Louisiana State University Summary of Benefits

Effective 01.01.15

Am I eligible?	You are eligible if you are an Active, Salaried Academic, Unclassified or Classified Employee working at 75% full-time employment or greater, per pay period (average 30 hours per week), with an appointment of more than 120 days or one regular academic semester.	
What is Long Term Disability Insurance?	Long Term Disability Insurance pays you a portion of your Earnings if you cannot work because of a disabling illness or injury.	
	This highlight sheet is an overview of your Long Term Disability Insurance. Once a group policy is issued to your employer, a certificate of coverage will be available to explain your benefits in detail.	
Why do I need Long Term Disability Insurance?	Voluntary Long Term Disability Insurance protects the financial security of you and you family. The ability to earn an income is something to be cherished and protected – disabilities happen, and they happen more frequently than most think. Can you affor to be disabled? Did You Know: 3 in 10 workers will be disabled for more than 90 days before the agon of 65.	
	Many American families live paycheck to paycheck, and the majority could not afford to go one month or one week, let alone 2 or 3 years, without the support of regular income. Visit http://www.disabilitycanhappen.org for more information.	
What is disability?	Disability is defined in the UnitedHealthcare contract with your employer.	
	The Covered Person is Disabled or has a Disability when We determine that: 1. you are not Actively at Work and are unable to perform some or all of the Material and Substantial Duties of your Regular Occupation due to your Sickness or Injury; and	
	2. you have a 20% or more loss in Indexed Pre-Disability Monthly Earnings due solely to the same Sickness or Injury; and	
	3. you are under the Regular Care of a Physician.	
	Disability must begin while the Covered Person is insured under the Policy.	
	After 24 months of payments, the Covered Person is Disabled when We determine that due to the same Sickness or Injury, you are unable to perform some or all of the material and substantial duties of any Gainful Occupation for which you are reasonably fitted by education, training or experience and you continue to suffer a 20% or more loss in Indexed Pre-Disability Monthly Earnings due solely to the Sickness or Injury.	
How much coverage would I have?	You may purchase coverage that pays you a benefit of 66.67% of your Earnings to a maximum monthly benefit of \$9,000 per month.	
	This plan includes a minimum benefit of \$60 per month. Earnings are defined in the UnitedHealthcare contract with your employer.	

This is a summary of benefits only and does not include all plan provisions, exclusions, and limitations relating to your coverage. Please refer to your Certificate of Coverage. If differences exist between this summary and your Certificate of Coverage, the Certificate of Coverage will govern.

Class I Rev. 1.09.15 SM

Louisiana State University Summary of Benefits

Effective 01.01.15

How long do I have to wait before I can receive payment? (Elimination Period)	You must be disabled for at least 90 days <u>and</u> have exhausted your sick leave before you can receive a Long Term Disability Insurance benefit payment.			
Are there other limitations to enrollment?	The guaranteed issue amount is the amount of Insurance that you may elect without providing evidence of insurability. If you enroll during this enrollment period, your coverage is provided to you on a guaranteed basis - no medical information is required. If you enroll after this enrollment period, evidence of insurability will be required for all coverage amounts. You must be Actively at Work with your employer on the day your coverage takes effect. If you waived coverage at the time of hire and do not enroll during Annual Enrollment for coverage beginning January 1, 2015, you will not be allowed to enroll in coverage in the future.			
How long will my disability payments continue?	For as long as you remain disabled, or until you reach your Social Security Normal Retirement Age (as stated in the 1983 revision of the United States Social Security Act), whichever is sooner. If your disability occurs at age 60 or above, your payments may be reduced.			
Can the duration or	Yes. Your benefit duration may be reduced once you reach certain ages specified in the			
amount of my benefit be reduced?	in chart below. Maximum Benefit Period:			
	Reducing Benefit Duration reflecting Social Security Normal Retirement Age			
	Age at Disability	Maximum Benefit Period		
	Greater of SSNRA * or	1 61164		
	Less than age 60	To age 65		
	Age 60	60 Months		
	Age 61	48 Months		
	Age 62	42 Months		
	Age 63	36 Months		
	Age 64	30 Months		
	Age 65	24 Months		
	Age 66	21 Months		
	Age 67	18 Months		
	Age 68	15 Months		
	69 and over	12 Months		
	amendment or any later amendment to	nal Retirement Age as figured by the 1983 the Social Security Act. ne Important Details, your monthly Long-Term		
	Disability benefit may be reduced by oth			

This is a summary of benefits only and does not include all plan provisions, exclusions, and limitations relating to your coverage. Please refer to your Certificate of Coverage. If differences exist between this summary and your Certificate of Coverage, the Certificate of Coverage will govern.

Class I Rev. 1.09.15 SM

Louisiana State University Summary of Benefits

Effective 01.01.15

LONG TERM DISABILITY COST SUMMARY (Current Monthly Rates)

	Current Monthly Rates per \$100 of Covered Monthly Payroll		
Voluntary Long Term Disability	Age Range Ages less than 25 Ages 25-29 Ages 30-34 Ages 35-39 Ages 40-44 Ages 45-49 Ages 50-54 Ages 55-59 Ages 60-64 Ages 65+	Rate \$0.756 \$0.756 \$0.756 \$0.756 \$0.756 \$0.756 \$0.756 \$0.756 \$0.756 \$0.756	

Premium Calculation Samples

Voluntary Long Term Disability

Annual Earnings \div 12 = monthly covered payroll X rate \div 100 = monthly premium Maximum monthly covered payroll = \$15,000 (\$9,000 maximum monthly benefit \div 60% = \$15,000)

Actual example 1: Employee Annual Earnings = \$50,000 $$50,000 \div 12 = $4,166.67 \div 100 \times $0.756 = 31.50 per month

Important Details:

This Benefit Highlights Sheet is an overview of the Long Term Disability Insurance being offered and is provided for illustrative purposes only and is not a contract. It in no way changes or affects the policy as actually issued. Only the insurance policy issued to the policyholder (your employer) can fully describe all of the provisions, terms, conditions, limitations and exclusions of your insurance coverage. In the event of any difference between the Benefit Highlights Sheet and the insurance policy, the terms of the insurance policy apply. Once a group policy is issued to your employer, a certificate of coverage will be available to explain your benefits in detail.

Exclusions:

You cannot receive Long Term Disability Insurance benefit payments for disabilities that are caused or contributed to by:

- War or act of war (declared or not)
- The commission of, or attempt to commit a felony
- An intentionally self-inflicted injury
- Any case where your being engaged in an illegal occupation was a contributing cause to your disability

You must be under the regular care of a physician to receive benefits.

This is a summary of benefits only and does not include all plan provisions, exclusions, and limitations relating to your coverage. Please refer to your Certificate of Coverage. If differences exist between this summary and your Certificate of Coverage, the Certificate of Coverage will govern.

Class I UnitedHealthcare
Rev. 1.09.15 SM

Louisiana State University Summary of Benefits

Effective 01.01.15

Mental Illness or Substance Abuse:

- You can receive benefit payments for Long-Term Disabilities resulting from mental illness or substance abuse for a total of 24 months for all disability periods during your lifetime.
- Any period of time that you are confined in a hospital or other facility licensed to provide medical care for mental illness, alcoholism and substance abuse does not count toward the 24 months lifetime limit.

Pre-Existing Condition Exclusion:

We will not cover any Disability that begins during the first 12 months after the Covered Person's Effective Date of insurance that is caused or contributed to by a Pre-Existing Condition.

Pre-Existing Condition means: any Sickness or Injury including Mental Illness, Substance Abuse for which the Covered Person, within 3 months prior to his Effective Date of insurance:

- 1. was diagnosed by or received Treatment from a legally qualified Physician; or
- 2. had symptoms for which an ordinarily prudent person would have sought Treatment.

Your benefit payments **will be reduced** by other income you receive or are eligible to receive due to your disability, such as:

- Social Security Disability Insurance (please see next section for exceptions)
- Workers' Compensation
- Other employer-based Insurance coverage you may have
- Unemployment benefits
- Settlements or judgments for income loss
- Retirement benefits that your employer fully or partially pays (such as a pension plan)
- Loss of time or lost wages from a no-fault motor vehicle insurance plan.
- Benefits from Employer's sick leave or salary continuation plan.

Your benefit payments will not be reduced by certain kinds of other income, such as:

- Retirement benefits if you were already receiving them before you became disabled
- Retirement benefits that are funded by your after-tax contributions
- Your personal savings, investments, IRAs or Keoghs
- Profit-sharing
- Most personal disability policies
- Social Security increases

Member Assistance Program:

The Member Assistance Program, which accompanies your Long Term Disability benefit, comes at no additional cost to the employee. It includes personal and confidential assistance for employees and their families.

- Toll-free Member Assistance line
- 24/7 access to www.liveandworkwell.com.
- · Referral for face-to-face counseling
- Legal and Financial services information and referrals*
- * May not be available in all state

UnitedHealthcare Life and Disability products are provided by UnitedHealthcare Insurance Company; Unimerica Insurance Company; and in California by Unimerica Life Insurance Company; and in New York by Unimerica Life Insurance Company of New York. Texas Coverage is provided on Form LASD-POL-TX (05/03), Form UHCLD-POL 2/2008-TX, or UICLD-POL-TX 4/5. UnitedHealthcare Insurance Company is located in Hartford, CT; Unimerica Insurance Company and Unimerica Life Insurance Company in Milwaukee, WI; Unimerica Life Insurance Company of NY in New York, NY.

This is a summary of benefits only and does not include all plan provisions, exclusions, and limitations relating to your coverage. Please refer to your Certificate of Coverage. If differences exist between this summary and your Certificate of Coverage, the Certificate of Coverage will govern.

Class I UnitedHealthcare
Rev. 1.09.15 SM