

LONG-TERM DISABILITY INSURANCE

BENEFITS SUMMARY



For Employees of Massachusetts Technology Collaborative

ELIGIBILITY - ALL ELIGIBLE EMPLOYEES OF MASSACHUSETTS TECHNOLOGY COLLABORATIVE	
Eligibility Requirement	You must be actively at work (able to perform all normal duties of your job) to be eligible for coverage.
Minimum Work Hours	You must be working a minimum of 20 hours per week to be eligible for coverage.
Coverage Payment	Your employer increases your earnings to cover the cost of the premium for this coverage, making the benefits nontaxable.
BENEFITS	
Benefits Begin (Elimination Period)	If you become disabled, there is an elimination period before benefits are payable. Your benefits begin 90 days after the onset of your disabling injury or illness.
Monthly Benefit	Your benefit is equivalent to 60% of your before-tax monthly earnings, not to exceed the plan's maximum monthly benefit amount less other income sources.
Maximum Benefit Period	If you become disabled prior to age 62, benefits are payable to age 65 or your Social Security Normal Retirement Age. At age 62 (and older), the benefit period will be based on a reduced duration schedule.
Maximum Monthly Benefit	\$10,000
Minimum Monthly Benefit	\$100
DEFINITIONS	
Definition of Disability	<p>Disability and disabled mean that because of an injury or illness, a significant change in your mental or functional abilities has occurred, for which you are:</p> <ul style="list-style-type: none"> Prevented from performing at least one of the material duties of your regular occupation through the end of the benefit period; and Unable to generate current earnings which exceed 99% of your monthly earnings from your regular occupation <p>You can be totally or partially disabled during the elimination period.</p>
Definition of Monthly Earnings	Monthly earnings for salaried employees is based on your gross annual salary in effect prior to the onset of disability. Monthly earnings for hourly employees is based on your average hourly rate of pay in effect prior to the onset of disability. These earnings are used to determine your benefit in the event of claim. Earnings do not include commissions, bonuses, overtime or differentials.
FEATURES	
Partial Disability Benefits	If you become disabled and can work part-time (but not full-time), you may be eligible for partial disability benefits, which will help supplement your income until you are able to return to work full-time. Additional benefits for family care expenses for eligible family members are also available while receiving partial disability benefits.
Vocational Rehabilitation Benefit	If you become disabled and participate in the vocational rehabilitation program, which offers services that help you return to work and ability, you will be eligible for a monthly benefit increase of 5%.
Survivor Benefit	If you pass away while receiving long-term disability benefits, your benefits will be provided to your beneficiaries for a period of time after your death.
Waiver of Premium	The premium for your long-term disability coverage is waived while you are receiving benefits.
Employee Assistance Program	The EAP program provides you and your loved ones access to trained professionals and resources for assistance with personal and workplace issues.
Alcohol & Drug Abuse	For disabilities related to drug and alcohol abuse, benefits are available for up to 24 months.
Mental Disorders	For disabilities related to mental disorders, benefits are available for up to 24 months.
<i>Note: Additional information about the benefits and features of this plan will be included in the summary of coverage, which you will receive after enrolling, and in the certificate booklet, available from your employer. Please contact your employer if you have questions prior to enrolling.</i>	

EXCLUSIONS & LIMITATIONS	
Pre-existing Conditions Exclusion	Disabilities that occur during the first 12 months of coverage due to a pre-existing condition during the 3 months prior to coverage are excluded until you have performed all the material duties of your regular occupation for 3 consecutive months.
Other Exclusions	Information about other exclusions for this plan will be included in the certificate booklet, available from your employer. Please contact your employer if you have questions prior to enrolling.

This information describes some of the features of the benefits plan. Benefits may not be available in all states. Please refer to the certificate booklet for a full explanation of the plan's benefits, exclusions, limitations and reductions. Should there be any discrepancy between the certificate booklet and this outline, the certificate booklet will prevail. Long-term disability insurance is underwritten by Mutual of Omaha Insurance Company or United of Omaha Life Insurance Company. Mutual of Omaha Insurance Company is licensed in all 50 states. United of Omaha Life Insurance Company is licensed in all states but New York. In New York, Mutual of Omaha Insurance Company underwrites the plan. Policy Form Number 7000GM-MU-EZ 2001.