

Alfred Benesch & Company

Benefits At-A-Glance

All full-time employees

Supplemental Long-Term Disability Insurance

The Lincoln Long-term Disability Insurance Plan:

- Provides a cash benefit after you are out of work for 90 days or more due to injury, illness, or surgery
- Starts with a "core plan" that is paid for by Alfred Benesch
 & Company
- Offers a simple "buy-up" option that lets you enhance your benefit at affordable group rates
- Features group rates for eligible Alfred Benesch & Company employees
- Includes EmployeeConnectSM services, which give you and your family confidential access to counselors as well as personal, legal, and financial assistance

| Core Plan (paid by Alfred Benesch & Company) | | | |
|---|--------------------------------------|--|--|
| Monthly benefit amount | 50% of your monthly salary, limited | | |
| | to \$5,000 per month | | |
| | After the end of your short-term | | |
| Elimination period | disability or a period of 90 days of | | |
| | disability, whichever is greater | | |
| "Buy-Up" Option LTD (paid by you through payroll deduction) | | | |
| | 66.70% of your monthly salary, | | |
| Monthly benefit amount | limited to \$10,000 per month | | |
| | After the end of your short-term | | |
| Elimination period | disability or a period of 90 days of | | |
| · | disability, whichever is greater | | |

Elimination Period

• This is the number of days you must be disabled before you can collect disability benefits.

Maximum Coverage Period

- This is the total amount of time you can collect disability benefits (also known as the benefit duration).
- Benefits are limited to 24 months for mental illness; 24 months for substance abuse

| Age at Disability Maximum Benefit Period | |
|---|----|
| Less than age 60 Greater of Social Security Normal Retirement | nt |
| age or 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

Additional Plan Information

Evidence of Insurance

 When you are first offered this coverage (and during approved open enrollment periods), you may be able to take advantage of this important coverage with no evidence of insurability (proof of health).

Pre-existing Condition

 If you have a medical condition that begins before your coverage takes effect, and you receive treatment for this condition within the 3 months leading up to your coverage start date, you may not be eligible for benefits for that condition until you have been covered by the plan for 12 months.

Benefit Exclusions & Reductions

Like any insurance, this long-term disability insurance policy does have some exclusions. You will not receive benefits if:

- Your disability is the result of a self-inflicted injury or act of war
- Your disability is the result of cosmetic surgery, unless related to a disabling condition
- Your disability occurs while you are committing a felony or misdemeanor or participating in a riot

Your benefits may be reduced if you are eligible to receive benefits from:

- A state disability plan or similar compulsory benefit act or law
- A retirement plan
- Social Security
- Any form of employment
- Workers' Compensation
- Salary continuance
- Sick leave

A complete list of benefit exclusions and reductions is included in the policy. State restrictions may apply to this plan.

This is not intended as a complete description of the insurance coverage offered. Controlling provisions are provided in the policy, and this summary does not modify those provisions or the insurance in any way. This is not a binding contract. A certificate of coverage will be made available to you that describes the benefits in greater detail. Refer to your certificate for your maximum benefit amounts. Should there be a difference between this summary and the contract, the contract will govern.

EmployeeConnectSM services are provided by ComPsych* Corporation, Chicago, IL. ComPsych* and GuidanceResources* are registered trademarks of ComPsych* Corporation. ComPsych* is not a Lincoln Financial Group* company. Coverage is subject to actual contract language. Each independent company is solely responsible for its own obligations.

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Supplemental Long-Term Disability Insurance Calculate Your Premium

Use the employee buy-up long-term disability premium rate table provided below to calculate your cost and benefit. The following example calculates the monthly cost for an employee with annual earnings of \$220,000.

Note: The maximum monthly covered earnings are equal to the maximum monthly benefit divided by the benefit percentage.

| Calculatio | n Example – Total Premium Due to Lincoln | Example | You |
|------------|--|----------|-----|
| Step 1 | Enter the Buy-up monthly rate per \$100 of monthly covered payroll. | \$0.328 | |
| Step 2 | Enter your monthly earnings. Divide your annual earnings by 12. | \$18,333 | |
| Step 3 | If your monthly earnings are greater than the Buy-up maximum monthly covered earnings of \$15,000, indicate \$15,000. Otherwise, indicate the amount from Step 2. | \$15,000 | |
| Step 4 | Enter your monthly earnings in increments of \$100 of monthly covered payroll. To calculate, divide the amount in Step 3 by \$100. | \$150 | |
| Step 5* | Calculate the total monthly premium. Multiply the amount in Step 4 by the rate in Step 1. | \$49.20 | |

Premium Rate \$0.328

^{*}See below for the breakdown for employer vs. employee contributions. The total due premium is the sum of the employer-paid and employee-paid premiums below.

| Calculation Example – Employee-Paid Portion | | Example | You |
|---|--|---------|-----|
| Step A | Enter the employee-paid Buy-up monthly rate per \$100 of monthly covered payroll. | \$0.228 | |
| Step B | Enter your covered monthly earnings per \$100. Copy from Step 4 above. | \$150 | |
| Step C | Calculate the employee-paid monthly premium. <i>Multiply</i> the amount in Step B by the rate in Step A. | \$34.20 | |

| Calculation Example – Employer-Paid Portion | | Example | You |
|---|--|---------|-----|
| Step D | Enter the employer-paid Buy-up monthly rate per \$100 of monthly covered payroll. | \$0.100 | |
| Step E | Enter your covered monthly earnings per \$100. Copy from Step 4 above. | \$150 | |
| Step F | Calculate the employer-paid monthly premium. <i>Multiply</i> the amount in Step B by the rate in Step A. | \$15.00 | |

This worksheet allows you to approximate your monthly contributions for buy-up long-term disability insurance coverage. Cost of insurance may change in the future due to age and/or coverage amount elected.