

# DELAWARE JOCKEYS' HEALTH & WELFARE BENEFIT FUND

## 2016 Life, Disability, Accidental Death & Dismemberment Benefits Summary

### Plan Description

Provider	Guardian	
Life Insurance	Active Member	Retired Member
<b>Loss of Life Benefit</b>	\$25,000	\$25,000*
Accidental Death & Dismemberment (in additional to Life)	Active Member	Retired Member
<b>Covered Loss</b>		
Accidental Loss of Life (in addition to Life Insurance)	\$25,000	\$25,000*
Death in automobile with seat fasten	\$35,000	\$25,000*
Death in automobile with seat fasten & airbag	\$40,000	\$25,000*
Loss of a Hand, or a foot, or sight in one eye	\$12,500	\$0
Loss of thumb and index finger of same hand	\$6,250	\$0
<b>Additional Benefits</b>		
Spousal Education and Retraining Benefit	\$20,000	
Dependent Child Education Benefit	\$20,000 per eligible dependent	
Day Care Expense Benefit	Up to \$10,000 per year	

Catastrophic Loss	Active Member	Retired Member
<b>Covered Loss</b>		
Quadriplegia, Loss of speech & hearing, Loss of cognitive function, or Comatose state, in excess of one month	\$25,000	\$25,000*

\*Retired member Life and AD&D benefits reduced by age: 64 & under no reduction, 65-69 reduced by 35%, 70-74 reduced by 60%, 75-79 reduced by 75%, 80 & older reduced by 85%.

### Disability Income (Active Members Only)

#### Short Term Disability (STD)

Coverage	Non Occupational Accident or illness
Elimination Period	14 Days
Duration of Benefits	104 Weeks (2 Years)
Benefit	\$200 per Week

You must send written notice of an injury or sickness for which a claim is being made within 20 days of the date the injury occurs or the sickness starts

#### Long Term Disability (LTD)

Coverage	Occupational & Non-Occupational Accident or illness
Elimination Period	104 weeks (2 years)
Duration of Benefits	age 65 (Standard ADEA while you remain disabled)
Benefit	\$1,750 per Month

### Member Rates

	Monthly	Annual
<b>Active Member, Spouse, Children, or Family Coverage</b>	<b>\$4</b>	<b>\$48</b>
<b>Retired Member, Spouse, Children, or Family Coverage</b>	<b>\$1</b>	<b>\$12</b>

This Benefit Summary is intended only to highlight your Benefits and should not be relied upon to fully determine your coverage. If this Benefit Summary conflicts in any way the Certificate of Coverage (COC), the COC shall prevail. It is recommend that you review your COC for an exact description of the services and supplies that are covered, those which are excluded or limited, and other terms and conditions of coverage.