# **Plan Highlights**

# Group Long Term Disability Insurance



#### **Lucid Motors**

#### **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**

Executives and Directors in active employment in the United States with the Employer.

## **CONTRIBUTION REQUIREMENTS**

Coverage is 100% Employer Paid.

#### **ELIMINATION PERIOD**

180 consecutive days of total disability.

### **BENEFIT AMOUNT**

The benefit amount is equal to 60% of your monthly covered earnings, from a minimum of \$100/10%, to a maximum benefit of \$15,000 per month.

#### **MAXIMUM BENEFIT DURATION**

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

Age at Disablement	Duration of Benefits
61 or less	To Age 65
62	3 1/2 Years
63	3 Years
64	2 1/2 Years
65	2 Years
66	1 3/4 Years
67	1 1/2 Years
68	1 1/4 Years
69 or more	1 Year

#### **FEATURES**

- Extended Disability Benefit
- Military Services Leave of Absence
- FMLA Continuation
- Own Occupation Coverage 24 Months
- Rehabilitation Provision
- Residual and Partial Disability
- Specific Indemnity Benefit
- ► Survivor Benefit 3 months
- Work Incentive & Child Care Provisions
- Worksite Modification Benefit

#### **VALUE-ADDED SERVICES**

- Travel Assistance Services
- ID Theft Recovery Services

# **LIMITATIONS**

- Pre-Existing Condition Limitation: 3/12
- Mental & Nervous Limitation 24 months outpatient
- ▶ Substance Abuse Limitation 24 months
- Offsets: your benefit may be reduced by other income sources such as, but not limited to, Social Security, Workers Compensation, State Disability Plans



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This Plan Highlight is not a complete description of the insurance coverage. Insurance is provided under group policy form LRS-6564, et al. et al. This is not a binding contract. Should there be a difference between this Plan Highlight and the contract, the contract will govern. The Certificate of Coverage will be made available to you that describes the benefits in greater detail; however a benefit will not be paid if caused or contributed by an exclusion listed in the Certificate. Product features and availability may vary by state.

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