Group Disability Insurance — Long Term Disability

SUMMARY OF BENEFITS — Class 3

Sponsored By: **TriHealth, Inc.**
Effective Date: **March 1, 2018**
Policy Number: **01-017508-00**

The information in this summary may be replaced by any subsequently issued summary or policy amendment.

Core Plan Benefit Highlights

Benefit Amount

60% of Salary up to $15,000 per month

Elimination Period

180 days (number of days you must be disabled to collect disability benefits)

Buy Up Plan Benefit Highlights

Benefit Amounts

60% of Salary up to $15,000 per month

Elimination Period

90 days (number of days you must be disabled to collect disability benefits)

Maximum Payment Duration

Reducing Benefit Duration:

Age at Disability	Maximum Payment Duration
Less than age 60	To age 65, but not less than 5 years
60	60 months
61	48 months
62	42 months
63	36 months
64	30 months
65	24 months
66	21 months
67	18 months
68	15 months
69 and over	12 months

Accumulation of Elimination Days

You can satisfy the days of your elimination period with either total (off work entirely) or partial (working some hours at your current job) disability.

Pre-Existing Condition

This plan will cover a disability if it is caused by, contributed to by, or results from a pre-existing condition and the disability begins after being insured for 12 consecutive months from his/her effective date of coverage. If the time period requirements are not met, the disability is excluded from coverage under the plan.

Pre-Existing Condition means a sickness or injury for which the insured received treatment within 3 months prior to his/her effective date of coverage. Treatment includes consultation, care, or services from a

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	doctor, or other medical professional recommended by a doctor. It also includes being prescribed medicines, taking prescribed medicines (or the fact that the insured should have been taking prescribed medicines, but chooses not to), and receiving diagnostic measures.
Survivor Income Benefit	A survivor benefit may be paid to your beneficiary if you should die while receiving qualifying disability payments.
Benefit Limitations	Mental Illness: 12 Months Per Lifetime Substance Abuse: 12 Months Per Lifetime

Eligibility

All Other Active Full-Time TriHealth, Bethesda and Good Samaritan Employees Including Physicians and Medical Residents Eligible for a Core or Electing a Buy Up Plan

Standard Provisions

- Maternity is covered the same as any other condition.
- 6 months recurrent disability/temporary recovery: If the insured recovers and returns to work, and the same sickness or injury causes the disability to occur again within 6 months of the date the prior disability ended, Symetra will resume monthly payments if the insured is covered under the policy for the period of temporary recovery.
- Waiver of premium: Premium payments for coverage are suspended for an insured while he/she is receiving disability income payments under this policy.
- Cost of living freeze: Except for increases in income earned (or received from any form of employment) once other income amounts have been subtracted from the gross monthly disability payment, the insured's payment will not be further reduced due to a cost of living increase in any other income amounts.
- Vocational rehabilitation: Provides assistance through services such as testing and training as well as job modification and placement.
- Social Security assistance: Helps an insured obtain Social Security disability benefits.
- Continuity of coverage

Contact Information for Claims

Phone: 1-877-377-6773
Fax: 1-877-737-3650

Symetra Life Insurance Company
Life and Absence Management Center
P.O. Box 1230
Enfield, CT 06083-1230

Rates for Buy Up Long Term Disability coverage

Monthly rate per $100 monthly covered payroll: $0.12

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Calculating Your Cost

$0.12			/100 =	$
	x	(your monthly earnings, up to a maximum of $25,000)		Monthly Buy Up Long Term Disability cost

This summary provides only a brief description of the Disability Income Insurance coverage insured by Symetra Life Insurance Company under the GDC 4000 series Group Disability Income Insurance policy. For a complete description, including all definitions, exclusions, limitations, and reductions in coverage, as well as information on termination of benefits, please contact your benefit administrator or refer to the Group Insurance Certificate you will receive when you become insured. Coverage will be offered under Group Policy number 01-017508-00. All benefits are subject to the terms and conditions of the Group Policy. If there is a difference between the information in this summary and the information contained in the Group Insurance Certificate, the terms of the Group Insurance Certificate will prevail. The terms of coverage may change over time; always refer to your current Group Insurance Certificate for information regarding your insurance benefits.

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