



YOUR FAMILY MATTERS

## Short Term Disability

Policy Series BML WS-DI 6/11

*Designed for the employees of*  
**Advanced Behavioral Health, Inc.**  
0/7/13 Weeks

### ELIGIBILITY AND BENEFIT FEATURES

**Eligibility:** Actively at work a minimum of 20 hours per week for at least 30 days following the date of employment at time of application and able to perform the duties of their occupation.

**Elimination Period:** 0 Days Injury / 7 Days Sickness

**Benefit Duration:** 13 Weeks

**Available Purchase Amounts:** \$100 - \$1,400 per week in \$25 increments.

**Benefit Percentage:** Up to 60%

**Maximum Guaranteed Issue Amounts:** Up to \$700 per week with 20% participation.

**Minimum Participation:** 5 enrolled lives

**Pre-Existing Condition Limitation:** 12/12

**Disabled and Working (Residual Benefits):** Pays a discounted benefit when current earnings are more than 20%, but are less than or equal to 80% of Pre-disability Earnings.

**Waiver of Premium:** Begins on the 1st of the month following the satisfaction of the Elimination Period.

**Coverage:** Non-Occupational

**Rate Structure:** Issue age, Unisex, Unismoke

**Issue Ages:** 3 Age Bands (18 - 49, 50 - 59, 60 +). No maximum issue age if actively at work.

**Offsets at Time of Claim:** Benefits may be reduced by payments received under Workers' Compensation law, occupational disease law, or similar law, group insurance, SSA, state or Federal Disability, pension, salary or wage continuance plans and Federal old age benefits.



YOUR FAMILY MATTERS

**Definition of Disability:** Own Occupation

**Definition of Earnings:** Insured's annual salary excluding overtime. If salary is solely or partially based on commissioned sales or bonus, we take the weekly average of monetary bonuses and/or commissions received from the employer over the 24 month period ending immediately prior to the date of disability; or the period of time worked for the Employer, if shorter than 24 months. Salary is taken at application and verified at time of claim.

**Claim Service:** Telephonic Claims

**Pregnancy:** Covered the same as any other illness.

**Recurrent Disability:** Those disabilities which result from the same condition or from a related condition will be treated as one disability and subject to one Maximum Disability Benefit Period unless they are separated by a return to work of 15 or more consecutive days.

**Mental Illness & Drug/Alcohol Limitation:** If you are disabled due to mental illness or drug/alcohol related conditions and are treated on an out-patient basis, you are eligible to receive benefits for up to 12 months (lifetime). If your benefit period is shorter than 12 months, your benefit is limited to your benefit period.

**Effective Date of Coverage:** Coverage starts on the Certificate Effective Date shown on the Schedule of Insurance, provided the insured is actively at work on that date.

**Annual Open Enrollment:** Existing insureds who initially purchase less than the GI may increase up to \$50 of weekly benefit (up to the GI amount but not to exceed the max % of salary allowed) at approved re-enrollments. New hires and individuals who elected not to apply at a prior enrollment will be able to purchase coverage on a GI basis at approved re-enrollments. Individuals who have been previously declined coverage can apply but are subject to underwriting. All increases are subject to a new pre-existing condition period.



YOUR FAMILY MATTERS

## LIMITATIONS AND EXCLUSIONS

**Exclusions:** What Disabilities are not covered?

The Policy does not cover, and We will not pay a benefit for any Disability:

- unless You are under the Regular Care of a Physician;
- that is caused or contributed to by war or act of war (declared or not);
- caused by Your commission of or attempt to commit a felony;
- caused or contributed to by Your being engaged in an illegal occupation;
- caused or contributed to by an intentionally self-inflicted Injury;
- for which Workers' Compensation benefits are paid, or may be paid, if duly claimed; or
- sustained as a result of doing any work for pay or profit for another employer, including self-employment

If You are receiving or are eligible for benefits for a Disability under a prior disability plan that:

- was sponsored by the Employer; and
- was terminated before the Effective Date of The Policy, no benefits will be payable for the Disability under The Policy.

**Pre-Existing Condition Limitation:** *Are benefits limited for Pre existing Conditions?*

We will not pay any benefit, or any increase in benefits, under The Policy for any Disability that results from, or is caused or contributed to by, a Pre existing Condition, unless, at the time You become Disabled:

- You have been continuously insured under The Policy for 12 consecutive month(s).

Pre existing Condition means:

- any accidental bodily injury, sickness, Mental Illness, pregnancy, or episode of Substance Abuse; or
- any manifestations, symptoms, findings, or aggravations related to or resulting from such accidental bodily injury, sickness, Mental Illness, pregnancy, or Substance Abuse; for which You received Medical Care during the 12 month period that ends the day before:
  - Your effective date of coverage; or
  - the effective date of a Change in Coverage.

**Medical Care:** is received when a physician or other health care provider:

- 1) is consulted or gives medical advice; or
- 2) recommends, prescribes, or provides Treatment.

**Treatment:** includes but is not limited to:

- 1) medical examinations, tests, attendance or observation; and use of drugs, medicines, medical services, supplies or equipment.



YOUR FAMILY MATTERS

# Voluntary Short Term Disability Income Insurance

Policy Series BML WS-DI 6/11

*Designed for the employees of*  
**Advanced Behavioral Health, Inc.**  
 0/7/13 Weeks

## BIWEEKLY PREMIUMS

Weekly Benefit	\$100	\$125	\$150	\$175	\$200	\$225	\$250	\$275	\$300	\$325
18 - 49	\$6.42	\$8.02	\$9.62	\$11.22	\$12.82	\$14.42	\$16.04	\$17.64	\$19.24	\$20.84
50 - 59	\$7.60	\$9.50	\$11.40	\$13.28	\$15.18	\$17.08	\$18.98	\$20.88	\$22.78	\$24.68
60 +	\$8.98	\$11.24	\$13.48	\$15.74	\$17.98	\$20.22	\$22.46	\$24.72	\$26.96	\$29.20
Weekly Benefit	\$350	\$375	\$400	\$425	\$450	\$475	\$500	\$525	\$550	\$575
18 - 49	\$22.44	\$24.04	\$25.64	\$27.26	\$28.86	\$30.46	\$32.06	\$33.66	\$35.26	\$36.86
50 - 59	\$26.58	\$28.48	\$30.38	\$32.26	\$34.18	\$36.06	\$37.96	\$39.86	\$41.76	\$43.66
60 +	\$31.46	\$33.70	\$35.94	\$38.20	\$40.44	\$42.68	\$44.94	\$47.18	\$49.42	\$51.68
Weekly Benefit	\$600	\$625	\$650	\$675	\$700	\$725	\$750	\$775	\$800	\$825
18 - 49	\$38.46	\$40.06	\$41.68	\$43.28	\$44.88	\$46.48	\$48.08	\$49.68	\$51.30	\$52.90
50 - 59	\$45.56	\$47.46	\$49.36	\$51.26	\$53.16	\$55.04	\$56.94	\$58.84	\$60.74	\$62.64
60 +	\$53.92	\$56.16	\$58.42	\$60.66	\$62.90	\$65.16	\$67.40	\$69.64	\$71.90	\$74.14
Weekly Benefit	\$850	\$875	\$900	\$925	\$950	\$975	\$1,000	\$1,025	\$1,050	\$1,075
18 - 49	\$54.50	\$56.10	\$57.70	\$59.30	\$60.90	\$62.52	\$64.12	\$65.72	\$67.32	\$68.92
50 - 59	\$64.54	\$66.44	\$68.34	\$70.24	\$72.14	\$74.04	\$75.92	\$77.82	\$79.72	\$81.62
60 +	\$76.38	\$78.64	\$80.88	\$83.12	\$85.38	\$87.62	\$89.86	\$92.12	\$94.36	\$96.60
Weekly Benefit	\$1,100	\$1,125	\$1,150	\$1,175	\$1,200	\$1,225	\$1,250	\$1,275	\$1,300	\$1,325
18 - 49	\$70.52	\$72.12	\$73.72	\$75.34	\$76.94	\$78.54	\$80.14	\$81.74	\$83.34	\$84.94
50 - 59	\$83.52	\$85.42	\$87.32	\$89.22	\$91.12	\$93.02	\$94.90	\$96.80	\$98.70	\$100.60
60 +	\$98.86	\$101.10	\$103.34	\$105.60	\$107.84	\$110.08	\$112.34	\$114.58	\$116.82	\$119.08
Weekly Benefit	\$1,350	\$1,375	\$1,400							
18 - 49	\$86.54	\$88.16	\$89.76							
50 - 59	\$102.50	\$104.40	\$106.30							
60 +	\$121.32	\$123.56	\$125.82							



YOUR FAMILY MATTERS

# Voluntary Short Term Disability Income Insurance

Policy Series BML WS-DI 6/11

*Designed for the employees of*  
**Advanced Behavioral Health, Inc.**  
**0/7/13 Weeks**

Monthly Rate per \$100 of Weekly Benefit	
18 - 49	\$13.89
50 - 59	\$16.45
60 +	\$19.47

*Underwritten by Boston Mutual Life Insurance Company. The information provided here is a brief description of the important features of the Boston Mutual insurance plan. It is not a certificate of insurance or evidence of coverage. See the Master Policy and individual Certificates of Coverage for full benefit details, limitations and exclusions.*

*If you have employees residing in Ohio who are eligible to enroll for this coverage, and the case is not situated in their state of residence, the underwriting, rates and coverage will vary for these individuals. Please contact us if you need additional information for these states.*

- Rates are guaranteed for 2 years from initial effective date of coverage provided that the group contract is not amended.
- Worksite Disability Rates are based on enrollee's age at time of issue.
- Coverage will be provided under a master policy issued to the Employer. The Employer needs to sign the master application within 120 days of quote issue date. Each insured employee will receive a certificate which outlines the individual benefits selected under the plan.
- If an employee is not actively at work on the day coverage would normally become effective, coverage for that employee will not go into effect until the day the employee returns to active eligible employment for the employer.
- This policy does not replace or affect requirements for coverage by Workers' Compensation Insurance or State Disability Insurance.
- Coverage is subject to standard exclusions and limitations found within the contract.
- For Medical and Professional Groups, loss of professional license does not constitute disability.
- This proposal is intended to explain certain portions of the Worksite Disability plan. It does not constitute the contract. Any discrepancies between this proposal and the contract will be resolved by the wording in the contract. This proposal is only valid in cases where there is no existing Boston Mutual EDO Disability Insurance in force.