

### Supplemental Long-Term Disability Insurance

# The Lincoln Long-term Disability Insurance Plan:

- Provides a cash benefit after you are out of work for 180 days or more due to injury, illness, or surgery
- Starts with a "core plan" that is paid for by Mattel, Inc.
- Offers a simple "buy-up" option that lets you enhance your benefit at affordable group rates
- Features group rates for eligible Mattel, Inc. employees
- Includes EmployeeConnect<sup>SM</sup> services, which give you and your family confidential access to counselors as well as personal, legal, and financial assistance

# Mattel, Inc.

### **Benefits At-A-Glance**

All employees working a minimum of 30 regularly scheduled hours per week, excluding American Girl retail non-exempt employees

Core Plan (paid by Mattel, Inc.)		
Monthly benefit amount	50% of your monthly salary, limited	
	to \$30,000 per month	
Elimination period	After the end of your short-term	
	disability or a period of 180 days of	
	disability, whichever is greater	
"Buy-Up" Option LTD (paid by you through payroll deduction)		
	<b>Option 1</b> : 55% of your monthly	
	salary, limited to \$35,000 per month	
Monthly honofit amount	<b>Option 2</b> : 60% of your monthly	
Monthly benefit amount	salary, limited to \$35,000 per month	
	<b>Option 3</b> : 65% of your monthly	
	salary, limited to \$35,000 per month	
Elimination period	After the end of your short-term	
	disability or a period of 180 days of	
	disability, whichever is greater	

#### **Elimination Period**

• This is the number of days you must be disabled before you can collect disability benefits.

#### **Maximum Coverage Period**

- This is the total amount of time you can collect disability benefits (also known as the benefit duration).
- Mental illness and substance abuse benefits are limited to a combined period of 24 months

<ul> <li>Age at Disability</li> </ul>	Maximum Benefit Period	
Less than age 63	To Normal Retirement Age or 42 months, if greater	
63	To Normal Retirement Age or 36 months, if	
	greater	
64	30 months	
65	24 months	
66	21 months	
67		
68	15 months	
69 and over	12 months	

#### **Additional Plan Information**

#### **Evidence of Insurance**

 When you are first offered this coverage (and during approved open enrollment periods), you may be able to take advantage of this important coverage with no evidence of insurability (proof of health).

#### **Pre-existing Condition**

 If you have a medical condition that begins before your coverage takes effect, and you receive treatment for this condition within the three months leading up to your coverage start date, you may not be eligible for benefits for that condition until you have been covered by the plan for 12 months, unless you have not received treatment of the condition for any six consecutive months.

### **Benefit Exclusions & Reductions**

Like any insurance, this long-term disability insurance policy does have some exclusions. You will not receive benefits if:

- Your disability is the result of a self-inflicted injury or act of war
- Your disability is the result of cosmetic surgery, unless related to a disabling condition
- Your disability occurs while you are committing a felony or misdemeanor or participating in a riot

Your benefits may be reduced if you are eligible to receive benefits from:

- A state disability plan or similar compulsory benefit act or law
- A retirement plan
- Social Security
- Any form of employment
- Workers' Compensation
- Salary continuance
- Sick leave

A complete list of benefit exclusions and reductions is included in the policy. State restrictions may apply to this plan.

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 detail. Refer to your certificate for your maximum benefit amounts. Should there be a difference between this summary and the contract, the contract will govern.

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Supplemental Long-term Disability Insurance At-A-Glance

## Supplemental Long-Term Disability Insurance Calculate Your Premium

Use the employee buy-up long-term disability premium rate table provided below to calculate your cost and benefit. The following example calculates the monthly cost for an employee with annual earnings of \$35,400, electing the 55% Option.

Note: The maximum monthly covered earnings are equal to the maximum monthly benefit divided by the benefit percentage.

Calculation Example – 55% Option			You
Step 1	Enter the Buy-up monthly rate per \$100 of monthly covered payroll.	\$0.224	
Step 2	Enter your monthly earnings. <i>Divide your annual earnings by 12.</i>	\$2 <i>,</i> 950	
Step 3	If your monthly earnings are greater than the <b>Buy-up</b> maximum monthly covered earnings of \$63,636, indicate \$63,636. Otherwise, indicate the amount from Step 2. *\$58,333 for Option 2 and \$53,846 for Option 3*	\$2,950	
Step 4	Multiply Step 1 by Step 3 and divide by 100.	\$6.61	
Step 5	Enter the Core monthly rate per \$100 of monthly covered payroll.	\$0.137	
Step 6	Enter your monthly earnings. <i>Divide your annual earnings by 12.</i>	\$2 <i>,</i> 950	
Step 7	Step 7 If your monthly earnings are greater than the <b>Core</b> maximum monthly covered earnings of \$60,000, indicate \$60,000. Otherwise, indicate the amount from Step 6.		
Step 8	Multiply Step 5 by Step 7 and divide by 100.	\$4.04	
Step 9	Your premium for the Buy-up is equal to <i>Step 4 minus Step 8</i> .	\$2.57	

Buy Up Options	Buy Up Premium Rate	Core Premium Rate
55%	\$0.224	\$0.137
60%	\$0.347	\$0.137
65%	\$0.464	\$0.137

This worksheet allows you to approximate your monthly contributions for buy-up long-term disability insurance coverage. Cost of insurance may change in the future due to age and/or coverage amount elected.