

Group Benefit Program Summary for

DONA ANA COUNTY GOVERNMENT -

GAE60059

Group Short-term Disability Insurance (STD)

Today, most Americans would not be able to make payments on their homes or keep their family financially stable without their current salary. STD reduces the burden during these unstable times. It is a convenient, economical way of securing an income while out of work from an unexpected injury or illness. Group STD is a guaranteed issue coverage, which requires no health questionnaires to complete.

| Eligibility | All eligible, active full time employees | |
|-------------------------|--|--|
| Group STD Benefit | 50% of basic weekly earnings | |
| Weekly Maximum Benefit | \$1,000 | |
| Benefits Are Payable On | 31st day for accident; 31st day for sickness | |
| Maximum Benefit Period | 22 Weeks or until LTD begins, whichever is earlier | |
| Total Disability | Total Disability means that due to Injury or Sickness the employee is unable to perform all of the material and substantial duties of the employee's regular occupation, and the employee's disability earnings, if any, are less than the percentage (20%) of the employee's pre-disability weekly earnings. | |
| Partial Disability | Partial Disability means that during the elimination period the employee is able to perform some, but not all, of the material and substantial duties of the employee's regular occupation. After the elimination period, partial disability means that due to injury or sickness the employee is able to perform some but not all of the material and substantial duties of the employee's regular occupation, and the employee's disability earnings, if any are at least the minimum percentage (20%), but less than the maximum percentage of the employee's pre-disability weekly earnings (80%). | |
| Exclusions | We do not pay benefits for any loss or disability caused by, resulting from, arising out of or substantially contributed to, directly by any one or more of the following: 1. Loss of professional license, occupational license or certification 2. Commission of, participation in, or an attempt to commit an assault or felony 3. Intentionally self-inflicted injuries 4. Attempted suicide, regardless of mental capacity 5. Cosmetic surgery except when required due to illness or injury 6. Occupational sickness or injury 7. Participation in a war, declared or undeclared, or any act of war | |
| Additional Features | Survivor Benefit, Work Incentive Benefit, Worksite Modification Benefit | |

For illustrative purposes only. May not be available in all jurisdictions. Coverage may be subject to limitations, exclusions and other coverage conditions contained in issued policy. Please consult the policy for the actual terms of coverage.

Insurance products issued by Dearborn Life Insurance Company, 701 E. 22nd St. Suite 300, Lombard, IL 60148. Blue Cross and Blue Shield of New Mexico, is the trade name of Dearborn Life Insurance Company, an independent licensee of the Blue Cross and Blue Shield Association. BLUE CROSS®, BLUE SHIELD® and the Cross and Shield Symbols are registered service marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans.



Group Benefit Program Summary for

DONA ANA COUNTY GOVERNMENT - GAE60059

Group Long-term Disability Insurance (LTD)

Without a steady income, most people would not be able to make payments on their homes or keep their family financially stable. LTD reduces the burden during these unstable times. It is a convenient, economical way of securing an income while out of work from an unexpected injury or illness. Your employer has made LTD coverage available for you to enroll in. Below are some of the major features of this program.

| Eligibility | All eligible, active full time Public Safety employees |
|---|--|
| Group LTD Benefit Percentage | 60% |
| Maximum Monthly Benefit | \$5,000 |
| Minimum Monthly Benefit | \$100 |
| Elimination Period | 180 days |
| Maximum Period Payable | Social Security Normal Retirement Age (SSNRA) |
| Social Security Offset Method | Primary and Family Integration |
| Own Occupation Period | 12 months |
| Partial Disability Earnings Test – During Own Occ Period Earnings Test – After Own Occ Period | 80% 60% |
| Work Incentive Benefit | Proportionate – 24 months. Partially disabled employees are eligible for a Work Incentive Benefit. The Work Incentive Benefit allows the partially disabled employee to receive their monthly benefit if their benefit plus their earnings do not exceed 100% of indexed pre-disability income. If their benefit plus their earnings exceeds 100% of indexed pre- disability income, their benefit is reduced by the excess. After 24 months, the employee's Work Incentive Benefit will be equal to the Monthly Benefit amount reduced by 50% of Disability Earnings. "Partially Disabled" means that an employee is working in a partial or part-time capacity after becoming disabled and meets the earnings test shown above. |
| Rehabilitation Incentive Income (RII) | Proportionate—24 months. RII is offered to employees who agree to take part in a rehabilitation plan, structured to return them to gainful employment in another occupation because they can not return to their regular occupation. During the first 24 months, RII is equal to the monthly benefit. If disability earnings during this period exceed 100% of indexed pre-disability earnings, the monthly benefit is reduced by the excess. After 24 months, RII will be equal to the LTD Monthly Benefit reduced by 50% of Disability Earnings. |
| Survivor Benefit | If the employee passes away after being disabled and receiving long-term disability benefits for 6 consecutive months, We will pay the employee's beneficiary a lump sumbenefit equal to 3 months of disability benefits. |
| Day Care Expense Benefit | While receiving RII, and participating in an approved rehabilitation plan, the claimant may be reimbursed for eligible day care expenses. |

For illustrative purposes only. May not be available in all jurisdictions. Coverage may be subject to limitations, exclusions and other coverage conditions contained in issued policy. Please consult the policy for the actual terms of coverage.

Insurance products issued by Dearborn Life Insurance Company, 701 E. 22nd St. Suite 300, Lombard, IL 60148. Blue Cross and Blue Shield of New Mexico, is the trade name of Dearborn Life Insurance Company, an independent licensee of the Blue Cross and Blue Shield Association. BLUE CROSS®, BLUE SHIELD® and the Cross and Shield Symbols are registered service marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans.

Mental Disorder Limitation

24 months

24 months

24 months

25 months

26 months

27 months

29 months

29 months

20 months

20 months

20 months

20 months

20 months

21 months

22 months

23 months

24 months

25 months

26 months

27 months

28 months

29 months

29 months

20 months

20 months prior to the effective date. Any disability

20 months prior to the effective date. Any disability

20 months prior to the effective date. Any disability

21 months of the effective date will not be covered.

This piece is for illustrative purposes only and is not a contract. It is intended to provide only a brief summary of the type of policy and insurance coverage advertised. The policy provides the actual terms of coverage, including any exclusions, conditions and limitations, and reduction of benefits and/or terms under which the policy may be continued. The policy may be cancelled by the insurer at any time. The insurer reserves the right to change premium rates, but not more than once in a 12-month period. Refer to your certificate for complete details and limitations of coverage.



Group Benefit Program Summary for

DONA ANA COUNTY GOVERNMENT - GAE60059

Group Long-term Disability Insurance (LTD)

Without a steady income, most people would not be able to make payments on their homes or keep their family financially stable. LTD reduces the burden during these unstable times. It is a convenient, economical way of securing an income while out of work from an unexpected injury or illness. Your employer has made LTD coverage available for you to enroll in. Below are some of the major features of this program.

| Eligibility | All eligible, active full time employees excluding Public Safety employees |
|---|--|
| Group LTD Benefit Percentage | 60% |
| Maximum Monthly Benefit | \$5,000 |
| Minimum Monthly Benefit | \$100 |
| Elimination Period | 180 days |
| Maximum Period Payable | Social Security Normal Retirement Age (SSNRA) |
| Social Security Offset Method | Primary and Family Integration |
| Own Occupation Period | 24 months |
| Partial Disability Earnings Test – During Own Occ Period Earnings Test – After Own Occ Period Work Incentive Benefit | 80% Proportionate – 24 months. Partially disabled employees are eligible for a Work Incentive Benefit. The Work Incentive Benefit allows the partially disabled employee to receive their monthly benefit if their benefit plus their earnings do not exceed 100% of indexed pre-disability income. If their benefit plus their earnings exceeds 100% of indexed pre- disability income, their benefit is reduced by the excess. After 24 months, the employee's Work Incentive Benefit will be equal to the Monthly Benefit amount reduced by 50% of Disability Earnings. "Partially Disabled" means that an employee is working in a partial or part-time capacity after becoming disabled and meets the earnings test shown above. |
| Rehabilitation Incentive Income (RII) | Proportionate—24 months. RII is offered to employees who agree to take part in a rehabilitation plan, structured to return them to gainful employment in another occupation because they can not return to their regular occupation. During the first 24 months, RII is equal to the monthly benefit. If disability earnings during this period exceed 100% of indexed pre-disability earnings, the monthly benefit is reduced by the excess. After 24 months, RII will be equal to the LTD Monthly Benefit reduced by 50% of Disability Earnings. |
| Survivor Benefit | If the employee passes away after being disabled and receiving long-term disability benefits for 6 consecutive months, We will pay the employee's beneficiary a lump sumbenefit equal to 3 months of disability benefits. |
| Day Care Expense Benefit | While receiving RII, and participating in an approved rehabilitation plan, the claimant may be reimbursed for eligible day care expenses. |

For illustrative purposes only. May not be available in all jurisdictions. Coverage may be subject to limitations, exclusions and other coverage conditions contained in issued policy. Please consult the policy for the actual terms of coverage.

Insurance products issued by Dearborn Life Insurance Company, 701 E. 22nd St. Suite 300, Lombard, IL 60148. Blue Cross and Blue Shield of New Mexico, is the trade name of Dearborn Life Insurance Company, an independent licensee of the Blue Cross and Blue Shield Association. BLUE CROSS®, BLUE SHIELD® and the Cross and Shield Symbols are registered service marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans.

| Mental Disorder Limitation | 24 months |
|-----------------------------------|--|
| Substance Abuse Limitation | 24 months |
| Special Conditions Limitation | 24 months |
| Pre-Existing Condition Limitation | 3/12 - A pre-existing condition means a sickness or injury for which an employee received treatment within 3 months prior to the effective date. Any disability contributed to or caused by a pre-existing condition within the first 12 months of the effective date will not be covered. |

This piece is for illustrative purposes only and is not a contract. It is intended to provide only a brief summary of the type of policy and insurance coverage advertised. The policy provides the actual terms of coverage, including any exclusions, conditions and limitations, and reduction of benefits and/or terms under which the policy may be continued. The policy may be cancelled by the insurer at any time. The insurer reserves the right to change premium rates, but not more than once in a 12-month period. Refer to your certificate for complete details and limitations of coverage.