

## Long Term Disability (LTD) Plan Comparison

	UNUM (Employer Paid LTD)*	The Standard (Volunteer Employee Paid LTD)**
<b>Eligible Groups</b>	Academic and Administrative Faculty	Benefit Eligible Employees
<b>Hours per Week/Month</b>	20 hours per week	80 hours per month
<b>Eligibility Waiting Period</b>	1st of Month Following 90 Days Active Employment	Later of Policy Effective Date or Member Eligibility Date
<b>Benefit Type</b>	Traditional	
<b>Benefit Amount</b>	60%	60%
<b>Maximum Monthly Benefit</b>	\$7,500	\$7,500
<b>Minimum Monthly Benefit</b>	\$100 or 10% of LTD benefit	\$100 or 10% of LTD benefit
<b>Benefit Waiting/Elimination Period</b>	180 Days	180 Days
<b>Duration</b>	ADEA I	
<b>Regular Occ Period</b>	2 Years	
<b>Definition of Disability</b>	<p>During the Regular Occupation Period, the insured is disabled when Unum determines that the insured is limited from performing the material and substantial duties of his/her regular occupation due to sickness or injury; and the insured has a 20% or more loss of indexed monthly earnings due to the same sickness or injury.</p> <p>After the Regular Occupation Period, the insured is disabled when Unum determines that due to the same sickness or injury, he/she is unable to perform the duties of any gainful occupation for which he/she is reasonably fitted by education, training or experience.</p>	<p>For the benefit waiting period and after the first 24 months that LTD benefits are payable, you will be considered disabled if, as a result of physical disease, injury, pregnancy or mental disorder: (1) You are unable to perform with reasonable continuity the material duties of your own occupation, and (2) you suffer a loss of at least 20% of your predisability earnings when working in your own occupation.</p>
<b>Specialty Definition</b>	Not Included	
<b>Integration</b>	Direct Full Family	
<b>Pre-Existing Condition</b>	You have a pre-existing condition if: (1) You received medical treatment, consultation, care or services including diagnostic measures for the condition, or took prescribed drugs or medicines for it in the 3 months just prior to your effective date of coverage; and (2) The disability begins in the first 12 months after your effective date of coverage.	A preexisting condition is a mental or physical condition whether or not diagnosed or misdiagnosed during the 90-day period just before your insurance becomes effective: (1) For which you, or a reasonably prudent person would consult a physician or other licensed medical professional; received medical treatment, services, or advice; undergone diagnostic procedures, including self-administered procedures; or taken prescribed drugs or medications (2) which, as a result of any medical routine examination, was discovered or suspected.
<b>Conversion</b>	Not Included	(OPTIONAL) After termination of your insurance with State of Nevada, if requirements are met defined by group policy
<b>Portability</b>	Not Included	With some restrictions
<b>M&amp;N Limitation</b>	24 Month Lifetime	24 months Lifetime
<b>Self-Reported Limitation</b>	24 Month	
<b>Work Incentive Benefit</b>	12 Month	24 Months
<b>Benefits While Working</b>	Proportionate Loss	24 Months
<b>Definition of Gainful</b>	80%/60%	
<b>Survivor Benefit</b>	Not Included	Spouse, unmarried children to age 25, or caretaker
<b>EE Contribution</b>	Employer Paid	Employee Paid
<b>Tax Choice</b>	Not Included	If 100% Employee Paid, Not Taxable
<b>Continuation Layoff</b>	(OPTIONAL) For 3 Months	90 days of a temporary or indefinite administrative or involuntary leave of absence
<b>Continuation Leave of Absence</b>	(OPTIONAL) For 3 Months	90 days of a temporary or indefinite administrative or involuntary leave of absence
<b>Accumulation of Elimination Period</b>	(OPTIONAL) 30 Days	
<b>Recurrent Disability</b>	(OPTIONAL) 6 Months	Temporary Recovery Provision
<b>Worksite Modification</b>	(OPTIONAL) Included	If preapproved, up to \$25,000
<b>PERS/STRS Offset</b>	(OPTIONAL) Included	

\*Please refer to UNUM policy document for details coverage and exclusion.

\*\*Please refer to the Standard Certificate Group LTD Insurance document for details coverage and exclusion.

UNUM	UNUM (Employer Paid LTD)*	The Standard	The Standard (Volunteer Employee Paid LTD)**
Age at Disability	Benefit Duration	Age	Maximum Benefit Period
< 60	To age 65 but not less than 5 years		To age 65 or 3 years, 6 months, whichever is longer
60	60 months		To age 65 or 3 years, 6 months, whichever is longer
61	48 months		To age 65 or 3 years, 6 months, whichever is longer
62	42 months	62	3 years, 6 months
63	36 months	63	3 years
64	30 months	64	2 years 6 months
65	24 months	65	2 years
66	21 months	66	1 year, 9 months
67	18 months	67	1 year, 6 months
68	15 months	68	1 year, 3 months
69+	12 months	69	1 year