Odyssey Systems Consulting Group, Ltd.

Policy#: 01-021140-00

Class 1: All Full Time Employees electing the tax free benefit



Summary of Benefits

Long Term Disability ("LTD") Insurance

Eligibility for Coverage

All full-time employees working at least 30 hours per week. An employee must be a citizen or permanent resident of the United States in active employment. Temporary and seasonal workers are not eligible for coverage.

Benefit Amount	Elimination Period	Who's Paying for Coverage?
Benefit: 60% of monthly Pre-disability Earnings	• 90 Days	You pay the cost of your coverage
 Maximum: \$10,000 per month, reduced by 	(This is the country of decrees on the Disable d	with Employer-provided funds that
Other Income Amounts	(This is the number of days you must be Disabled before LTD benefits become payable)	will be included in your taxable
Minimum: \$100	before ETD benefits become payable)	income.

Maximum Benefit	: Duration	Definition of Disability
Reducing Benefit	Ouration (RBD):	24 Month Regular Occupation and a Reasonable Employment Option offered to you by the Employer, with Residual Disability
Age at Disability	Maximum Payment Duration	
Less than age 60	To age 65 (but not less than 60 mos.)	Please refer to the What Does Disability Mean? provision in your
60	60 months	Certificate for a complete description of the definition of disability.
61	48 months	
62	42 months	
63	36 months	
64	30 months	
65	24 months	
66	21 months	
67	18 months	
68	15 months	
69 and over	12 months	

Active Employment Requirement

If you are not in Active Employment on the date that you become eligible for coverage, your coverage will be delayed until you return to Active Employment. This applies to both initial coverage and increases or additions to coverage. "Active Employment" means working at the Employer's regular work site, performing the material and substantial duties of your regular occupation, and includes normal non-work days such as vacation, weekends and holidays.

Standard Provisions

- Maternity is covered same as any other condition.
- Temporary Recovery during the Elimination Period and Maximum Benefit Duration: Please refer to your Certificate for the periods allowed for temporary recovery.
- Waiver of premium: Premium payments for coverage are suspended while you are receiving LTD benefit payments under this Policy
- Continuity of coverage is included for employees covered under the Employer's prior plan on the day prior to the Policy effective date.
- Other Income Amounts: Your gross LTD benefit will be reduced by any Other Income Amounts you receive or are eligible to receive, including, but not limited to, any disability or retirement benefits you or your spouse and dependent children receive from Social Security. Refer to your Certificate for a complete list of offsets.
- Cost of living freeze: Except for increases in income earned or received from any form of employment, once Other Income Amounts have been subtracted from the gross LTD benefit, your payment will not be further reduced due to a cost of living increase in that Other Income Amount.

- A Return to Work Incentive is included to encourage disabled individuals to return to work. This means that if you are working while Disabled during the 12 month incentive period, no offset will be taken for Other Income Amounts (which includes income from employment), until the sum of the gross LTD benefit and Other Income Amounts exceeds 100% of your Pre-disability Earnings.
- Vocational Rehabilitation: Provides assistance if you are disabled and receiving an LTD benefit from us. Services may include vocational testing and training, job modifications, job placement, or other services we find reasonably needed to assist you in returning to active employment. If we recommend a vocational rehabilitation program for you but you do not complete your responsibilities under the program, we may discontinue our payments to you, unless there is good cause for the non-participation.
- Social Security Assistance: If you are disabled, we will provide advice and assistance regarding your disability claim and assist you with your application for Social Security disability benefits or an appeal.

Exclusions and Limitations

- Coverage is subject to exclusions and limitations, including a Pre-existing Condition exclusion.
- Pre-existing Condition Exclusion: A Disability caused by, contributed to by, or resulting from a Pre-existing Condition will be covered only if the Disability begins after you've been insured for 12 consecutive months. A Pre-Existing Condition means a sickness or injury for which you received treatment within 3 months before your coverage effective date.

The plan also includes the following (combined) limitations on benefits:

Mental Illness: 24 months per occurrence Substance Abuse: 24 months per occurrence

Special Conditions: Unlimited

Please refer to your Certificate for a complete list of exclusions and limitations.

Additional Provisions

Survivor Benefit Vocational Rehabilitation Program Benefit Workplace Modification Benefit

Value-Added Services

Your LTD coverage includes the following Value-Added Services:

- Employee Assistance Program (EAP): The EAP finds the resources you and your household family members need to help with a variety of issues, such as finding child or elder care, managing a serious illness or dealing with work/life issues, and provides access to confidential counseling, financial information and resources, and legal support. It also includes online access to important estate planning tools such as a last will and testament, living will, healthcare power of attorney, financial power of attorney, and final arrangements.
- Health navigation: If you are disabled and receiving LTD benefits, health navigation services help you to become an educated, engaged consumer in your health care by providing administrative and clinical support to help you navigate your medical plan benefits.

Value-Added Services are provided by third-party vendors. Benefits may not be available in all states and are not available in any U.S. territory.

Claims Contact Information:

Phone: 1-877-377-6773 Fax: 1-877-737-3650

Mail: Symetra Life Insurance Company, Life and Absence Management Center, P.O. Box 1230, Enfield, CT 06083-1230

This summary provides only a brief description of the Long Term Disability Insurance coverage insured by Symetra Life Insurance Company under the GDC 4000 12/05 policy series. For a complete description of coverage, including all definitions, exclusions, limitations, and reductions in coverage, as well as information on termination of benefits, please contact your benefit administrator or refer to the Group Insurance Certificate you will receive when you become insured. Coverage will be offered under Group Policy number 01-021140-00. We will administer claims according to the terms and conditions of the Group Policy which may be subject to state-required variations and restrictions. If there is a difference between the information in this summary and the information contained in the Group Policy, the terms of the Group Policy will prevail. The terms of coverage may change over time; always refer to your current Group Insurance Certificate for information regarding your insurance benefits.

Insured by Symetra Life Insurance Company