



## Long Term Disability

**Class Description(s):**

Class 1: All Full-time Active Employees who are Exempt Employees and receiving Employer paid LTD plan

Full Time Eligibility: 40 hours per week

City of Grand Rapids	Lincoln Financial	Met Life	Hartford Life
Feature	Description	Description	Description
Benefit Percentage	60%	60%	60%
Maximum Monthly Benefit	\$6,000	\$10,000	\$10,000
Minimum Monthly Benefit	Greater of \$100 or 10%	Greater of \$100 or 10%	Greater of \$100 or 10%
Elimination Period	180 Days	180 Days	90 Days Exempt
Benefit Duration	SSNRA	ADEA 1 with SSNRA*	ADEA 1 with SSNRA*
Definition Of Disability	3 Years Own Occupation	3 Years Own Occupation	3 Years Own Occupation
Return To Work Incentive Applies	Yes	Yes	Yes
Integration Method	Direct	Direct	Direct
Social Security Offset	Family	Family	Family
Pre-Existing Condition Limitation	Look-back/Insured 3/12 months	Look-back/Insured 3/12 months	Look-back/Insured 3/12 months
Takeover Provision	No Loss/No Gain	No Loss/No Gain	No Loss/No Gain
Mental Illness Limitation	24 Month Outpatient	24 Month Outpatient	None
Substance Abuse Limitation	24 Month Outpatient	24 Month Outpatient	None
Specified Condition Limitation	None	None	None
Workplace Modification Benefit	Included	Included	Included
Survivor Income Benefit Option	3 Times Last Monthly Gross Benefit	3 Times Last Monthly Gross Benefit	3 Times Last Monthly Gross Benefit
Employer Participates In Worker's Compensation	Yes	Yes	Yes
Employee Contribution	Class 1 - Non-Contributory	Class 1 - Non-Contributory	Class 1 - Non-Contributory
Participation Requirement	Class 1 - 100% of Eligible Employees	Class 1 - 100% of Eligible Employees	Class 1 - 100% of Eligible Employees
Initial Rate Guarantee Period	N/A	2 Years 7 Months	2 Years 7 Months
Rate Summary			
Rate Per \$100 of Covered Payroll	\$0.63	\$0.451	\$0.36
Covered Monthly Payroll	\$147,976	\$147,976	\$147,976
Estimated Monthly Premium	\$932.25	\$667.37	\$532.71
Estimated Annual Premium	\$11,186.99	\$8,008.46	\$6,392.56