



# Voluntary Long-Term Disability Buy-Up Insurance

University of Kentucky

## YOUR UNICARE GROUP LONG TERM DISABILITY COVERAGE AT-A-GLANCE

How would your family meet its day-to-day financial obligations if you faced a serious disability and were unable to work? Long Term Disability Insurance answers that concern by providing income if your finances are ever interrupted because of a disability. Please review your benefit certificate for specific plan details, eligibility definitions, limitations and exclusions.

**GROUP LONG TERM DISABILITY BENEFIT AMOUNT:** 10% of basic monthly earnings up to a maximum monthly benefit of \$9,120. The benefit amount is the payment you may receive if you become disabled. See your benefit certificate for specific information about how your benefit is calculated, including offsets and deductions from your benefit.

## ELIMINATION PERIOD

The elimination period is how long you must be disabled before benefits begin: 180 days

## BENEFIT DURATION

### Maximum Benefit Period for Total Disability

<u>Age at Disablement</u>	<u>Maximum Benefit Period</u>
Less than age 60	To age 65
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

Note: Please see your certificate for specific maximum payment durations based on age at the time of disability. Benefits paid at the time you are disabled may vary from the benefit duration period shown.

## PARTIAL DISABILITY BENEFITS

If you are able to return to work part-time, you may still receive a portion of your long term disability benefit to help fill the gap in your income.

## VOCATIONAL REHABILITATION

We may provide services, such as vocational testing and training, job modifications and job placement to help you return to active employment if you suffer a disability.

## PREEXISTING CONDITIONS

This provision will not cover any total disability which is caused or contributed to, by, or results from a pre-existing condition; and which begins in the first 12 months after your effective date, unless you received no treatment of the condition for 6 consecutive months after your effective date.

“Treatment” means consultation, care, or services provided by a doctor including diagnostic measures and taking prescribed drugs and medicines.

“Pre-existing Condition” means an illness or injury for which you received treatment within 3 months prior to your effective date.

(Over)



**RESOURCE LINK**

This value-added program gives you and your family free and confidential access to work/life resources, including: counseling sessions for qualifying events; legal/financial consultations; toll-free, 24/7 telephone consultations and referrals from anywhere in the United States; and unlimited access to Resource Link online resources at [www.resourcelink.unicare.com](http://www.resourcelink.unicare.com), program name "resourcelink". You can also access Resource Link benefits by calling (888) 209-7840.

**SPECIAL OFFERS**

This program gives you and your family money saving discounts on products and services that promote better health and well-being. To find out more about Special Offers, go to [www.unicare.com/specialoffers](http://www.unicare.com/specialoffers)

This is not a contract. It is a partial listing of benefits and services that is dependent on the Plan Options chosen. This benefit overview is only one piece of your entire enrollment package. All benefits and services are subject to the conditions, limitations, exclusions and provisions listed in the contract documents: the Certificate, Policy, and/or Trust Agreement for this product. In the event of a conflict between the contract documents and this benefits description, the contract documents will prevail.

**If applying for coverage, please use the worksheet below to calculate your eligible benefit amount and premium. If you do not know your exact base salary, please check online at UK's Employee Self Service (ESS) or call the UK Benefits Office at (859) 257-9519. The MONTHLY benefit amount and MONTHLY premium should be inserted into the application. UK will payroll deduct the premiums if you are approved. Mail the application to:**

**UniCare Life Underwriting Unit  
PO Box 4510  
Woodland Hills, CA 91635-4510**

**Coverage & Premium Worksheet**

	UK Employee	Example: John Smith 38 Years Old
1. Employee Annual Base Salary <i>Do not include extra compensation.</i>	_____	\$ 25,000.00
2. Employee Monthly Base Salary (#1 ÷ 12)	_____	\$ 2,083.33
3. <b>Monthly Benefit Amount (#2 × 10%)</b> <i>This is a tax-free benefit and cannot exceed \$9,120.</i>	_____	<b>\$ 208.33</b>
4. Divide #3 by 100 (carry out to 3 decimals)	_____	2.083
5. Insert rate from table based on age band.	_____	.909
6. <b>Monthly Premium (#4 × #5)</b>	_____	<b>\$ 1.89</b>
7. <b>Bi-weekly Premium (#6 ÷ 2)</b>	_____	<b>\$ .95</b>

AGE BAND	MONTHLY RATE PER \$100 OF BENEFIT
To Age 29	.389
30-34	.649
35-39	.909
40-44	1.298
45-49	1.817
50-54	2.466
55+	2.985

**In the example above, 38 year old John Smith pays only 95 cents per paycheck for \$208.33 per month of coverage.**