



EQUITABLE



Group Term Life Insurance

Benefit Summary

Walden Behavioral Care

Effective Date: January 01, 2021

Policy Number: 008674

Class Definition: Class 1: All Active Full Time Employees working at least 30 hours per week

Life insurance options so you can offer financial stability to your loved ones

The right life insurance coverage can help protect loved ones and provide stability when it's most needed. Whether it's used to fund a child's education, or pay off a mortgage, a life insurance policy can provide security and help offset financial burdens during a difficult time.

Coverage Details	Benefit Amount				
Employee					
Basic Life	1 times Basic Annual Earnings, rounded to the next higher \$1,000, if not already a multiple thereof, to a Maximum of \$400,000				
Life Plan Maximum	\$400,000				
Guaranteed Issue Amount	\$400,000				
Life Age Reduction	<table border="0"> <tr> <td>Age 65, but less than age 70</td> <td>65%</td> </tr> <tr> <td>Age 70 and over</td> <td>50%</td> </tr> </table> <p>Any reduction pursuant to this provision is based on the original coverage amount and will take place on the policy anniversary following the Insured's birthday.</p>	Age 65, but less than age 70	65%	Age 70 and over	50%
Age 65, but less than age 70	65%				
Age 70 and over	50%				
Accidental Death & Dismemberment (AD&D) Principal Sum Accidental Death Accidental Dismemberment	<p>100% of Life Insurance Benefit</p> <p>Based on Accidental Death Benefit amount as shown in the Schedule of Benefits in the certificate.</p>				

Coverage Details	Benefit Amount
AD&D Plan Maximum	\$400,000
AD&D Age Reduction	Age 65, but less than age 70 65% Age 70 and over 50% Any reduction pursuant to this provision is based on the original coverage amount and will take place on the policy anniversary following the Insured's birthday.

Basic Life Features	Benefit Amount
Accelerated Death Benefit	75% to \$250,000
Waiver of Premium on Disability	Total Disability Prior to Age 60 Any Occupation 9 Month Elimination Period Terminates at age SSNRA

AD&D Features (Employee Only)	Benefit Amount
Common Carrier Benefit	100% of AD&D benefit up to \$250,000
Exposure/Disappearance Benefit	Included
Rehabilitation/Physical Therapy	lesser of incurred expenses and \$5,000
Seatbelt	\$10,000
Airbag	\$5,000

Manage Your Benefits

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If you have any questions, please don't hesitate to contact us at 1-866-274-9887.

We look forward to helping you manage your benefits with confidence and ease.

More about your Life Insurance coverage

If you are working for your employer on the effective date - the waiting period is 0 continuous days.

If you start working for your employer after the effective date - the waiting period is 0 continuous days.

An Employee who is employed on the effective date of the policy will receive credit towards satisfying the waiting period for time employed with the employer provided he or she was employed on the day prior to the effective date of the policy.

Basic Annual Earnings means Your regular annual rate of pay from Your Employer in effect on the date immediately prior to the date the covered loss occurs. Basic Annual Earnings includes any deductions made for pre-tax contributions to a qualified deferred compensation plan, Section 125 plan or flexible spending account and does not include commissions, bonuses, tips and tokens, overtime pay or any other fringe benefits or extra compensation.

If the Employee dies while on a covered layoff, sabbatical, or leave of absence, We will determine the Employee's Earnings based on the terms above for the Employee's compensation in effect on the Employee's last full day of Active Work.

What is not covered?

If You were covered under a Prior Plan on the day before the Effective Date under the Policy, credit will be given for the time You were insured under the Prior Plan. Nothing in this exclusion applies to insurance coverage which is 100% paid for by the Policyholder. Any person insured as an Employee under the group Policy may not also be insured as a Spouse.

We will not pay any Accidental Death and Dismemberment Benefit for a loss:

1. caused or contributed to by disease or infirmity of mind or body, or medical or surgical treatment for such disease or infirmity;
2. caused or contributed to by an infection not occurring as a direct result or consequence of the accidental bodily injury;
3. caused or contributed to by suicide, attempted suicide, or intentionally self-inflicted injury, while sane or insane;
4. caused or contributed to by travel in or descent from an aircraft, if the insured person acted in a capacity other than as a passenger;
5. caused or contributed to by travel in an aircraft or device used for testing or experimental purposes, used by or for any military authority, used for travel beyond the earth's atmosphere;
6. declared or undeclared war, or any act of war, or any conflict involving the armed forces of one or more countries;
7. caused or contributed to by active participation in a riot, insurrection, or terrorist activity;
8. while the insured person is incarcerated;
9. caused or contributed to by the insured person's participation in a felony or illegal activity ("felony" is defined by the law of the jurisdiction in which the activity takes place);
10. caused or contributed to by voluntary intake or use of any drug, unless prescribed or administered by a physician and taken in accordance with the physician's instructions, an over-the-counter drug taken in accordance with the manufacture's instructions, or the voluntary inhalation of poison, gas, or fumes except as the direct result of an occupational accident;
11. caused or contributed to by intoxication as defined by the jurisdiction where the accident occurred;
12. caused or contributed to by riding or driving an air, land or water vehicle in a race, speed or endurance contest;
13. caused or contributed to by bungee jumping, rock climbing, mountain climbing, hang-gliding, skydiving, parachuting, ultralight, soaring, ballooning and parasailing).

The policy has limitations and exclusions. Optional riders and/or features may incur additional costs. Plan documents are the final arbiter of coverage. Policy Form/Contract ICC18 AXEBP18LI; ICC18 MOEBP18LI; MOEBP18LI; AXEBP18LI and State Variations.

Travel Assistance Program:

Travel Assistance services are considered non-insurance services and are provided by AXA Assistance USA, Inc. Certain benefits provided under the Travel Assistance Program are underwritten by a licensed third-party insurance company. The Travel Assistance Program and services provided are separate and apart from the insurance provided by Equitable Financial. Please review the terms and conditions of the Travel Assistance Program for more information. Equitable Financial is not affiliated with AXA Assistance USA, Inc.

Equitable is the brand name of the retirement and protection subsidiaries of Equitable Holdings, Inc., including Equitable Financial Life Insurance Company (Equitable Financial) (NY, NY); Equitable Financial Life Insurance Company of America (Equitable America), an AZ stock company with main administrative headquarters in Jersey City, NJ; and Equitable Distributors, LLC. Equitable Advisors is the brand name of Equitable Advisors, LLC (member FINRA, SIPC) (Equitable Financial Advisors in MI & TN). All group insurance products are issued either by Equitable Financial or Equitable America, which have sole responsibility for their respective insurance and claims-paying obligations. Some products are not available in all states.

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GE-3927193.1 (11/21) (Exp. 11/23)



EQUITABLE



Group Term Life Insurance - Employee Paid

Benefit Summary

Walden Behavioral Care

Effective Date: January 01, 2021

Policy Number: 008674

Class Definition: Class 1: All Active Full Time Employees working at least 30 hours per week

Life insurance options so you can offer financial stability to your loved ones

The right life insurance coverage can help protect loved ones and provide stability when it's most needed. Whether it's used to fund a child's education, or pay off a mortgage, a life insurance policy can provide security and help offset financial burdens during a difficult time.

Coverage Details	Benefit Amount
Employee	
Supplemental Life	\$10,000 to \$500,000 in \$10,000 increments, not to exceed 5 x Basic Annual Earnings
Life Plan Maximum	\$500,000
Guaranteed Issue Amount	\$100,000
Life Age Reduction	Age 65, but less than age 70 65% Age 70 and over 50% Any reduction pursuant to this provision is based on the original coverage amount and will take place on the policy anniversary following the Insured's birthday.
Accidental Death & Dismemberment (AD&D) Principal Sum Accidental Death Accidental Dismemberment	100% of Life Insurance Benefit Based on Accidental Death Benefit amount as shown in the Schedule of Benefits in the certificate.

Coverage Details	Benefit Amount				
AD&D Plan Maximum	\$500,000				
AD&D Age Reduction	<table border="0"> <tr> <td>Age 65, but less than age 70</td> <td>65%</td> </tr> <tr> <td>Age 70 and over</td> <td>50%</td> </tr> </table> <p>Any reduction pursuant to this provision is based on the original coverage amount and will take place on the policy anniversary following the Insured's birthday.</p>	Age 65, but less than age 70	65%	Age 70 and over	50%
Age 65, but less than age 70	65%				
Age 70 and over	50%				

Coverage Details	Benefit Amount								
Spouse									
Supplemental Spouse Life Insurance Benefit Amount	\$10,000 to \$100,000 in increments of \$10,000 not to exceed 50% of employee amount								
Spouse Guaranteed Issue Amount	\$20,000								
Spouse Life Age Reduction	<table border="0"> <tr> <td>Age 65, but less than age 70</td> <td>65%</td> </tr> <tr> <td>Age 70 and over</td> <td>50%</td> </tr> </table> <p>Reduction follows insured spouse's age Any reduction pursuant to this provision is based on the original coverage amount and will take place on the policy anniversary following the Insured's birthday.</p>	Age 65, but less than age 70	65%	Age 70 and over	50%				
Age 65, but less than age 70	65%								
Age 70 and over	50%								
Spouse Accidental Death & Dismemberment (AD&D) Principal Sum Accidental Death Accidental Dismemberment	<p>100% of Life Insurance Benefit Based on Accidental Death Benefit amount as shown in the Schedule of Benefits in the certificate.</p>								
Spouse AD&D Age Reduction	<table border="0"> <tr> <td>Age 65, but less than age 70</td> <td>65%</td> </tr> <tr> <td>Age 70 and over</td> <td>50%</td> </tr> </table> <p>Reduction follows insured employee's age Any reduction pursuant to this provision is based on the original coverage amount and will take place on the policy anniversary following the Insured's birthday.</p>	Age 65, but less than age 70	65%	Age 70 and over	50%				
Age 65, but less than age 70	65%								
Age 70 and over	50%								
Dependent Child up to 26 years									
Supplemental Child Life Insurance Benefit Amount	<table border="0"> <tr> <td colspan="2">Life Insurance Benefit Amount</td> </tr> <tr> <td>Live Birth to less than 15 days</td> <td>\$500</td> </tr> <tr> <td>15 days to less than 6 months</td> <td>\$500</td> </tr> <tr> <td>6 months to 26 years</td> <td>\$1,000 to \$10,000 in \$1,000 increments</td> </tr> </table>	Life Insurance Benefit Amount		Live Birth to less than 15 days	\$500	15 days to less than 6 months	\$500	6 months to 26 years	\$1,000 to \$10,000 in \$1,000 increments
Life Insurance Benefit Amount									
Live Birth to less than 15 days	\$500								
15 days to less than 6 months	\$500								
6 months to 26 years	\$1,000 to \$10,000 in \$1,000 increments								
Child Accidental Death & Dismemberment (AD&D) Principal Sum	<p>100% of Life Insurance Benefit Based on Accidental Death Benefit amount as shown in the Schedule of Benefits in the certificate.</p>								

Supplemental Life Features	Benefit Amount
Accelerated Death Benefit	75% to \$250,000
Waiver of Premium on Disability	Total Disability Prior to Age 60 Any Occupation 9 Month Elimination Period Terminates at age SSNRA

AD&D Features (Employee Only)	Benefit Amount
Common Carrier Benefit	100% of AD&D benefit up to \$250,000
Rehabilitation/Physical Therapy	lesser of incurred expenses and \$5,000
Seatbelt	\$10,000
Airbag	\$5,000

Cost Summary for Supplemental Life	Monthly Rate per \$1,000
Employee	
<25	\$0.045
25-29	\$0.055
30-34	\$0.055
35-39	\$0.067
40-44	\$0.096
45-49	\$0.145
50-54	\$0.230
55-59	\$0.371
60-64	\$0.568
65-69	\$0.963
70-74	\$1.827
75-79	\$3.451
80+	\$3.451

Cost Summary for Supplemental AD&D	Monthly Rate per \$1,000
Employee	\$0.020

Cost Summary for Dependent Life	Monthly Rate per \$1,000
SPOUSE	
<25	\$0.045
25-29	\$0.055
30-34	\$0.055
35-39	\$0.067
40-44	\$0.096
45-49	\$0.145

Cost Summary for Dependent Life	Monthly Rate per \$1,000
50-54	\$0.230
55-59	\$0.371
60-64	\$0.568
65-69	\$0.963
70-74	\$1.827
75-79	\$3.451
80+	\$3.451
CHILD(REN)	\$0.250

Cost Summary for Dependent AD&D	Monthly Rate per \$1,000
CHILD(REN)	\$0.020
SPOUSE	\$0.020

Manage Your Benefits

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More about your Life Insurance coverage

If you are working for your employer on the effective date - the waiting period is 0 continuous days.

If you start working for your employer after the effective date - the waiting period is 0 continuous days.

An Employee who is employed on the effective date of the policy will receive credit towards satisfying the waiting period for time employed with the employer provided he or she was employed on the day prior to the effective date of the policy.

Basic Annual Earnings means Your regular annual rate of pay from Your Employer in effect on the date immediately prior to the date the covered loss occurs. Basic Annual Earnings includes any deductions made for pre-tax contributions to a qualified deferred compensation plan, Section 125 plan or flexible spending account and does not include commissions, bonuses, tips and tokens, overtime pay or any other fringe benefits or extra compensation.

If the Employee dies while on a covered layoff, sabbatical, or leave of absence, We will determine the Employee's Earnings based on the terms above for the Employee's compensation in effect on the Employee's last full day of Active Work.

What is not covered?

We will not pay any Supplemental Life Insurance Benefit if an Insured Person dies by suicide within two years from the Issue Date, we will only pay the amount of premiums paid to Us, except as provided below. Premium will be refunded to You or the Policyholder, depending upon who contributed the premium.

If You were covered under a Prior Plan on the day before the Effective Date under the Policy, credit will be given for the time You were insured under the Prior Plan. Nothing in this exclusion applies to insurance coverage which is 100% paid for by the Policyholder. Any person insured as an Employee under the group Policy may not also be insured as a Spouse.

We will not pay any Accidental Death and Dismemberment Benefit for a loss:

1. caused or contributed to by disease or infirmity of mind or body, or medical or surgical treatment for such disease or infirmity;
2. caused or contributed to by an infection not occurring as a direct result or consequence of the accidental bodily injury;
3. caused or contributed to by suicide, attempted suicide, or intentionally self-inflicted injury, while sane or insane;
4. caused or contributed to by travel in or descent from an aircraft, if the insured person acted in a capacity other than as a passenger;
5. caused or contributed to by travel in an aircraft or device used for testing or experimental purposes, used by or for any military authority, used for travel beyond the earth's atmosphere;
6. declared or undeclared war, or any act of war, or any conflict involving the armed forces of one or more countries;
7. caused or contributed to by active participation in a riot, insurrection, or terrorist activity;
8. while the insured person is incarcerated;
9. caused or contributed to by the insured person's participation in a felony or illegal activity ("felony" is defined by the law of the jurisdiction in which the activity takes place);
10. caused or contributed to by voluntary intake or use of any drug, unless prescribed or administered by a physician and taken in accordance with the physician's instructions, an over-the-counter drug taken in accordance with the manufacture's instructions, or the voluntary inhalation of poison, gas, or fumes except as the direct result of an occupational accident;
11. caused or contributed to by intoxication as defined by the jurisdiction where the accident occurred;
12. caused or contributed to by riding or driving an air, land or water vehicle in a race, speed or endurance contest;
13. caused or contributed to by bungee jumping, rock climbing, mountain climbing, hang-gliding, skydiving, parachuting, ultralight, soaring, ballooning and parasailing).

The policy has limitations and exclusions. Optional riders and/or features may incur additional costs. Plan documents are the final arbiter of coverage. Policy Form/Contract ICC18 AXEBP18LI; ICC18 MOEBP18LI; MOEBP18LI; AXEBP18LI and State Variations.

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GE-3927193.1 (11/21) (Exp. 11/23)



EQUITABLE



Short-Term Disability

Benefit Summary

Walden Behavioral Care
Policy Number: 008674

Effective Date: January 01, 2021

Class Definition: Class 1: All Active Full Time Employees working at least 30 hours per week

Short-term disability benefits can replace income in challenging times

Even with careful saving and planning, most people count on a steady paycheck to cover their monthly expenses. Unfortunately, it only takes a brief time away from work to upset the balance. You can help protect the income you depend on with disability insurance. Whether you need to take time off to recover from an illness or injury, disability insurance can provide a portion of lost income for a period of time, helping alleviate the financial hardship and cover regular expenses-from paying rent to buying groceries.

What your benefits cover:

Benefit Plan and Features	Benefit Amount
Weekly Benefit ¹	60% of pre-disability earnings ²
Maximum Weekly Benefit ¹	\$1,500
Minimum Weekly Benefit	\$25
Benefits Commencement - Injury	1 st Day
Benefits Commencement - Sickness	8 th Day
First Day Hospital	Included
Maximum Benefit Period	13 weeks

¹Reduced by other income benefits

²**Pre-disability Earnings** means Your regular weekly rate of pay from Your Employer in effect on the date immediately prior to the date You became Disabled. Pre-disability Earnings includes any deductions made for pre-tax contributions to a qualified deferred compensation plan, Section 125 plan or flexible spending account and does not include commissions, bonuses, tips and tokens, overtime

pay or any other fringe benefits or extra compensation.

More about your Short-Term Disability coverage

If you are working for your employer on the effective date - the waiting period is 0 continuous days.

If you start working for your employer after the effective date - the waiting period is 0 continuous days.

An Employee who is employed on the effective date of the policy will receive credit towards satisfying the waiting period for time employed with the employer provided he or she was employed on the day prior to the effective date of the policy.

The following benefits are available:

Disabled and Working Benefit: If, while covered under this benefit, you are disabled and working you can satisfy the elimination period with days of partial or total disability and you can receive a partial disability benefit. Please see your policy for complete details.

Rehabilitative Employment Benefit: If, while you are totally disabled or disabled and working, you accept rehabilitative employment, we will continue to pay a weekly benefit. The weekly benefit we will pay will be equal to your total disability weekly benefit, less 50% of any income received from the rehabilitative employment. The sum of the weekly benefit and total income received from rehabilitative employment may not exceed 100% of your pre-disability earnings. If this sum exceeds the pre-disability earnings, the weekly benefit paid by us will be reduced by the excess amount.

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If you have any questions, please don't hesitate to contact us at 1-866-274-9887.

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What is not covered?

Exclusions: *What disabilities are not covered?*

The Policy does not cover, and We will not pay a benefit for any disability:

1. unless you are under the regular care of a physician;
2. that is caused or contributed to by war or act of war, whether declared or not;
3. caused by your commission of or attempt to commit a felony;
4. caused or contributed to by your being engaged in an illegal occupation;
5. caused or contributed to by an intentionally self-inflicted injury;
6. for which Workers' Compensation benefits are paid, or may be paid, if duly claimed; or
7. sustained as a result of doing any work for pay or profit for another employer including self-employment.

Coverage Limitations: Are there any limitations on coverage?

The Policy does not cover any Disability:

1. for which benefits are provided under any state or Federal workers compensation, employers liability or occupational disease law;
or
2. sustained as a result of doing any work for pay or profit for any employer, including self-employment.

If you are receiving or are eligible for benefits for a disability under a prior disability plan that:

1. was sponsored by your employer and
2. was terminated before the effective date of the policy;

no benefits will be payable for that disability under the policy.

These products only provide disability income insurance. THESE POLICIES ARE NOT MEDICARE SUPPLEMENT PLANS. They do NOT provide basic hospital, basic medical or major medical insurance as defined by the New York State Department of Financial Services. The policies have limitations and exclusions. Optional riders and/or features may incur additional costs. Plan documents are the final arbiter of coverage.

Policy Form/Contract AXEBP15DI; MOEBP15DI and State Variations.

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GE-3927215.1 (11/21) (Exp. 11/23)



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Long-Term Disability Benefit Summary

Walden Behavioral Care

Effective Date: January 01, 2021

Policy Number: 008674

Class Definition: Class 1: All Active Full Time Employees working at least 30 hours per week

Long-term disability benefits can replace income in challenging times

Even with careful saving and planning, most people count on a steady paycheck to cover their monthly expenses. Unfortunately, it only takes a brief time away from work to upset the balance. You can help protect the income you depend on with disability insurance. Whether you need to take time off to recover from an illness or injury, disability insurance can provide a portion of lost income for a period of time, helping alleviate the financial hardship and cover regular expenses-from paying rent to buying groceries.

What your benefits cover:

Benefit Plan and Features	Benefit Amount
Monthly Benefit ²	60% of pre-disability earnings ¹
Maximum Monthly Benefit ²	\$13,000
Minimum Monthly Benefit	Greater of \$100 or 10% of Gross benefit
Elimination Period ³	90 days
Maximum Benefit Duration	ADEA1 with SSNRA

¹**Pre-disability Earnings** means Your regular monthly rate of pay from Your Employer in effect on the date immediately prior to the date You became Disabled. Pre-disability Earnings includes any deductions made for pre-tax contributions to a qualified deferred compensation plan, Section 125 plan or flexible spending account and does not include commissions, bonuses, tips and tokens, overtime pay or any other fringe benefits or extra compensation.

²Reduced by other income benefits

³Time must be continuous

[More about your Long-Term Disability coverage](#)

If you are working for your employer on the effective date - the waiting period is 0 continuous days.

If you start working for your employer after the effective date - the waiting period is 0 continuous days.

An Employee who is employed on the effective date of the policy will receive credit towards satisfying the waiting period for time employed with the employer provided he or she was employed on the day prior to the effective date of the policy.

The following benefits are available:

Return to Work Benefit

If You remain Disabled after the Elimination Period, but work while You are Disabled, We will determine Your Monthly Benefit for a period of up to 12 consecutive months as follows:

1. multiply Your Pre-Disability Earnings by the Benefit Percentage;
2. compare the result with the Maximum Benefit; and
3. from the lesser amount, deduct Other Income Benefits.

The result is Your Monthly Benefit. Current Monthly Earnings will not be used to reduce Your Monthly Benefit. However, if the sum of Your Monthly Benefit and Your Current Monthly Earnings exceeds 100% of Your Pre-disability Earnings, We will reduce Your Monthly Benefit by the amount of excess.

The 12 consecutive month period will start on the last to occur of:

1. the day You first start work; or
2. the end of the Elimination Period.

Family Care Deduction Benefit

If you are working as part of a program of rehabilitation, we will, for the purpose of calculating your benefit, deduct the cost of family care from income received from rehabilitative employment, subject to the following limitations:

1. family care means the care or supervision of:
 - your children under age 13; or
 - a member of your household who is mentally or physically handicapped and dependent upon you for support and maintenance;
2. the maximum monthly deduction allowed for each qualifying child or family member is:
 - \$350 during the first 12 months of rehabilitative employment; and
 - \$175 thereafter;

but in no event may the deduction exceed the amount of your monthly earnings;

3. family care deductions may not exceed a total of \$2,500;
4. the deduction will be reduced proportionally for periods of less than a month;
5. the charges for family care must be documented by a receipt from the caregiver;
6. the deduction will cease on the first to occur of the following:

- you are no longer working as part of a program of rehabilitation; or
 - family care deductions for 24 months have been deducted during your disability; and
7. no family care provided by someone related to the family member receiving the care will be eligible as a deduction under this provision.

Survivor Income Benefit An amount equal to three times the last monthly benefit amount for total disability paid.

Workplace Modification Benefit:

We will reimburse Your Employer for the expenses of reasonable Workplace Modifications to accommodate Your Disability and enable You to return to work as an Active Employee. You qualify for this benefit if:

1. Your Disability is covered by The Policy;
2. the Employer agrees to make modifications to the workplace in order to reasonably accommodate Your return to work and the performance of the Essential Duties of your job; and
3. We approve, in writing, any proposed Workplace Modifications.

Benefits paid for such Workplace Modifications shall not exceed the amount of the Maximum Monthly Benefit.

We have the right, at Our expense, to have You examined or evaluated by:

1. a Physician or other health care professional; or
2. a vocational expert or rehabilitation specialist; at Our choice so that We may evaluate the appropriateness of any proposed Workplace Modification.

We will reimburse the Employer's costs for approved Workplace Modifications after:

1. the proposed modifications made on Your behalf are complete;
2. We have been provided written proof of the expenses incurred to provide such modifications; and
3. You have returned to work as an Active Employee.

Workplace Modification means change in Your work environment, or in the way a job is performed, to allow You to perform, while Disabled, the Essential Duties of Your job. Payment of this benefit will not reduce or deny any other benefit You are eligible to receive under the terms of The Policy.

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What is not covered?

Exclusions: What disabilities are not covered?

We will not pay a benefit for any disability:

1. unless you are under the regular care of a physician;
2. that is caused or contributed to by war or act of war, whether declared or not;
3. caused by your commission of or attempt to commit a felony;
4. caused or contributed to by your being engaged in an illegal occupation;
5. caused or contributed to by an intentionally self-inflicted injury.

If you are receiving or are eligible for benefits for a disability under a prior disability plan that:

1. was sponsored by your employer and
2. was terminated before the effective date of the policy;

no benefits will be payable for that disability under the policy.

Pre-existing Condition Limitation: *Are benefits limited for Pre-existing Conditions?*

We will not pay any benefit, or any increase in benefits, under The Policy for any Disability that results from, or is caused or contributed to, by a Pre-existing Condition, unless, at the time You become Disabled, You have been continuously covered under The Policy for 12 months.

Pre-existing Condition means:

1. any accidental bodily injury, sickness, Mental Illness, pregnancy, or episode of Substance Abuse; or
2. any manifestations, symptoms, findings, or aggravations related to or resulting from such accidental bodily injury, sickness, Mental Illness, pregnancy, or Substance Abuse, for which you received Medical Care during the 3 consecutive month period that ends the day before:
 1. your effective date of coverage; or
 2. the effective date of a Change in Coverage.

Medical Care is received when a Physician or other health care provider:

1. is consulted or gives medical advice; or
2. recommends, prescribes, or provides Treatment.

Treatment includes, but is not limited to:

1. medical examinations, tests, attendance or observation; and
2. use of drugs, medicines, medical services, supplies or equipment.

These products only provide disability income insurance. THESE POLICIES ARE NOT MEDICARE SUPPLEMENT PLANS. They do NOT provide basic hospital, basic medical or major medical insurance as defined by the New York State Department of Financial Services. The policies have limitations and exclusions. Optional riders and/or features may incur additional costs. Plan documents are the final arbiter of coverage.

Policy Form/Contract AXEBP15DI; MOEBP15DI and State Variations.

Employee Assistance Program:

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