
Group Long-Term Disability Insurance with Core Buy-Up Option

SUMMARY OF BENEFITS

Sponsored by: Concentra Inc.

Effective date: January 1, 2009

Long-term disability is intended to protect your income for a long duration after you have depleted short-term disability or any sick leave your company may offer.

Eligibility All full-time active colleagues* working 30 or more hours per week in an eligible class are eligible for coverage on the first of the month following or coinciding with 30 days of employment.

*Includes physicians, physician assistants, nurse practitioners, physical therapists and occupational therapists performing services for Concentra Inc. and its affiliates pursuant to a professional association formed for the purpose of providing such medical services.

At annual enrollment, buy-up coverage is effective on the January 1st following the annual enrollment period.

Maximum Monthly Benefit 50% of salary (not including commissions, bonuses or overtime pay) up to \$5,000 per month

Elimination Period 180 days
The number of days you must be disabled prior to collecting disability benefits.

Accumulation of Elimination Days You can satisfy the days of your elimination period with either total (off work entirely) or partial (working some hours at your current job) disability. If you are working on a partial basis, you will have 2x the elimination period days to satisfy the total of 180 days.

Plan Choices You have an additional plan choice to choose from. The core plan is paid for by your employer and there is no cost to you. If you elect a buy-up option, the cost will be deducted from your salary.

	Monthly Benefit	Max Benefit	Elimination Period	Benefit Duration
Core Plan	50%	\$5,000	180 days	To age 65
Buy-Up Option	60%	\$10,000	90 days	To age 65
Bi-Weekly Premium for Buy-Up	\$0.001062 multiplied by your monthly salary (capped at \$16,667)			

Pre-Existing Condition if Enrolled When Initially Eligible You may not be eligible for benefits if you have received treatment for a condition within the three months prior to your effective date until you have been covered under this plan for 12 months.

Pre-Existing Condition if Enrolled During Annual Enrollment You may not be eligible for benefits available under the buy-up option if you have received treatment for a condition within the 12 months prior to the effective date of your buy-up election until you have been covered under this plan for 24 months, or if you remain treatment free for a period of 12 consecutive months.

Waiver of Premium You will not be required to pay premium during any time of approved total or partial disability.

Survivor Income Benefit A survivor benefit may be paid to your beneficiary if you should die while receiving qualifying disability payments.

Conversion If you terminate your employment, you may be able to convert this policy.

Understanding Your Benefits

Total Disability	You are considered totally disabled if, due to an injury or illness, you are unable to perform each of the main duties of your own occupation. Your "own" occupation is covered for a specific period of time. Following this, the definition of total disability becomes the inability to perform any occupation for which you are reasonably suited based on your experience, education, or training.
Partial Disability	You are considered partially disabled if you are unable, due to an injury or illness, to perform the main duties of your regular occupation on a full-time basis. Partial Disability benefits may be payable if you are earning at least 20% of the income you earned prior to becoming disabled, but not more than 99% (85% after the first 24 months of payments). Partial disability benefits allow you to work and earn income from your employer as well as continue to receive benefits, which may enable you to receive 100% of your income during your time of disability.
Continuation of Disability	If you return to work full-time but become disabled from the same disability within six months of returning to work, you will begin receiving benefits again immediately.
Benefit Duration Reduction	Your benefit duration may be reduced if you become disabled after age 65, but will not be less than 12 months if you continue to be disabled.
Pre-Existing Condition	Any sickness or injury for which you have received medical treatment, consultation, care, or services (including diagnostic measures or the taking of prescribed medications) during the specified months prior to the coverage effective date. A disability arising from any such sickness or injury will be covered only if it begins after you have performed your regular occupation on a full-time basis for the specified months following the coverage effective date, unless no treatment was received for the specified consecutive months after the coverage effective date.
Benefit Exclusions & Limitations	<p>You will not receive benefits in the following circumstances:</p> <ul style="list-style-type: none">• Your disability is the result of a self-inflicted injury.• You are not under the regular care of a doctor when requesting disability benefits.• You were involved in a felony commission, act of war, or participation in a riot. <p>Mental Illness: 24 month maximum duration Substance Abuse: 24 month maximum duration</p>
Benefit Reductions	<p>Your benefits may be reduced if you are receiving benefits from any of the following sources:</p> <ul style="list-style-type: none">• Any compulsory benefit act or law (such as state disability plans);• Any governmental retirement system earned as a result of working for the current policyholder;• Any disability or retirement benefit received under a retirement plan;• Any Social Security, or similar plan or act, benefits;• Earnings the insured earns or receives from any form of employment;• Workers compensation;• Salary continuance or employer contributions to an employer sponsored retirement plan.
Benefit Termination	This coverage will terminate when you terminate employment with this policyholder, or at your retirement.

For assistance or additional information

Contact Lincoln Financial Group at (800) 423-2765 or log on to www.LincolnFinancial.com

NOTE: This is not intended as a complete description of the insurance coverage offered. Controlling provisions are provided in the policy, and this summary does not modify those provisions or the insurance in any way. This is not a binding contract. A certificate of coverage will be made available to you that describes the benefits in greater details. Should there be a difference between this summary and the contract, the contract will govern.

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