Ritalka, Inc.
Summary of Benefits
Long Term Disability Insurance



Effective Date	January 1, 2025	
Eligibility	All Active Full Time Employees working a minimum of 30 Hours per week.	
Voluntary LTD Benefit	60% of your Monthly Earnings to a maximum of $6,000 per month. Minimum Benefit: Greater of $100 or 10% of gross monthly benefit Guaranteed Issue Benefit: $6,000 Earnings are defined in the UnitedHealthcare contract with your employer.	
Elimination Period	90 days of Disability	
Definition of Disability	Residual	
Own Occupation Period	24 months (2 year) own occupation	
Earnings Test	80% Own Occupation / 60% Any Occupation	
Requires Loss of Earnings/Duties	Loss of Earnings and Duties	
	Disability is defined in the UnitedHealthcare contract with your employer.	
Maximum Benefit Duration	Reducing Benefit Duration w/SSNRA	
	Age at Disability	*Maximum Benefit Period*
		Greater of: SSNRA or*
	Less than age 60	To age 65
	Age 60	60 Months
	Age 61	48 Months
	Age 62	42 Months
	Age 63	36 Months
	Age 64	30 Months
	Age 65	24 Months
	Age 66	21 Months
	Age 67	18 Months
	Age 68	15 Months
	69 and over	12 Months
	**SSNRA means the Social Security Normal Retirement Age as figured by the 1983 amendment or any later amendment to the Social Security Act.*	
Survivor Income Benefit	3 months Gross	
Work Incentive Benefit	12 months	
Mental and Nervous Limitation	24 months lifetime	
Substance Abuse Limitation	24 months lifetime	
Subjective Symptoms Limitation	No Limit	
Pre-existing Conditions Exclusion	3 month look back; 12 month after effective date	
Offsets	In addition, as described below within the Important Details, your monthly Long-Term Disability benefit may be reduced by other income you receive.	
Other limitations to enrollment	If you enroll during this enrollment period, your coverage is provided to you on a guaranteed basis - no medical information is required. If you enroll after this enrollment period, (or any time after you first become eligible), evidence of insurability will be required for all coverage amounts. You must be Actively at Work with your employer on the day your coverage takes effect. This coverage, like most group benefit Insurance, requires that a certain percentage of eligible employees participate. If that group participation minimum is not met, the insurance coverage that you have elected may not be in effect.	

This benefit summary is an overview of your Insurance. Once a group policy is issued to your employer, a certificate of coverage will be available to explain your benefits in detail.
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Important Details:

This Summary of Benefits sheet is an overview of the Long Term Disability Insurance being offered and is provided for illustrative purposes only and is not a contract. It in no way changes or affects the policy as actually issued. Only the insurance policy issued to the policyholder (your employer) can fully describe all of the provisions, terms, conditions, limitations and exclusions of your insurance coverage. In the event of any difference between the Summary of Benefits sheet and the insurance policy, the terms of the insurance policy apply.

Limitations and Exclusions:

You cannot receive Long Term Disability Insurance benefit payments for disabilities that are caused or contributed to by*:

- War or act of war (declared or not)
- The commission of, or attempt to commit a felony
- An intentionally self-inflicted injury
- Any case where your being engaged in an illegal occupation was a contributing cause to your disability

You must be under the regular care of a physician to receive benefits.*

Your benefit payments **will be reduced** by other income you receive or are eligible to receive due to your disability, including but not limited to*:

- Social Security Disability Insurance (please see next section for exceptions)
- Workers' Compensation
- Other employer-based insurance coverage you may have
- Unemployment benefits
- Settlements or judgments for income loss
- Retirement benefits that your employer fully or partially pays for (such as a pension plan)
- Loss of time or lost wages from a no-fault motor vehicle insurance plan.
- Benefits from Employer's sick leave or salary continuation plan.

Your benefit payments **will not be reduced** by certain kinds of other income, such as*:

- Retirement benefits if you were already receiving them before you became disabled
- Retirement benefits that are funded by your after-tax contributions
- Your personal savings, investments, IRAs or Keoghs
- Profit-sharing
- Most personal disability policies
- Social Security increases

**Some State variations may apply.*

Member Assistance Program:

The Member Assistance Program, which accompanies your Long Term Disability benefit, comes at no additional cost to the employee. It includes personal and confidential assistance for employees and their families.

- Toll-free Member Assistance line
- 24/7 access to liveandworkwell.com.
- Referral for face-to-face counseling
- Legal and Financial services information and referrals**

***May not be available in all states.*

UnitedHealthcare Life and Disability products are provided by UnitedHealthcare Insurance Company, and certain products in California by Unimerica Life Insurance Company. Texas Coverage is provided on Form LASD-POL-TX (05/03), Form UHCLD-POL 2/2008-TX, or UICLD-POL-TX 4/5.

UnitedHealthcare Insurance Company is located in Hartford, CT; Unimerica Insurance Company and Unimerica Life Insurance Company in Milwaukee, WI.

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Premium Calculation Sheet

Rates Effective January 1, 2025

UnitedHealthcare

Eligibility: All Active Full Time Employees working a minimum of 30 Hours per week.

Employee Voluntary Long Term Disability - Current Semi-Monthly Cost by Age Band

Current Monthly Rates per $100:		0.187	0.250	0.382	0.527	0.819	1.207	1.832	2.137	1.950	1.006
Annual Earnings	*Monthly Benefit*	*Age* **<25**	**25-29**	**30-34**	**35-39**	**40-44**	**45-49**	**50-54**	**55-59**	**60-64**	**65+**
$20,000	**$1,000.00**	1.56	2.08	3.18	4.39	6.83	10.06	15.27	17.81	16.25	8.38
$25,000	**$1,250.00**	1.95	2.60	3.98	5.49	8.53	12.57	19.08	22.26	20.31	10.48
$30,000	**$1,500.00**	2.34	3.13	4.78	6.59	10.24	15.09	22.90	26.71	24.38	12.58
$35,000	**$1,750.00**	2.73	3.65	5.57	7.69	11.94	17.60	26.72	31.16	28.44	14.67
$40,000	**$2,000.00**	3.12	4.17	6.37	8.78	13.65	20.12	30.53	35.62	32.50	16.77
$45,000	**$2,250.00**	3.51	4.69	7.16	9.88	15.36	22.63	34.35	40.07	36.56	18.86
$50,000	**$2,500.00**	3.90	5.21	7.96	10.98	17.06	25.15	38.17	44.52	40.63	20.96
$55,000	**$2,750.00**	4.29	5.73	8.75	12.08	18.77	27.66	41.98	48.97	44.69	23.05
$60,000	**$3,000.00**	4.68	6.25	9.55	13.18	20.48	30.18	45.80	53.43	48.75	25.15
$65,000	**$3,250.00**	5.06	6.77	10.35	14.27	22.18	32.69	49.62	57.88	52.81	27.25
$70,000	**$3,500.00**	5.45	7.29	11.14	15.37	23.89	35.20	53.43	62.33	56.88	29.34
$75,000	**$3,750.00**	5.84	7.81	11.94	16.47	25.59	37.72	57.25	66.78	60.94	31.44
$80,000	**$4,000.00**	6.23	8.33	12.73	17.57	27.30	40.23	61.07	71.23	65.00	33.53
$85,000	**$4,250.00**	6.62	8.85	13.53	18.66	29.01	42.75	64.88	75.69	69.06	35.63
$90,000	**$4,500.00**	7.01	9.38	14.33	19.76	30.71	45.26	68.70	80.14	73.13	37.73
$95,000	**$4,750.00**	7.40	9.90	15.12	20.86	32.42	47.78	72.52	84.59	77.19	39.82
$100,000	**$5,000.00**	7.79	10.42	15.92	21.96	34.13	50.29	76.33	89.04	81.25	41.92

If your annual earnings are not shown above, use the formula below to calculate the cost of coverage:

$_____ ÷ 12 = $_____
Annual Earnings — Monthly Earnings

$6,000.00 Benefit Maximum ÷ 60% Benefit = **$10,000.00 Maximum Covered Monthly Earnings**

The lesser of the calculated Monthly Earnings or the Maximum Covered Monthly Earnings is used for the Covered Monthly Earnings below.

$_____ x _____ = _____ ÷100 = $_____ ÷ 2 = $_____
Covered Monthly Earnings — Rate (See top row above) — Subtotal — Monthly Cost — Semi-Monthly Cost

Rates shown are current as of the effective date and are subject to change over time.
Costs shown are estimates only. Your actual payroll deduction may be slightly higher or lower from those provided here.

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