Long-Term Disability (LTD) Benefit Highlights

- **Eligibility:** All active, full-time, regular, exempt employees who are U.S. citizens or U.S. residents working a minimum of 30 hours per week, excludes all temporary and seasonal employees. If you are a newly hired employee and enroll within 31 days after the date you become eligible, your coverage effective date is the first of the month after your date of hire. If you are hired on the first of the month, then the LTD benefit would also start on the first of the month. Employees who enroll in the plan more than 31 days after their eligibility date are required to provide proof of good health that Prudential must approve before coverage can begin.

- **Premium Payment:** This product is voluntary. If you elect to purchase coverage, premium payment is made via payroll deduction. Please contact your local benefits department for applications and information.

- **Elimination Period:** This is the period of time you must be disabled before benefits become payable.
  - Option #1: 180 Days
  - Option #2: 120 Days
  - Option #3: 90 Days

- **Benefit Percentage/Maximum & Minimum Monthly Benefit:**
  - Option #1 replaces 50% of your pre-disability earnings to a maximum of $2,000 per month.
  - Your benefit will never be less than $50.
  - Option #2 replaces 60% of your pre-disability earnings to a maximum of $4,000 per month.
  - Your benefit will never be less than $75.
  - Option #3 replaces 60% of your pre-disability earnings to a maximum of $7,000 per month.
  - Your benefit will never be less than $100.

- **Conversion:** A conversion privilege lets you convert your LTD coverage to another group disability plan should you leave the Tennessee Board of Regents. If you have been in the Tennessee Board of Regents’ LTD plan for at least 12 months and apply for conversion within 60 days of termination, you can purchase coverage at rates that are generally lower than normal individual rates.

- **Benefit duration:** As long as you remain totally disabled, LTD benefit payments will continue according to the following schedule:

<table>
<thead>
<tr>
<th>Maximum Period of Benefit</th>
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</thead>
<tbody>
<tr>
<td><strong>Your Age on Date Disability Begins</strong></td>
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<tr>
<td>Under age 61</td>
</tr>
<tr>
<td>Age 61</td>
</tr>
<tr>
<td>Age 62</td>
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<tr>
<td>Age 63</td>
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<td>Age 64</td>
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<td>Age 65</td>
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<td>Age 66</td>
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<td>Age 67</td>
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<tr>
<td>Age 68</td>
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<tr>
<td>Age 69 and over</td>
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</tbody>
</table>

  *Your normal retirement age is your retirement age under the Social Security Act where retirement age depends on your year of birth.*
Long-Term Disability (LTD) Benefit Highlights (continued)

- **Definition of Disability:** You are disabled when Prudential determines that:
  - You are unable to perform the material and substantial duties of your regular occupation due to your sickness or injury;
  - You are under the regular care of a doctor; and
  - You have a 20% or more loss in your monthly earnings due to that sickness or injury.

After 36 months of payments, you are disabled when Prudential determines that due to the same sickness or injury:
- You are unable to perform the duties of any gainful occupation for which you are reasonably fitted by education, training, or experience; and
- You are under the regular care of a doctor.

The loss of a professional or occupational license or certification does not, in itself, constitute disability.

Prudential will assess your ability to work and the extent to which you are able to work by considering the facts and opinions from:
- Your doctors; and
- Doctors, other medical practitioners, or vocational experts of our choice.

When we may require you to be examined by doctors, other medical practitioners, or vocational experts of our choice, Prudential will pay for these examinations. We can require examinations as often as it is reasonable to do so. We may also require you to be interviewed by an authorized Prudential representative. Refusal to be examined or interviewed may result in denial or termination of your claim.

- **Pre-Existing Condition Limitation:** A disability due to a pre-existing condition that begins within the first 365 days of the effective date of coverage is excluded from coverage. A pre-existing condition is an injury or sickness for which you received medical treatment, consultation, diagnostic measures, or prescribed drugs or medicines, or followed treatment recommendations during the 180 days prior to your effective date of coverage.

- **Pre-Disability Earnings:** Means your monthly rate of basic earnings, which is 1/12th of your regular annual rate of pay in effect on the day before you become insured.

- **Your Occupation:** Means your occupation as it is recognized in the general workplace; it doesn’t mean the specific job you are performing for a specific employer at a specific location.

- **Any Occupation:** Means an occupation for which you are qualified by education, training, or experience.

- **Benefit Cost:** The cost of your LTD coverage depends on your pay and your age. To determine your cost:

  1. Enter your annual earnings*: $__________
  2. Divide by 1,200: $__________
  3. Enter your rate from the table below: $__________
  4. Multiply line 2 by line 3. This is your monthly cost. $__________

*Maximum $48,000 for Option 1; $80,000 for Option 2; and $140,000 for Option 3.

<table>
<thead>
<tr>
<th>Option 1 Rate — 180 Days/50%:</th>
<th>Option 2 Rate — 120 Days/60%:</th>
<th>Option 3 Rate — 90 Days/60%:</th>
</tr>
</thead>
<tbody>
<tr>
<td>$0.105</td>
<td>$0.148</td>
<td>$0.195</td>
</tr>
</tbody>
</table>

This Benefit Highlights Sheet explains the general purposes of the insurance described, but in no way changes or affects the plan as actually issued. In the event of any discrepancy between this document and the policy, the terms of the Booklet/Certificate apply. Complete coverage information is in the Booklet/Certificate issued to each insured individual. Please read it carefully and keep it in a safe place with your other important papers.

Group Long Term Disability Insurance coverages are issued by The Prudential Insurance Company of America, a Prudential Financial company, 751 Broad Street, Newark, NJ 07102. The Booklet-Certificate contains all details, including any policy exclusions, limitations, and restrictions, which may apply. Contract Series: 83500. This is a general announcement only. Eligibility is determined solely by the summary plan description or plan documents of the plan. © 2015 Prudential Financial, Inc. and its related entities.

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