

Muskegon Community College

SCHEDULE OF INSURANCE

Option 2.00

Proposed Effective Date: January 01, 2019

CLASSIFICATION

Class 1 All Active Full-time Employees
Minimum Hours: 20, unless otherwise agreed upon.

SCHEDULE OF BENEFITS

Day Benefits Begin for Accident	8 days
Day Benefits Begin for Sickness	8 days
Maximum Benefit Duration	13 weeks
Benefit Percentage	60%
Maximum Weekly Benefit	\$2000

<i>Additional Features</i>	<i>Benefit</i>
Survivor Income (Family Income) Benefit	3 week(s) gross benefit
Rehabilitation Assistance Benefit	5%; program reimbursement; reasonable accommodation
C-Section Benefit	8 week(s)

The weekly benefit will not exceed 60% of the the Insured Person's weekly earnings, including commissions and excluding overtime pay and bonuses.

The Weekly Income benefit is subject to a 12/12 pre-existing condition limitation

SCHEDULE OF RATES

Rate per \$10 of Weekly Benefit	\$0.70
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This plan provides 100% backdoor integration with the Employer's Sick Leave or Salary Continuance Plan.

Additional Plan Features

- Portability is included
- Waiver of Premium
- Annual Guarantee Issue Open Enrollment subject to pre-ex
- Two Year Rate Guarantee
- Minimum Participation is the greater of 18% or 10 lives
- 100% Employee Paid
- Based on 222 Eligible Employees

This plan does not replace any state mandated disability program.

INITIAL ENROLLMENT PERIOD (Option 2.00):

On the effective date, eligible employees will be allowed to elect or increase coverage. The Pre-Existing Condition Exclusion will apply on any new coverage election or any increased amount of insurance.

ANNUAL OPEN ENROLLMENT PERIOD (Option 2.00):

Muskegon Community College

GROUP WEEKLY DISABILITY INSURANCE

TOTAL DISABILITY BENEFITS (Option 1.00):

Lincoln Financial Group will pay a Weekly Total Disability Benefit if an Insured Person becomes Totally Disabled while insured for this benefit. This benefit will be paid for each week Total Disability continues:

- beginning on the day benefits begin (as shown in the Schedule of Insurance); and
- ending on the day the Insured Person ceases to be Totally Disabled.

Benefits will not be payable beyond the end of the Maximum Benefit Period, as shown in the Schedule of Insurance. Proportional benefits will be paid for a partial week of Total Disability.

The amount of the Weekly Total Disability Benefit equals the lesser of:

- the Insured Person's Basic Weekly Earnings multiplied by the Benefit Percentage; minus Other Income Benefits except any pay received under the Employer's Sick Leave or Salary Continuance Plan;
- 100% of the Insured Person's Basic Weekly Earnings; minus Other Income Benefits including any pay received under the Employer's Sick Leave or Salary Continuance Plan; or
- The Maximum Weekly Benefit.

In no event will the amount of the Weekly Total Disability Benefit plus any pay received under the Employer's Sick Leave or Salary Continuance Plan exceed 100% of the Insured Person's Basic Weekly Earnings

The amount will not be less than the Minimum Weekly Benefit, unless the Company is entitled to recover an overpayment by deducting it from future benefits.

Total Disability means the Insured Person's inability, due to sickness or injury, to perform each of the material duties of his or her regular occupation. A person engaging in employment for wage or profit is not Totally Disabled.

PARTIAL DISABILITY BENEFITS (Option 1.00):

Lincoln Financial Group does not require that the employee be totally disabled prior to receiving partial benefits. A disabled employee can satisfy the elimination period with days of total disability, partial disability or a combination of both. An employee may qualify for a partial disability benefit if he or she is partially disabled and is earning at least 20% of his or her pre-disability income.

Partial Disability Benefits end on the earliest of:

- the date the Maximum Benefit Period ends;
- the date the Insured Person ceases to be Partially Disabled; or
- the date the Insured Person's current earnings exceed 99% of Basic Weekly Earnings.

Muskegon Community College

GROUP WEEKLY DISABILITY INSURANCE

PARTIAL DISABILITY BENEFITS (cont.):

The amount of the Weekly Partial Disability Benefit equals the lesser of A or B below:

- A - The Insured Person's Basic Weekly Earnings multiplied by the Benefit Percentage (limited to the Maximum Weekly Benefit); minus Other Income Benefits except for earnings received.
- B - The Insured Person's Basic Weekly Earnings, minus Other Income Benefits.

The Weekly Partial Disability Benefit will not be less than the Minimum Weekly Benefit.

Partial Disability means that, due to sickness or injury, the Insured Person is:

- unable to perform one or more of the material duties of his or her regular occupation; or,
- unable to perform such duties on a full-time basis.

SUCCEEDING PERIODS OF DISABILITY (Option 1.00):

Unless the Insured Person returns to active full-time work for at least two weeks, two or more periods of Disability due to the same or related cause will be treated as one period of Disability.

SURVIVOR INCOME (FAMILY INCOME) BENEFIT:

If an employee dies after having been disabled and eligible to receive a benefit, Lincoln will pay a benefit to the survivor.

REHABILITATION ASSISTANCE BENEFIT:

The Rehabilitation Assistance Benefit strives to identify those employees who will benefit from a rehabilitation program. Program costs may also be reimbursed. The benefit may also reimburse employer's reasonable accommodation costs.

EXCLUSIONS (Option 1.00):

Weekly Income Benefits will not be payable for any period of Disability:

- which is the result of an intentional act;
- which is the result of war (declared or undeclared) or any act of war;
- during which the Insured Person is not under the regular care of a physician;
- which is the result of a sickness or injury covered by Workers' Compensation;
- which is the result of, or due to, a sickness or injury arising out of, or in the course of any employment for wage or profit.

PRE-EXISTING CONDITION EXCLUSION (Option 1.00):

A 12/12 pre-existing condition limitation applies to all insurance amounts, including those offered on a Guarantee Basis.

"Pre-existing condition" means any sickness or injury for which the insured person received treatment within 12 months prior to his or her effective date. A disability arising from any such sickness or injury will be covered only if it begins after an employee has performed his/her regular occupation on a full-time basis for 12 months following the coverage effective date.

Muskegon Community College

WAIVER OF PREMIUM (Option 1.00):

Premium payments for a disabled employee may be waived during a period for which total or partial disability benefits are payable.

PORTABILITY (Option 1.00):

An insured may keep his/her coverage for up to one year after he/she leaves employment at the same rates that were in effect at the time of termination. Coverage must be in force at least 12 months prior to termination and the insured must not be disabled, on a leave of absence, or retired.

Muskegon Community College

GROUP WEEKLY DISABILITY INSURANCE

OTHER INCOME BENEFITS (Option 1.00):

Other Income Benefits means those benefits shown below:

1. Any disability income benefits for which the Insured Person is eligible under:
 - a. any compulsory benefit act or law; or
 - b. any governmental retirement system as a result of the Insured Person's job with the Group Policyholder.
2. Any disability benefits or retirement benefits the Insured Person receives under a Retirement Plan.
3. Benefits under the Social Security (or any similar plan or act) including:
 - a. disability or unreduced retirement benefits for which the Insured Person is eligible; or for which his or her spouse or children are eligible because of the Insured Person's eligibility for unreduced retirement benefits; or
 - b. reduced retirement benefits received by the Insured Person; or by his or her spouse or children because of the Insured Person's receipt of reduced retirement benefits.
4. Earnings the Insured Person earns or receives from any form of employment.
5. Any employer-sponsored group disability, sick leave or salary continuance plans.

After the first deduction for each of the Other Income Benefits, the Weekly Total Disability Benefit will not be further reduced due to any cost-of-living increases under these Other Income Benefits (except for increases in earnings from any form of employment). Other Income Benefits paid in a lump sum will be prorated:

- on a weekly basis over the time period for which the sum is given; or
- over the time the Company expects the Insured Person to live, if no time period is stated.

OTHER FEATURES:

Our **LINKS PROGRAM** provides integrated disability management when an insured is covered under both our STD and LTD plans. LINKS helps to provide a smooth transition from STD to LTD without claim filing, while helping the employee return to work in the most efficient and effective manner possible. Furthermore, the LINKS program identifies those claimants with group life insurance coverage with us to determine whether they're eligible for Life Waiver.