

# Oregon Medical Association Plan Summary

Long term disability insurance is designed to provide you with continuing monthly income during an extended period of time while you are out of work due to a sickness or accident.

## Eligibility

Members<sup>1</sup> who work Full-Time, who are under age 54.

## Monthly benefit amount

| Age           | Minimum Benefit | Maximum Benefit         | Increments          |
|---------------|-----------------|-------------------------|---------------------|
| Ages up to 44 | \$100 per month | up to 6,000 per month   | in \$100 increments |
| Ages 45- 54   | \$100 per month | up to \$3,000 per month | in \$100 increments |

\*On the premium due date coinciding with or next following the date You attain age 65, the Monthly Benefit will be reduced to the lesser of the amount in force on that date or \$2,200. This reduction will not affect the Monthly Benefit payable for Disability that begins prior to the effective date of the reduction. Pre-disability earnings include salary, commissions, bonuses and any other compensation for professional services. Coverage terminates at age 70.

## Waiting period

You may choose from a 30-day, 60-day, 90-day, 180-day waiting period before benefits begin

## Benefit duration

The plan offers two maximum benefit durations.

Option #1:

- Your 65<sup>th</sup> birthday, if disability starts prior to age 63; or
- 24 months if disability starts on or after age 63

Option #2: 7 years

## Additional plan benefits

When you are ill or injured for a long time, MetLife believes you need more than a supplement to your income. That's why we offer return to work services and financial incentives to help you get the maximum benefits from your coverage.

### Cost of Living Adjustment (COLA)

Helps benefits keep pace with inflation. After receiving monthly benefits for 12 months and while disability payments continue, the benefit amount may be increased by up to 6 % each year; provided, however, that no adjustment will be made after you reach age 64.



## Work Incentive

If you work while disabled and receiving monthly benefits, you may receive up to 100% of pre-disability monthly earnings, including family care expense reimbursement, rehabilitation incentive, return-to-work earnings and other income benefits. After the first 24 months following your return to work, we will reduce your monthly benefit by 50% of the amount you earn from working while disabled.

## Valuable built-in features

### Survivor Income Benefit

If you die while you are disabled or if you are entitled to receive monthly benefits for the month that you die, a single sum payment equal to 3 times your last net monthly benefit is made to your survivor.

### Waiver of Premium

If you become disabled once you begin receiving benefits after the waiting period has been met, the company will waive your premium payments for the cost of any disability insurance for as long as you continue to receive benefits. When you stop receiving monthly benefits, premium must again be paid when due.

### Family Care Incentive

If you work or participate in a rehabilitation program while disabled, reimbursement may be provided for up to \$400 per month for eligible family care expenses incurred by you for each eligible family member during the first 24 months of benefit payments.

### Moving Expense Incentive

If you participate in a rehabilitation program while disabled, reimbursement may be provided for expenses incurred to move to a new residence if recommended as part of the rehabilitation program.

### Rehabilitation Program Incentive

If you participate in an approved rehabilitation program while disabled, we will increase your monthly benefit by 10%.

## Learn More

### Does this plan include own occupation protection?


Yes. This plan pays benefits if you are disabled due to a sickness or as a direct result of accidental injury, and are unable to perform one or more of the material duties of your own occupation, earn more than 80% of pre-disability earnings at your own occupation, and are receiving appropriate care and treatment from a duly licensed physician, as described in your certificate, and complying with the requirements of such treatment. For physicians, own occupation means the specialty in the practice of medicine in which you were engaged just prior to the date disability started.

### When does the coverage become effective?

Your coverage will begin on the 1<sup>st</sup> of the month following the date your enrollment form is approved and your premium has been paid. You must be actively at work on the date insurance is to take effect; otherwise, the insurance will take effect on the date you return to work. Issuance of coverage or benefit payments may depend on the answers given in the enrollment form.

### How long can my coverage continue?

Your coverage can continue as long as you pay your premium when due, remain a member, have not reached age 70, remain in an eligible class, the insurance continues for your class, the participating association continues to participate in the trust and the policy remains in force. Please see the certificate of insurance for details.



## Are there limited disability benefits for alcohol, drug or substance abuse, addiction or mental or nervous disorder or diseases?

Yes. If you are disabled due to alcohol, drug, substance abuse or addiction, or mental or nervous disorder or disease, we will limit disability benefits to a lifetime maximum of 24 months.

## Are there any exclusions to my coverage?

Yes. Disabilities will not be covered if caused or contributed to by:

- War, whether declared or undeclared, or act of war, insurrection, rebellion
- Active participation in a riot;
- Attempted suicide;
- Intentionally self-inflicted injury;
- Commission of or attempt to commit a felony.

## Is there any income that will reduce my disability benefits?

1. Income that will reduce your disability benefit includes: Any disability or retirement benefits which you, your spouse or child(ren) receive or are eligible to receive because of your disability or retirement under the Federal Social Security Act, the Railroad Retirement Act, or any state, public or federal employee retirement or disability plan, including State Teachers Retirement System (STRS), Public Employee Retirement System (PERS) or Federal Retirement System (FERS) (You must apply for such benefits through the highest appeal level that is applicable to such benefits and available under the plan), or any pension or disability plan of any other nation or political subdivision thereof;
2. Any income received for disability under a group insurance policy to which the policyholder has made a contribution (such as benefits for loss of time from work due to disability and installment payments for permanent total disability), a no-fault auto law for loss of income, excluding supplemental disability benefits, a government compulsory benefit plan or program which provides payment for loss of time from your job due to your disability, whether such payment is made directly by the plan or program, or through a third party, a self-funded plan, or other arrangement if the policyholder contributes toward it or makes payroll deductions for it, any sick pay, vacation pay or other salary continuation that the policyholder pays to you, workers' compensation or a similar law which provides periodic benefits, occupational disease laws, laws providing for maritime maintenance and cure, or unemployment insurance law or program;
3. Any income that you receive from working while disabled to the extent that such income reduces the amount of your monthly benefit (This includes but is not limited to salary, commissions, overtime pay, bonus or other extra pay arrangements from any source); and
4. Recovery amounts that you receive for loss of income as a result of claims against a third party by judgment, settlement or otherwise including future earnings.

## How do I pay for my coverage?

Please contact The Partners Group at 1-800-434-4662 for information about your payment options.

1. You must be a member of the Oregon Medical Association to qualify for this insurance plan.

In some cases a medical exam may be required (at no cost to you). When you apply, simply answer the health questions. Depending on the amount applied for, a paramedical exam and blood test may be required, which will be scheduled at your convenience. Even if you have a health condition, you still may qualify.

Coverage may not be available in all states. Please contact the Partners Group at 1-800-434-4662 for more information.

All insurance and insurance effective dates are subject to final underwriting approval.

Like most insurance policies, insurance policies offered by MetLife and its affiliates contain certain exclusions, exceptions, reductions, limitations, waiting periods and terms for keeping them in force. Please contact The Partners Group at 1-800-434-4662 for costs and complete details.

Policy form GPNP15-2T

Policy number 164258-1-G

**Metropolitan Life Insurance Company** | 200 Park Avenue | New York, NY 10166

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