



Missouri Dental Association
Voluntary Group Short Term Disability Insurance
Benefit Summary Plan 4

Class Description: All Eligible Full-Time Eligible Employees

Weekly Benefit: Employees may elect benefits in \$100 increments ranging from \$200 to \$2,000 per month not to exceed a maximum monthly benefit of \$2,000

Elimination Period: The longer of the period of salary continuance and/or sick leave received from an employer or;

- Injury: 7 Days
- Sickness 7 Days

This is the period a disabled Employee must wait before weekly disability benefits begin.

Maximum Benefit Duration: 25 weeks. This is the length of time that an insured Employee may be entitled to benefits if continuously disabled as outlined in the group contract.

Basis of Coverage: An insured Employee that cannot perform the material and substantial duties of his or her regular occupation because of injury or sickness.

Pre Existing Condition Exclusion: 3/12

Maternity Coverage: Benefits will be paid the same as any other qualifying disability

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 his or her regular occupation on a full-time basis, is performing at least one of the material and substantial duties of his or her regular occupation, or another occupation, on a full or part-time basis, and is earning less than 80% of his or her indexed pre-disability earnings due to the same injury or sickness.

Recurrent Disability Provision: A recurrent disability is the direct result of the injury or sickness that caused a prior disability. This benefit allows benefit payments to continue without satisfying a new elimination period if an Employee returns to active full-time work and has a recurrent disability within 30 days of return to active work.

Terminations: Terminations in the Certificate of Insurance will govern Terminations.

Rates: See attached Rate Sheet

This information is provided as a Benefit Outline. It is not a part of the insurance contract and does not change or extend American United Life Insurance Company's® liability under the group Policy. Employers will receive 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 group Policy will prevail.

Monthly Disability Pricing for the Missouri Dental Association

Plan 4

Monthly Benefit	Age Ranges								
	0-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55+
\$ 200	\$ 2.38	\$ 2.38	\$ 2.38	\$ 2.02	\$ 1.84	\$ 1.92	\$ 2.22	\$ 2.72	\$ 3.46
\$ 300	\$ 3.57	\$ 3.57	\$ 3.57	\$ 3.03	\$ 2.76	\$ 2.88	\$ 3.33	\$ 4.08	\$ 5.19
\$ 400	\$ 4.76	\$ 4.76	\$ 4.76	\$ 4.04	\$ 3.68	\$ 3.84	\$ 4.44	\$ 5.44	\$ 6.92
\$ 500	\$ 5.95	\$ 5.95	\$ 5.95	\$ 5.05	\$ 4.60	\$ 4.80	\$ 5.55	\$ 6.80	\$ 8.65
\$ 600	\$ 7.14	\$ 7.14	\$ 7.14	\$ 6.06	\$ 5.52	\$ 5.76	\$ 6.66	\$ 8.16	\$ 10.38
\$ 700	\$ 8.33	\$ 8.33	\$ 8.33	\$ 7.07	\$ 6.44	\$ 6.72	\$ 7.77	\$ 9.52	\$ 12.11
\$ 800	\$ 9.52	\$ 9.52	\$ 9.52	\$ 8.08	\$ 7.36	\$ 7.68	\$ 8.88	\$ 10.88	\$ 13.84
\$ 900	\$ 10.71	\$ 10.71	\$ 10.71	\$ 9.09	\$ 8.28	\$ 8.64	\$ 9.99	\$ 12.24	\$ 15.57
\$ 1,000	\$ 11.90	\$ 11.90	\$ 11.90	\$ 10.10	\$ 9.20	\$ 9.60	\$ 11.10	\$ 13.60	\$ 17.30
\$ 1,100	\$ 13.09	\$ 13.09	\$ 13.09	\$ 11.11	\$ 10.12	\$ 10.56	\$ 12.21	\$ 14.96	\$ 19.03
\$ 1,200	\$ 14.28	\$ 14.28	\$ 14.28	\$ 12.12	\$ 11.04	\$ 11.52	\$ 13.32	\$ 16.32	\$ 20.76
\$ 1,300	\$ 15.47	\$ 15.47	\$ 15.47	\$ 13.13	\$ 11.96	\$ 12.48	\$ 14.43	\$ 17.68	\$ 22.49
\$ 1,400	\$ 16.66	\$ 16.66	\$ 16.66	\$ 14.14	\$ 12.88	\$ 13.44	\$ 15.54	\$ 19.04	\$ 24.22
\$ 1,500	\$ 17.85	\$ 17.85	\$ 17.85	\$ 15.15	\$ 13.80	\$ 14.40	\$ 16.65	\$ 20.40	\$ 25.95
\$ 1,600	\$ 19.04	\$ 19.04	\$ 19.04	\$ 16.16	\$ 14.72	\$ 15.36	\$ 17.76	\$ 21.76	\$ 27.68
\$ 1,700	\$ 20.23	\$ 20.23	\$ 20.23	\$ 17.17	\$ 15.64	\$ 16.32	\$ 18.87	\$ 23.12	\$ 29.41
\$ 1,800	\$ 21.42	\$ 21.42	\$ 21.42	\$ 18.18	\$ 16.56	\$ 17.28	\$ 19.98	\$ 24.48	\$ 31.14
\$ 1,900	\$ 22.61	\$ 22.61	\$ 22.61	\$ 19.19	\$ 17.48	\$ 18.24	\$ 21.09	\$ 25.84	\$ 32.87
\$ 2,000	\$ 23.80	\$ 23.80	\$ 23.80	\$ 20.20	\$ 18.40	\$ 19.20	\$ 22.20	\$ 27.20	\$ 34.60