Plan Highlights

Voluntary Group Long Term Disability Insurance

Illinois Eastern Community Colleges - 2023

COVERAGE

Disability income protection insurance provides a benefit for "long term" disability resulting from a covered injury or sickness. Benefits begin at the end of the elimination period and continue while you are disabled up to the maximum benefit duration.

ELIGIBILITY

Each Active, Full-time employee working 35 or more hours per week, except any person working on a temporary or seasonal basis.

BENEFIT AMOUNT

You may elect a monthly benefit equal to 65% of your covered earnings, up to a maximum benefit of $8,000 per month.

ELIMINATION PERIOD

The greater of 90 consecutive days of Total Disability or a zero balance in eligible sick or sick bank time.

MAXIMUM BENEFIT DURATION

Benefits will not extend beyond the longer of: Social Security Normal Retirement Age or Duration of Benefits below:

Age at Disablement	Duration of Benefits
61 or less	to age 65
62	3 ½ years
63	3 years
64	2 ½ years
65	2 years
66	1 ¾ years
67	1 ½ years
68	1 ¼ years
69 or more	1 year

CONTRIBUTION REQUIREMENTS

Coverage is 100% employee paid.

Age	Rate/$100 of covered benefit	Age	Rate/$100 of covered benefit
18-24	0.118	50-54	0.659
25-29	0.132	55-59	0.672
30-34	0.152	60-64	0.706
35-39	0.179	65-69	0.732
40-44	0.239	70+	0.732
45-49	0.406		

FEATURES

- Conversion Privilege
- Extended Disability Benefit
- FMLA Continuation
- Interruption and Recurrent provisions
- Minimum Benefit Payable – $100
- Own Occupation Coverage – 60 months
- Rehabilitation provision
- Residual and Partial Disability
- Survivor Benefit – 6 months

VALUE ADDED SERVICES

- Travel Assistance Service

LIMITATIONS

- Mental/Nervous Illness Limitation – 24 Months out-patient
- Pre-Existing Condition Limitation – 6/24
- Substance Abuse Limitation – 24 Months

Please note- pre-ex limitations also apply to benefit increases

EXCLUSIONS

Benefits will not be payable for any disability caused by: an intentionally self-inflicted injury; an act of war (declared or undeclared); commission of a felony;injury or sickness occurring while confined in any penal or correctional institution.

For a comprehensive list of exclusions, limitations, and any applicable benefit offsets, please refer to the Certificate of Insurance. The Certificate also provides all requirements necessary to be eligible for coverage and benefits.

This Plan Highlights is a brief description of the key features of the RSL insurance plan. The availability of the benefits and features described may vary by state. It is not a certificate of insurance or evidence of coverage. Insurance is provided under group policy form LRS-6564, et al.