

SCHEDULE

THIS SCHEDULE DESCRIBES THE AMOUNT OF BENEFITS AND CERTAIN OTHER REQUIREMENTS AND LIMITATIONS APPLICABLE TO BENEFITS FOR DISABILITY. OUR OBLIGATION TO CONSIDER BENEFITS DESCRIBED IN THIS SCHEDULE IS SUBJECT TO ALL TERMS OF THE POLICY, INCLUDING, BUT NOT LIMITED TO, ALL DEFINITIONS, GENERAL EXCLUSIONS AND RIDERS. PLEASE REFER TO THE TABLE OF CONTENTS IN THE CERTIFICATE TO LOCATE THE PROVISIONS OF THE POLICY.

The amount of insurance for You will be in accordance with Your classification in this Schedule.

CLASSIFICATION

Members working in a Benefitted Position at Catholic Healthcare West Electing the \$1000 Maximum Plan

SHORT-TERM DISABILITY BENEFITS

ELIMINATION PERIOD

If Your Disability is a result of an Injury, Your Elimination Period is 14 calendar days.

If Your Disability is a result of a Sickness, Your Elimination Period is 14 calendar days.

WEEKLY BENEFIT (TOTAL)

If You are Disabled and unable to generate Current Earnings greater than 20% of Your Weekly Earnings, the Weekly Benefit is \$1,000.

WEEKLY BENEFIT (PARTIAL)

If You are Partially Disabled and unable to generate Current Earnings that exceed 99% of Your Weekly Earnings, the Weekly Benefit will be the Weekly Benefit for Total Disability as calculated above, unless the sum of:

- a) the Gross Weekly Benefit; plus
- b) Current Earnings while You are Disabled;

exceeds 100% of Your Weekly Earnings. If this sum exceeds 100% of Your Weekly Earnings, the Weekly Benefit will be reduced by that excess amount.

MAXIMUM BENEFIT PERIOD

The maximum number of weeks for which benefits are payable for a continuous period of Disability is 24 weeks.