

PLAN NAME	SHORT TERM DISABILITY	LONG TERM DISABILITY
	Benefits available for non work related injury or illness.	
COVERAGE AMOUNT	60% of salary	60% of salary to a maximum \$5,000/month
MAXIMUM PAYMENT PERIOD Maximum length of time you can receive disability benefits	12 weeks	Social Security Normal Retirement Age
OWN OCCUPATION PERIOD Amount of time you will receive benefits while disabled in your own occupation; after this period you will continue to receive benefits if you cannot work in <i>any</i> occupation based on training, experience and education	Not Applicable	3 Years
ACCIDENT BENEFITS BEGIN The length of time you must be disabled before benefits begin	7 Calendar Days	90 Calendar Days
ILLNESS BENEFITS BEGIN The length of time you must be disabled before benefits begin	7 Calendar Days	90 Calendar Days
PRE-EXISTING CONDITIONS Includes any condition/symptom for which you, in the specified time period prior to coverage, consulted with a physician, received treatment, or took prescribed drugs	Not Applicable	3 months look back; 12 months after exclusion
SPECIAL LIMITATIONS Benefit limit for specific conditions including mental health, substance abuse, chronic fatigue, and other conditions, refer to certificate of coverage for details	Not Applicable	24 Months
WORK INCENTIVE Benefits are not reduced for a specified amount of months so that you have part-time earnings while you remain disabled, unless the combined benefit and earnings exceed 100% of your previous earnings	Not Applicable	Yes
SURVIVOR BENEFIT Additional benefit payable to your family if you die while disabled	Not Applicable	3 months
EMPLOYEE COST PER PAY PERIOD	The cost of the disability coverages is provided to you at no cost by DieselUSAGroup.	

Note: This is a general summary of benefits. Please consult the certificate of coverage for complete details of the plan. If there is a discrepancy between this summary and the actual certificate will prevail.