

**Your Choice Voluntary Long Term Disability  
Coverage Highlights — Pennsylvania  
PHDC**

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**Employee Coverage Effective Date**

Please contact your human resources representative for more information regarding the following requirements that must be satisfied for your insurance to become effective. You must satisfy:

- Eligibility requirements
- An *eligibility waiting period* of the first day of the month coinciding with or next following 180 days as an eligible employee
- An *evidence of insurability requirement*, if applicable
- An *active work* requirement. This means that if you are not *actively at work* on the day before the scheduled effective date of insurance, your insurance will not become effective until the day after you complete one day of *active work* as an eligible employee.

**Benefit Amount**

You may select a monthly benefit amount in \$100 increments, based on the table and guidelines presented in the Rates section of these Coverage Highlights. The monthly benefit amount must not exceed 60 percent of your monthly earnings.

Plan Maximum Monthly Benefit: \$6,000

Plan Minimum Monthly Benefit: \$200

**Benefit Waiting Period**

The *benefit waiting period* is the period of time that you must be continuously *disabled* before benefits become payable. Benefits are not payable during the *benefit waiting period*. The *benefit waiting period* options associated with your plan include:

<u>Accidental Injury</u>	<u>Other Disabilities</u>
0 days	7 days
14 days	14 days
30 days	30 days
60 days	60 days
90 days	90 days
180 days	180 days

### Preexisting Condition Exclusion

A general description of the *preexisting condition exclusion* is included in the Your Choice Group Voluntary Long Term Disability Insurance brochure. If you have questions, please check with your human resources representative.

*Preexisting Condition Period:* The 180-day period just before your insurance becomes effective

Exclusion Period: 12 months

### Own Occupation Period

For the plan's definition of *disability*, as described in your brochure, the *own occupation period* is the first 24 months for which *LTD benefits* are paid.

### Maximum Benefit Period

If you become *disabled* before age 62, *LTD benefits* may continue during *disability* until you reach age 65. If you become *disabled* at age 62 or older, the benefit duration is determined by your age when *disability* begins:

<u>Age</u>	<u>Maximum Benefit Period</u>	<u>Age</u>	<u>Maximum Benefit Period</u>
62	3 years 6 months	66	1 year 9 months
63	3 years	67	1 year 6 months
64	2 years 6 months	68	1 year 3 months
65	2 years	69+	1 year

### When Benefits End

*LTD benefits* end automatically on the earliest of:

- The date you are no longer *disabled*
- The date your *maximum benefit period* ends
- The date you die
- The date benefits become payable under any other LTD plan under which you become insured through employment during a period of *temporary recovery*
- The date you fail to provide proof of continued *disability* and entitlement to benefits

### Rates

Employees can select a monthly *LTD benefit* ranging from a minimum of \$200 to a maximum amount based on how much they earn. Referencing the attached charts, follow these steps to find the monthly cost for your desired level of monthly *LTD benefit* and *benefit waiting period*:

1. Find the maximum *LTD benefit* by locating the amount of your earnings in either the Annual Earnings or Monthly Earnings column. The *LTD benefit* amount shown associated with these earnings is the maximum amount you can receive. If your earnings fall between two amounts, you must select the lower amount.
2. Select the desired monthly *LTD benefit* between the minimum of \$200 and the determined maximum amount, making sure not to exceed the maximum for your earnings.
3. In the same row, select the desired *benefit waiting period* to see the monthly cost for that selection.

If you have questions regarding how to determine your monthly *LTD benefit*, the *benefit waiting period*, or the premium payment of your desired benefit, please contact your human resources representative.

### Group Insurance Certificate

If you become insured, you will receive a group insurance certificate containing a detailed description of the insurance coverage. The information presented above is controlled by the *group policy* and does not modify it in any way. The controlling provisions are in the *group policy* issued by Standard Insurance Company.

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Annual Earnings	Monthly Earnings	Monthly Disability Benefit	Accident/Sickness Benefit Waiting Period Cost Per Bi-Weekly					
			0-7	14-14	30-30	60-60	90-90	180-180
4,000	333	200	3.08	2.36	1.62	1.07	.86	.64
6,000	500	300	4.62	3.54	2.42	1.61	1.29	0.96
8,000	667	400	6.17	4.73	3.23	2.14	1.72	1.27
10,000	833	500	7.71	5.91	4.04	2.68	2.15	1.59
12,000	1000	600	9.25	7.09	4.85	3.21	2.58	1.91
14,000	1167	700	10.79	8.27	5.65	3.75	3.00	2.23
16,000	1333	800	12.33	9.45	6.46	4.28	3.43	2.55
18,000	1500	900	13.87	10.63	7.27	4.82	3.86	2.87
20,000	1667	1,000	15.42	11.82	8.08	5.35	4.29	3.18
22,000	1833	1,100	16.96	13.00	8.88	5.89	4.72	3.50
24,000	2000	1,200	18.50	14.18	9.69	6.42	5.15	3.82
26,000	2167	1,300	20.04	15.36	10.50	6.96	5.58	4.14
28,000	2333	1,400	21.58	16.54	11.31	7.50	6.01	4.46
30,000	2500	1,500	23.12	17.72	12.12	8.03	6.44	4.78
32,000	2667	1,600	24.66	18.90	12.92	8.57	6.87	5.10
34,000	2833	1,700	26.21	20.09	13.73	9.10	7.30	5.41
36,000	3000	1,800	27.75	21.27	14.54	9.64	7.73	5.73
38,000	3167	1,900	29.29	22.45	15.35	10.17	8.16	6.05
40,000	3333	2,000	30.83	23.63	16.15	10.71	8.58	6.37
42,000	3500	2,100	32.37	24.81	16.96	11.24	9.01	6.69
44,000	3667	2,200	33.91	25.99	17.77	11.78	9.44	7.01
46,000	3833	2,300	35.46	27.18	18.58	12.31	9.87	7.32
48,000	4000	2,400	37.00	28.36	19.38	12.85	10.30	7.64
50,000	4167	2,500	38.54	29.54	20.19	13.38	10.73	7.96
52,000	4333	2,600	40.08	30.72	21.00	13.92	11.16	8.28
54,000	4500	2,700	41.62	31.90	21.81	14.46	11.59	8.60
56,000	4667	2,800	43.16	33.08	22.62	14.99	12.02	8.92
58,000	4833	2,900	44.70	34.26	23.42	15.53	12.45	9.24
60,000	5000	3,000	46.25	35.45	24.23	16.06	12.88	9.55
62,000	5167	3,100	47.79	36.63	25.04	16.60	13.31	9.87
64,000	5333	3,200	49.33	37.81	25.85	17.13	13.74	10.19
66,000	5500	3,300	50.87	38.99	26.65	17.67	14.16	10.51
68,000	5667	3,400	52.41	40.17	27.46	18.20	14.59	10.83
70,000	5833	3,500	53.95	41.35	28.27	18.74	15.02	11.15
72,000	6000	3,600	55.50	42.54	29.08	19.27	15.45	11.46
74,000	6167	3,700	57.04	43.72	29.88	19.81	15.88	11.78
76,000	6333	3,800	58.58	44.90	30.69	20.34	16.31	12.10
78,000	6500	3,900	60.12	46.08	31.50	20.88	16.74	12.42
80,000	6667	4,000	61.66	47.26	32.31	21.42	17.17	12.74

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			0-7	14-14	30-30	60-60	90-90	180-180
82,000	6833	4,100	63.20	48.44	33.12	21.95	17.6	13.06
84,000	7000	4,200	64.74	49.62	33.92	22.49	18.03	13.38
86,000	7167	4,300	66.29	50.81	34.73	23.02	18.46	13.69
88,000	7333	4,400	67.83	51.99	35.54	23.56	18.89	14.01
90,000	7500	4,500	69.37	53.17	36.35	24.09	19.32	14.33
92,000	7667	4,600	70.91	54.35	37.15	24.63	19.74	14.65
94,000	7833	4,700	72.45	55.53	37.96	25.16	20.17	14.97
96,000	8000	4,800	73.99	56.71	38.77	25.70	20.60	15.29
98,000	8167	4,900	75.54	57.90	39.58	26.23	21.03	15.60
100,000	8333	5,000	77.08	59.08	40.38	26.77	21.46	15.92
102,000	8500	5,100	78.62	60.26	41.19	27.30	21.89	16.24
104,000	8667	5,200	80.16	61.44	42.00	27.84	22.32	16.56
106,000	8833	5,300	81.70	62.62	42.81	28.38	22.75	16.88
108,000	9000	5,400	83.24	63.80	43.62	28.91	23.18	17.20
110,000	9167	5,500	84.78	64.98	44.42	29.45	23.61	17.52
112,000	9333	5,600	86.33	66.17	45.23	29.98	24.04	17.83
114,000	9500	5,700	87.87	67.35	46.04	30.52	24.47	18.15
116,000	9667	5,800	89.41	68.53	46.85	31.05	24.90	18.47
118,000	9833	5,900	90.95	69.71	47.65	31.59	25.32	18.79
120,000	10000	6,000	92.49	70.89	48.46	32.12	25.75	19.11