

# VOLUNTARY LONG TERM BENEFIT SUMMARY

Oldham County Fiscal Court  
All eligible full-time employees



**Full-time Employee Requirement**

An eligible employee is a full-time permanent employee authorized to work and reside in the United States. Eligible employees must work 30 or more hours per week and cannot be considered a part-time, temporary or seasonal employee. If any eligible employee is not actively at work on the individual effective date, group insurance coverage for that employee will not exist until he/she returns to full-time active work.

**Benefit Amount**

Increments of \$100 per month, from a minimum of \$300 to a maximum benefit of \$5,000, not to exceed 60% of an Employee's Covered Monthly Earnings, then reduced by Other Income Benefits as outlined in the certificate. The minimum monthly benefit is \$100.

**Elimination Period**

90 days for injury or 90 days for sickness. This is the period of consecutive days of disability for which no benefit is payable.

**Maximum Benefit Duration**

SSFRA. This is the length of time that an insured Employee may be entitled to benefits if continuously disabled as outlined in the Certificate.

**Maximum Benefit Duration**

Age When Total Disability Begins	Maximum Duration Greater of Social Security Full Retirement Age or:
Less than age 60	To age 65
60	5 years
61	4 years
62	3.5 years
63	3 years
64	2.5 years
65	2 years
66	21 months
67	18 months
68	15 months
69 and over	12 months

**Maternity Coverage**

Benefits will be paid the same as any other qualifying disability, subject to any applicable pre-existing condition exclusion.

**Total Disability**

You are considered disabled if, because of injury or sickness, you cannot perform the the material and substantial duties of your regular occupation; you are not working in any occupation and are under the regular attendance of a physician for that injury or sickness.

**Partial Disability**

A partial disability benefit may be paid, if because of injury or sickness an Employee, while unable to perform every material and substantial duty of your regular occupation on a full-time basis, is performing at least one of the material and substantial duties of your regular occupation, or another occupation, on a full or part-time basis, and is earning less than 80% of his or her pre-disability earnings due to the same injury or sickness.

**Residual Disability**

The elimination period can be met using total disability, partial disability, or a combination of both.

**Recurrent Disability**

A recurrent disability is the direct result of the injury or sickness that caused a prior disability. This benefit allows claim payments to continue without satisfying a new elimination period if an Employee returns to active full-time work and has a recurrent disability within 6 consecutive months of return to active work.

**Pre-Existing Condition Exclusions**

The pre-existing period is 3/12. Benefits will not be paid if the Person's disability begins in the first 12 months of coverage; and the disability is caused by, contributed to, or the result of a condition, whether or not that condition is diagnosed at all or is misdiagnosed, for which the Person received medical treatment, consultation, care or services, including diagnostic measures, or was prescribed medicines in the 3 months just prior to the Individual's effective date of insurance.

**Portability**

You may be eligible to apply for continuation of coverage should your coverage terminate. Approval for this benefit will extend your coverage for an additional period of time.

**Special Conditions**

Benefits for Disability due to Special Conditions, whether or not benefits were sought because of the condition, will not be payable beyond 24 months as outlined in the contract. Benefit payments for Disabilities due to Special Conditions are cumulative for the lifetime of the contract.

**Cost of Living Freeze**

Any inflationary increases in other benefit payment(s) (i.e., Social Security) that an Employee may be receiving will not further reduce monthly disability benefits paid under the contract.

**Continuation of Coverage During:**

FMLA  
Temporary Lay Off or LOA  
LOA for Military Service

**Additional Benefits:**

Return to Work Benefit  
Survivor Benefit  
Workplace Modification

**Exclusions**

This plan may not cover any disability resulting from war, declared or undeclared or any act of war; active participation in a riot; intentionally self-inflicted injuries; commission of an assault or felony.

This information is provided as a Benefit Outline. It is not a part of the insurance policy and does not change or extend American United Life Insurance Company's® liability under the group Policy. Employers may receive either a group Policy or a Certificate of Insurance containing a detailed description of the insurance coverage under the group Policy. If there are any discrepancies between this information and the group Policy, the Policy will prevail.

For additional benefit information, please contact your HR Representative or call OneAmerica at 800-553-5318.



### Worksite Long Term Disability Option 1

You may select a minimum monthly benefit of \$300 up to a maximum monthly benefit of \$5,000, in increments of \$100, not to exceed 60% of your monthly pre-disability earnings.

<b>Elimination Period</b>	<b>Maximum Benefit Duration</b>	<b>Pre-Existing Condition Period</b>
90 days injury / 90 days sickness	SSFRA	3 months / 12 months

### Payroll Deduction Illustration: 2 Times Per Month

If your annual salary is at least:	You may select a monthly benefit of:	Age Group											
		0-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+
\$6,000	\$300	\$0.21	\$0.33	\$0.57	\$1.02	\$1.31	\$2.03	\$3.38	\$4.31	\$4.49	\$4.49	\$2.82	\$2.03
\$8,000	\$400	\$0.28	\$0.44	\$0.76	\$1.36	\$1.74	\$2.70	\$4.50	\$5.74	\$5.98	\$5.98	\$3.76	\$2.70
\$10,000	\$500	\$0.35	\$0.55	\$0.95	\$1.70	\$2.18	\$3.38	\$5.63	\$7.18	\$7.48	\$7.48	\$4.70	\$3.38
\$12,000	\$600	\$0.42	\$0.66	\$1.14	\$2.04	\$2.61	\$4.05	\$6.75	\$8.61	\$8.97	\$8.97	\$5.64	\$4.05
\$14,000	\$700	\$0.49	\$0.77	\$1.33	\$2.38	\$3.05	\$4.73	\$7.88	\$10.05	\$10.47	\$10.47	\$6.58	\$4.73
\$16,000	\$800	\$0.56	\$0.88	\$1.52	\$2.72	\$3.48	\$5.40	\$9.00	\$11.48	\$11.96	\$11.96	\$7.52	\$5.40
\$18,000	\$900	\$0.63	\$0.99	\$1.71	\$3.06	\$3.92	\$6.08	\$10.13	\$12.92	\$13.46	\$13.46	\$8.46	\$6.08
\$20,000	\$1,000	\$0.70	\$1.10	\$1.90	\$3.40	\$4.35	\$6.75	\$11.25	\$14.35	\$14.95	\$14.95	\$9.40	\$6.75
\$22,000	\$1,100	\$0.77	\$1.21	\$2.09	\$3.74	\$4.79	\$7.43	\$12.38	\$15.79	\$16.45	\$16.45	\$10.34	\$7.43
\$24,000	\$1,200	\$0.84	\$1.32	\$2.28	\$4.08	\$5.22	\$8.10	\$13.50	\$17.22	\$17.94	\$17.94	\$11.28	\$8.10
\$26,000	\$1,300	\$0.91	\$1.43	\$2.47	\$4.42	\$5.66	\$8.78	\$14.63	\$18.66	\$19.44	\$19.44	\$12.22	\$8.78
\$28,000	\$1,400	\$0.98	\$1.54	\$2.66	\$4.76	\$6.09	\$9.45	\$15.75	\$20.09	\$20.93	\$20.93	\$13.16	\$9.45
\$30,000	\$1,500	\$1.05	\$1.65	\$2.85	\$5.10	\$6.53	\$10.13	\$16.88	\$21.53	\$22.43	\$22.43	\$14.10	\$10.13
\$32,000	\$1,600	\$1.12	\$1.76	\$3.04	\$5.44	\$6.96	\$10.80	\$18.00	\$22.96	\$23.92	\$23.92	\$15.04	\$10.80
\$34,000	\$1,700	\$1.19	\$1.87	\$3.23	\$5.78	\$7.40	\$11.48	\$19.13	\$24.40	\$25.42	\$25.42	\$15.98	\$11.48
\$36,000	\$1,800	\$1.26	\$1.98	\$3.42	\$6.12	\$7.83	\$12.15	\$20.25	\$25.83	\$26.91	\$26.91	\$16.92	\$12.15
\$38,000	\$1,900	\$1.33	\$2.09	\$3.61	\$6.46	\$8.27	\$12.83	\$21.38	\$27.27	\$28.41	\$28.41	\$17.86	\$12.83
\$40,000	\$2,000	\$1.40	\$2.20	\$3.80	\$6.80	\$8.70	\$13.50	\$22.50	\$28.70	\$29.90	\$29.90	\$18.80	\$13.50
\$42,000	\$2,100	\$1.47	\$2.31	\$3.99	\$7.14	\$9.14	\$14.18	\$23.63	\$30.14	\$31.40	\$31.40	\$19.74	\$14.18
\$44,000	\$2,200	\$1.54	\$2.42	\$4.18	\$7.48	\$9.57	\$14.85	\$24.75	\$31.57	\$32.89	\$32.89	\$20.68	\$14.85
\$46,000	\$2,300	\$1.61	\$2.53	\$4.37	\$7.82	\$10.01	\$15.53	\$25.88	\$33.01	\$34.39	\$34.39	\$21.62	\$15.53
\$48,000	\$2,400	\$1.68	\$2.64	\$4.56	\$8.16	\$10.44	\$16.20	\$27.00	\$34.44	\$35.88	\$35.88	\$22.56	\$16.20
\$50,000	\$2,500	\$1.75	\$2.75	\$4.75	\$8.50	\$10.88	\$16.88	\$28.13	\$35.88	\$37.38	\$37.38	\$23.50	\$16.88
\$52,000	\$2,600	\$1.82	\$2.86	\$4.94	\$8.84	\$11.31	\$17.55	\$29.25	\$37.31	\$38.87	\$38.87	\$24.44	\$17.55
\$54,000	\$2,700	\$1.89	\$2.97	\$5.13	\$9.18	\$11.75	\$18.23	\$30.38	\$38.75	\$40.37	\$40.37	\$25.38	\$18.23
\$56,000	\$2,800	\$1.96	\$3.08	\$5.32	\$9.52	\$12.18	\$18.90	\$31.50	\$40.18	\$41.86	\$41.86	\$26.32	\$18.90
\$58,000	\$2,900	\$2.03	\$3.19	\$5.51	\$9.86	\$12.62	\$19.58	\$32.63	\$41.62	\$43.36	\$43.36	\$27.26	\$19.58
\$60,000	\$3,000	\$2.10	\$3.30	\$5.70	\$10.20	\$13.05	\$20.25	\$33.75	\$43.05	\$44.85	\$44.85	\$28.20	\$20.25
\$62,000	\$3,100	\$2.17	\$3.41	\$5.89	\$10.54	\$13.49	\$20.93	\$34.88	\$44.49	\$46.35	\$46.35	\$29.14	\$20.93
\$64,000	\$3,200	\$2.24	\$3.52	\$6.08	\$10.88	\$13.92	\$21.60	\$36.00	\$45.92	\$47.84	\$47.84	\$30.08	\$21.60
\$66,000	\$3,300	\$2.31	\$3.63	\$6.27	\$11.22	\$14.36	\$22.28	\$37.13	\$47.36	\$49.34	\$49.34	\$31.02	\$22.28
\$68,000	\$3,400	\$2.38	\$3.74	\$6.46	\$11.56	\$14.79	\$22.95	\$38.25	\$48.79	\$50.83	\$50.83	\$31.96	\$22.95
\$70,000	\$3,500	\$2.45	\$3.85	\$6.65	\$11.90	\$15.23	\$23.63	\$39.38	\$50.23	\$52.33	\$52.33	\$32.90	\$23.63
\$72,000	\$3,600	\$2.52	\$3.96	\$6.84	\$12.24	\$15.66	\$24.30	\$40.50	\$51.66	\$53.82	\$53.82	\$33.84	\$24.30
\$74,000	\$3,700	\$2.59	\$4.07	\$7.03	\$12.58	\$16.10	\$24.98	\$41.63	\$53.10	\$55.32	\$55.32	\$34.78	\$24.98

**Note:** Premiums are based on your age as of 01/01 and amount of coverage chosen.

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