

Tri-County Medical Associates, Inc.

Long Term Disability Coverage

Policy Number FLK 960658

Employee Eligibility: All active full-time and part-time employees, excluding temporary or seasonal staff, regularly working a minimum of 24 hours per week.

Monthly Benefit: This plan offers two levels of coverage:

Core: employer-paid basic benefit, which pays up to 60% of your covered monthly earnings — up to \$2,500 per month. There is a 180 day elimination period with this level.

Buy up: employee-paid optional level, which pays up to 60% of your covered monthly earnings — up to \$10,000 per month. There is a 90 day elimination period with this level.

Elimination Period: You must be continuously disabled for 180 days (Core) or 90 days (Buy up) before benefits may be payable.

Definition of Disability: Disability means that, solely because of a covered injury or sickness, you are unable to perform the material duties of your regular occupation and you are unable to earn 80% or more of your indexed earnings from working in your regular occupation. After benefits have been payable for 24 months, you are considered disabled if solely due to your injury or sickness, you are unable to perform the material duties of any occupation for which you are (or may reasonably become) qualified by education, training or experience, and you are unable to earn 60% or more of your indexed earnings. We will require proof of earnings and continued disability.

Benefit Duration: Once you qualify for benefits under this plan, you continue to receive them until the end of the benefit period shown below, or until you no longer qualify for benefits, whichever occurs first. Your benefit period begins on the first day after you complete your elimination period. And, should you remain disabled, your benefits continue according to one of the following schedules, depending on your age at the time you become disabled.

The later of your SSNRA* or the duration listed below.

Age at Disability	Age 62 or younger	63	64	65	66	67	68	69+
Duration of Payments (months)	To age 65 or the date the 42 nd monthly benefit is payable, if later	36	30	24	21	18	15	12

*SSNRA means the Social Security Normal Retirement Age in effect under the Social Security Act on the Policy Effective Date.

This information is a brief description of the important features of the plan. It is not a contract. Terms and conditions of life insurance coverage are set forth in Group Policy No. FLK 960658, issued in MA to Milford Regional Medical Center, Inc. The group policy is subject to the laws of the jurisdiction in which it is issued. The availability of this offer may change. Please keep this material as a reference. Coverage is underwritten by Life Insurance Company of North America, 1601 Chestnut Street, Philadelphia, PA. As used in this brochure, the term Cigna and Cigna Group Insurance are registered service marks of Life Insurance Company of North America, a CIGNA company, which is the insurer of the Group Policy. Insurance products and services are provided by the individual CIGNA companies and not by the Corporation itself. © Cigna 2012

