

Physicians Endoscopy LLC
Your Group Long Term Disability Plan
Policy No. 119851 012
Underwritten by Unum Life Insurance Company of America
1/23/2006

BENEFITS AT A GLANCE

LONG TERM DISABILITY PLAN

This long term disability plan provides financial protection for you by paying a portion of your income while you are disabled. The amount you receive is based on the amount you earned before your disability began. In some cases, you can receive disability payments even if you work while you are disabled.

EMPLOYER'S ORIGINAL PLAN

EFFECTIVE DATE: January 1, 2006

POLICY NUMBER: 119851 012

ELIGIBLE GROUP(S):

All Employees in active employment in the United States with the Employer

MINIMUM HOURS REQUIREMENT:

Employees must be working at least 30 hours per week.

WAITING PERIOD:

For employees in an eligible group on or before January 1, 2006: None

For employees entering an eligible group after January 1, 2006: First of the month following the date you enter an eligible group

REHIRE:

If your employment ends and you are rehired within 12 months, your previous work while in an eligible group will apply toward the waiting period. All other policy provisions apply.

WAIVE THE WAITING PERIOD:

If you have been continuously employed by your Employer for a period of time equal to your waiting period, Unum will waive your waiting period when you enter an eligible group.

CREDIT PRIOR SERVICE:

Unum will apply any prior period of work with your Employer toward the waiting period to determine your eligibility date.

WHO PAYS FOR THE COVERAGE:

Your Employer pays the cost of your coverage.

ELIMINATION PERIOD:

90 days

Benefits begin the day after the elimination period is completed.

MONTHLY BENEFIT:

60% of monthly earnings to a maximum benefit of \$5,000 per month.

Your payment may be reduced by deductible sources of income and disability earnings. Some disabilities may not be covered or may have limited coverage under this plan.

MAXIMUM PERIOD OF PAYMENT:

Age at Disability
 Less than Age 62
 Age 62
 Age 63
 Age 64
 Age 65
 Age 66
 Age 67
 Age 68
 Age 69 or older

Maximum Period of Payment
 To Social Security Normal Retirement Age
 60 months
 48 months
 42 months
 36 months
 30 months
 24 months
 18 months
 12 months

Year of Birth
 1937 or before
 1938
 1939
 1940
 1941
 1942
 1943-1954
 1955
 1956
 1957
 1958
 1959
 1960 and after

Social Security Normal Retirement Age
 65 years
 65 years 2 months
 65 years 4 months
 65 years 6 months
 65 years 8 months
 65 years 10 months
 66 years
 66 years 2 months
 66 years 4 months
 66 years 6 months
 66 years 8 months
 66 years 10 months
 67 years

No premium payments are required for your coverage while you are receiving payments under this plan.

REHABILITATION AND RETURN TO WORK ASSISTANCE BENEFIT:

10% of your gross disability payment to a maximum benefit of \$1,000 per month.

In addition, we will make monthly payments to you for 3 months following the date your disability ends if we determine you are no longer disabled while:

- you are participating in the Rehabilitation and Return to Work Assistance program; and
- you are not able to find employment.

DEPENDENT CARE EXPENSE BENEFIT:

While you are participating in Unum's Rehabilitation and Return to Work Assistance program, you may receive payments to cover certain dependent care expenses limited to the following amounts:

Dependent Care Expense Benefit Amount: \$350 per month, per dependent

Dependent Care Expense Maximum Benefit Amount: \$1,000 per month for all eligible dependent care expenses combined

TOTAL BENEFIT CAP:

The total benefit payable to you on a monthly basis (including all benefits provided under this plan) will not exceed 100% of your monthly earnings. However, if you are participating in Unum's Rehabilitation and Return to Work Assistance program, the total benefit payable to you on a monthly basis (including all benefits provided under this plan) will not exceed 110% of your monthly earnings.

OTHER FEATURES:

Continuity of Coverage

Minimum Benefit

Pre-Existing: 3/12

Survivor Benefit

Work Life Assistance Program

The above items are only highlights of this plan. For a full description of your coverage, continue reading your certificate of coverage section.

**IMPORTANT INFORMATION YOU SHOULD KNOW
PRE-EXISTING CONDITIONS EXCLUSION**

Benefits may not be payable for a disability due to an injury or sickness which existed prior to your effective date under this plan.

Please read the "WHAT DISABILITIES ARE NOT COVERED UNDER YOUR PLAN?" section carefully for specific information.