

■ BENEFIT INTEGRATIONS

The monthly benefit amount may be reduced by other income, including income based on eligibility for other disability benefits including workers' compensation, Social Security, individual insurance plans and certain other plans such as employment-sponsored disability or pension plans.

■ TERMINATION

Your insurance will end when:

- The policy is terminated;
- The policy is amended to terminate insurance on the class of which you belong;
- The premiums are not paid;
- The premium due date following your 70th birthday;
- You retire or cease to be actively engaged in full-time employment for reasons other than disability;
- You are no longer a member in good standing of the Association.

■ HOW TO APPLY

1. Complete the application for coverage.
2. If your application is approved by Metropolitan Insurance Company, PDAIS will send you a certificate along with a bill.
3. Your coverage will begin on the first of the month following the date your application is approved, provided the first premium has been paid and you are actively at work in your occupation.

Disability Income Insurance is available to Pennsylvania Dental Association members through Pennsylvania Dental Association Insurance Services (PDAIS).

This insurance benefit can help provide you with protection when you are sick or injured and cannot work.

Being prepared for the future by obtaining adequate insurance protection is one way you can help provide your family financial security.

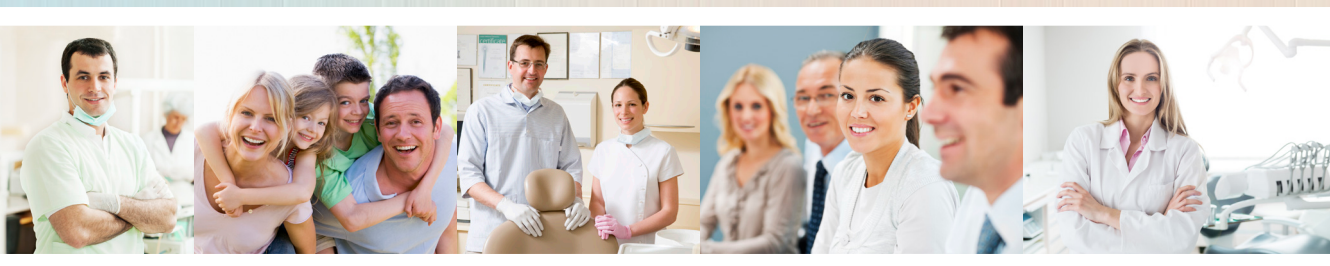
Disability Income Insurance



Pennsylvania Dental Association
Insurance Services
AN ALERA GROUP COMPANY

4550 Lena Dr
Mechanicsburg, PA 17055
www.PDAIS.com

*No one knows when a
disability will strike.
Let us help you get the
peace of mind you deserve.*



This plan is available in PA only.

Like most group benefit programs, benefit programs offered by MetLife and its affiliates contain certain exclusions, exceptions, reductions, limitations, waiting periods, and terms for keeping them in force. Please contact your plan administrator for costs and complete details.

Metropolitan Life Insurance Company
Policy Number 200609-1-G

The plan administrator incurs costs in connection with providing oversight and administrative support for this sponsored plan. To provide and maintain this valuable membership benefit, MetLife may compensate the plan administrator for these or other costs.

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If you have questions, contact a PDAIS representative by calling, toll-free, (877) 732-4748.

Coverage described in this brochure underwritten by:

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

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PDAIS
Pennsylvania Dental Association
Insurance Services
AN ALERA GROUP COMPANY

DISABILITY INCOME INSURANCE

ELIGIBILITY

Members under age 60 who are United States residents and actively at work on a full-time basis (30 or more hours per week) in their professions or occupations.

BENEFIT AMOUNTS

60% of your pre-disability earnings, up to a maximum monthly benefit of \$8,000.

ELIMINATION PERIOD

(period of time before benefits are payable)
60 days or 90 days.

DISABILITY

A disability means that, due to injury or sickness, you are unable to perform the substantial and material duties of your occupation and are receiving regular medical care and treatment by a physician and complying with the requirements of such treatment.

YOUR OCCUPATION PROTECTION

Occupation means the occupation in which you are regularly engaged at the time that you become disabled. If your occupation is limited to a recognized specialty within the scope of your degree or license, we will deem your specialty to be your occupation.

BENEFITS INCLUDED WITH YOUR POLICY

- **Waiver of premium** – If you become totally disabled, we will waive any premiums that are due for any continuing periods of disability for which you are receiving benefits.
- **Survivor Insurance** – If you die while totally disabled and you were entitled to receive monthly benefits, your beneficiary will receive up to three months of payments.

THREE BENEFIT OPTIONS

The plan offers three maximum benefit durations.

OPTION #1: Benefits payable for the period shown below (for accidental injury or sickness):

AGE ON DATE OF YOUR DISABILITY	BENEFIT PERIOD
Less than 63	To age 65
63 but less than 70	24 months

SEMI-ANNUAL PER \$1,000 COVERED MONTHLY BENEFIT

	PLAN 1 60 DAY EP	PLAN 1 90 DAY EP	PLAN 2 60 DAY EP	PLAN 2 90 DAY EP	PLAN 3 60 DAY EP	PLAN 3 90 DAY EP
Under age 30	\$77.45	\$61.45	\$57.05	\$44.04	\$42.91	\$33.12
30-39	\$103.15	\$81.85	\$75.14	\$58.93	\$56.51	\$44.32
40-49	\$170.35	\$135.25	\$132.92	\$102.61	\$99.96	\$77.17
50-59	\$273.85	\$217.35	\$234.98	\$181.38	\$176.72	\$136.41
60-64	\$280.25	\$216.30	\$280.25	\$216.30	\$264.67	\$204.34
65-69	\$319.00	\$246.25	\$428.88	\$331.06	\$319.00	\$246.25

Rates are guaranteed from October 1, 2017 – Sept 30, 2020

Plan 1 = To Age 65/70

Plan 2 = 5 Years

Plan 3 = 2 Years

**For renewal purposes only.*

REHABILITATION INCENTIVE

When you participate in a MetLife approved rehabilitation program, your disability benefit amount increases by 10%.

WORK INCENTIVE

You may receive the equivalent of up to 100% of pre-disability earnings once benefits commence — up to 24 months. Refer to your certificate for details on income sources.

OPTION #2: Benefits are payable for up to 60 months (for accidental injury or sickness).

OPTION #3: Benefits are payable for up to 24 months (for accidental injury or illness).

SEMI-ANNUAL PREMIUMS

Premiums are based on your attained age on the policy effective date and will be adjusted accordingly at renewal.

FAMILY CARE INCENTIVE

When you participate in a MetLife approved rehabilitation program, an additional amount for the care of a family member may be paid during disability, for up to \$400/month per eligible family member for a maximum of 24 months of LTD benefits.

MOVING EXPENSE INCENTIVE

Reimburses you for expenses associated with moving to a new residence if recommended as part of an approved MetLife rehabilitation program.

ZERO-DAY RESIDUAL

Encourages your return to work by allowing a disabled claimant to work during the elimination period and while benefits are being paid. Zero-day residual is subject to the Work Incentive provisions.

TEMPORARY RECOVERY DURING THE ELIMINATION PERIOD

Promotes your return to full-time work by allowing you to return to work full-time for the number of days specified in the contract without extending the elimination period or requiring a new elimination period.

TEMPORARY RECOVERY AFTER BENEFITS BEGIN

You can attempt a return to full-time work and, if the same or a related disability occurs within 180 days, then your benefits may recommence without the completion of a new elimination period.

EXCLUSIONS

Benefits will not be paid for any loss caused or contributed to by:

- War, declared or undeclared, or act of war, insurrection, rebellion or terrorist act
- Attempted suicide
- Your active participation in a riot
- An intentionally self-inflicted injury
- Commission of or attempt to commit or taking part in a felony

MENTAL DISORDER AND SUBSTANCE ABUSE LIMITATION

Benefits can be paid for the lesser of 24 months or the maximum benefit period during the life of the coverage for a disability caused by a mental or nervous disorder or disease, alcohol, drug or substance abuse or addiction.