our Complex Claims Unit is unique in the disability industry. Our claims staff and partners assist claimants with the complicated process of applying for and/or appealing Social Security Disability benefits. Overall, our goal for managing claims is to take a holistic approach, integrating financial, medical and vocational rehabilitation.

Additional Notes:

- *Other income benefits include benefits from Workers Compensation, other group insurance, governmental disability income benefits, U.S. Social Security benefits, retirement benefits if received as disability benefits, no-fault motor vehicle insurance or automobile liability insurance, unemployment compensation, amounts recovered in a settlement with a third party, and similar sources of other income.
- Plan codes only valid for contracts situated in AK, AL, AR, AZ, CA, CO, CT, DC, DE, FL, GA, HI, IA, ID, IL, IN, KS, KY, LA, MA, MD, ME, MI, MN, MO, MT, NC, ND, NE, NH, NJ, NM, NV, OH, OK, OR, PA, PR, RI, SC, SD, TN, TX, UT, VA, VI, WA, WI, WV.
- Benefit provisions, exclusions and limitations may vary as a result of state specific requirements.
- Premiums may vary by age.
- The Policy will continue, upon timely payment of premium, unless we cancel because the Policyholder did not meet his obligations stated in the Policy, including providing information needed to administer the Policy, or the participation level drops below the level stated in the Policy.
- Individual coverage will continue, upon timely payment of premium, unless terminated because the Covered Person is no longer actively at work or no longer meets the specific eligibility requirements stated in the Policy or the Policy terminates.
- The Policy will not cover a Disability if it is due to: an occupational injury or sickness, intentionally self-inflicted injuries, commission or attempted commission of a felony, participation in a riot, war, act of war or armed conflict between organized military forces or while the covered person is incarcerated or under house arrest.
- This policy provides disability income insurance only. It does NOT provide basic hospital, basic medical or major medical insurance as defined by the New York State Insurance Department.
- Insurance is underwritten by UnitedHealthcare Insurance Company on either Form LASD-POL (05/03) or Form UHCLD-POL 2/2008 or by Unimerica Life Insurance Company of New York (NYC) on either Form LASD-POL-ADD/DIS NY(05/03) and LASD-POL- LIFE NY(05/03) or, in California, by Unimerica Life Insurance Company on Form UICLD-POL-CA 4/5.
- This Benefit Summary is intended only to highlight benefits and should not be relied upon to fully determine coverage. More complete descriptions of benefits and the terms under which they are provided are contained in the Certificate of Coverage received upon enrollment in the plan. If this Benefit Summary conflicts in any way with the Policy issued to the employer, the Policy shall prevail.

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