

Disability Insurance for the Plastic Surgeon: A Primer

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Background: Plastic surgeons earn a substantial income over the course of their careers. If an unforeseen injury or illness results in partial or total disability, disability insurance can provide compensation to help offset income loss.

Methods: We present our recommendations for obtaining personal disability insurance. Thus, the objective of this article was to educate plastic surgeons on the importance of long-term disability insurance.

Results: We recommend purchasing a personalized disability insurance policy as early as possible and consulting with a certified independent insurance agent for tailored advice. A good long-term insurance policy should include a true own-occupation/specialty-specific definition of disability, partial disability benefit, future insurability purchase options, a noncancelable/guaranteed renewable option, and cost of living adjustments.

Conclusions: The journey to becoming a plastic surgeon is long and arduous. Without long-term disability insurance, an injury resulting in disability could have devastating financial consequences. Understanding the options and selecting the right policy early can help protect against income loss and ensure financial security during unforeseen health challenges. This discussion serves as a starting point for plastic surgeons to understand a key aspect of their risk management strategy and is not meant to be exhaustive. (*Plast Reconstr Surg Glob Open* 2025;13:e6679; doi: 10.1097/GOX.0000000000006679; Published online 16 April 2025.)

INTRODUCTION

The journey to becoming a plastic surgeon is long and arduous. After a minimum of 14 years of education and training, approximately 180 plastic surgeons will graduate yearly.¹ Over their career, a plastic surgeon will inevitably accumulate assets; however, their most important asset may arguably be their ability to generate an income.² In 2024, Medscape reported that plastic surgeons' average annual salary was the second highest of any specialty at \$536,000,³ or about \$16 million over 30 years. An unexpected illness or injury could severely impact this income, particularly early in one's career, without adequate protection. Thus, disability insurance is essential for safeguarding financial stability and ensuring continued income during unforeseen circumstances. The purpose of this article was to educate plastic surgeons about long-term disability insurance to maximize their risk management strategy.

WHAT IS DISABILITY INSURANCE?

Disability insurance protects an individual's income if they are unable to work due to a disability. There are 2 types—short-term and long-term. Short-term disability insurance provides benefits for a few weeks to months after a qualifying temporary injury or illness. Short-term disability is typically offered by an employer, but if not, individuals can purchase a policy directly from an insurance provider. Benefits continue until one can return to work or until the benefit period ends. Short-term savings or emergency funds may also assist during these types of temporary disabilities; thus, some may opt out of purchasing short-term disability. Long-term disability insurance, the focus of this article, provides income replacement (usually 60%–80% of one's income) up to retirement age (depending on the policy) in the event of extended or permanent disability.

WHO SHOULD BUY DISABILITY INSURANCE?

There is a 1-in-4 odds of a 20-year-old becoming disabled before reaching age 67.⁴ The top 5 leading causes of long-term disability are muscle/bone disorders^{5–9} (27.6%, including arthritis, herniated/degenerated discs, back pain, and spine/joint disorders), cancer (15.0%), accidents and injuries (12.0%, including fractures and sprains), mental disorders (9.3%, including depression, anxiety,

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and substance abuse), and cardiovascular/circulatory diseases (8.2%, including hypertension, heart disease/attack, and stroke) (see Fig. 1).¹⁰ Interestingly, the top 2 causes of disability are not related to accidents or injuries, but illness. As a result, any person who relies on their income, especially those with high-earning potential, to support themselves should get disability insurance. However, those with financial support from other avenues (family support, personal wealth, etc.) may choose to decline it. Some may think of forgoing disability insurance in lieu of workers' compensation or Social Security Disability Insurance (SSDI) as potential payout options. However, workers' compensation only provides coverage if the disabling illness or injury was directly work-related, and according to the Bureau of Labor Statistics in 2022, only 1.3% of American workers missed work because of an occupational illness or injury.¹¹ With regard to SSDI, the average time to an initial decision is between 3 and 5 months,¹² and from 2012 to 2022, only 30% of SSDI claims had their applications approved.¹³ As of April 2024, the average SSDI benefit for a disabled worker was \$1538 a month, equating to \$18,456 annually—significantly below the poverty guideline of \$20,440 for a 2-person household¹⁴ and nowhere near the annual earnings of a plastic surgeon. Thus, disability insurance becomes a critical source of income in the event of an unforeseen injury or illness.

WHEN TO BUY DISABILITY INSURANCE?

Physicians should obtain disability insurance upon receiving their contract as a fourth-year medical student as younger, healthier individuals have cheaper premiums. Certain specialties (ie, anesthesia, orthopedic surgery, and emergency medicine) are seen as riskier professions and often have higher baseline premiums. Further, women are subject to higher premiums and viewed as “riskier” due to pregnancy and their tendency to file more claims than men. Historically, unisex policies existed in which premiums were equivalent for men and women; however, as companies started experiencing higher claims from women, companies got rid of this option and moved to gender-specific rates.

Takeaways

Question: How would a plastic surgeon maintain an income if a total or partial disability rendered them incapable of working in their board-certified profession?

Findings: Plastic surgeons should be educated about the importance of purchasing a personalized long-term disability insurance policy early in their careers. A good long-term disability insurance policy should include a true own-occupation/specialty-specific definition of disability, partial disability benefits, future insurability purchase options, a noncancelable/guaranteed renewable option, and cost of living adjustments.

Meaning: Long-term disability insurance may ensure that plastic surgeons maintain their financial stability and income even in the face of disabling conditions.

WHAT TO LOOK FOR IN A DISABILITY INSURANCE POLICY?

When deciding what disability policy to buy, first assess how much coverage is needed. For residents, the maximum coverage that can be purchased is \$6500 per month (\$78,000 annually) depending on the insurance company. Once an attending, salaries increase and most individual policies can provide coverage for up to 80% of one's income, up to a maximum of \$30,000 per month (depending on the policy). Because of this cap, individuals who have very high incomes (>\$30,000 per month) or those who derive income from bonuses may not have enough coverage to replace their entire income if disabled.

Annual premiums should be ~1%–3% of one's income, though this tends to be higher for residents (up to 5%–6%). Policy premiums are calculated based on certain factors (including age, sex, income, geographic location, occupation, smoking status, and medical history) and options called “riders.” When selecting a strong disability policy, we believe the following riders should always be included: (1) own-occupation/specialty-specific definition, (2) partial disability benefit, (3)

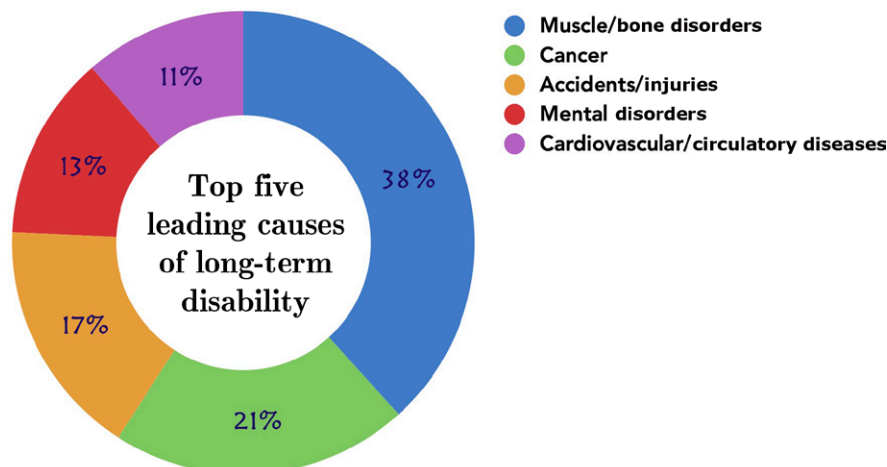


Fig. 1. Top 5 leading causes of long-term disability in the United States.¹⁰

Table 1. Common Long-term Disability Riders and Their Alternative Names

Rider Name	Alternative Rider Names	Description of Rider
Own occupation	Specialized or specialty occupation, specific occupation or occupation specific, professional occupation, own job or own job disability	Covers disabilities if policyholder is unable to perform duties of their specific job or profession
Residual disability	Partial disability, partial disability partial benefits, partial income benefit, residual income, partial loss of income	Provides benefits if policyholder can work part-time or at reduced capacity
Future insurability option	Guaranteed insurability, guaranteed purchase option, future purchase, future coverage, future benefit, future increase, guaranteed or additional coverage	Allows policyholders to purchase additional insurance coverage in the future regardless of changes in health and without needing to undergo medical underwriting
Noncancelable	Policy guarantee, nontermination, unconditional renewal	Guarantees that the insuring company cannot cancel the policy as long as policyholder pays their premiums
Guaranteed renewable	Guaranteed continuation, guaranteed renewal, automatic renewal, renewable guarantee	Ensures that policyholder's policy can be renewed each term without additional medical underwriting as long as current premiums are paid
Cost of living adjustment	Living cost adjustment, inflation protection, inflation adjustment	Increases benefit amount to account for inflation over time
Waiver of premium	Premium waiver	Waives premium payments if policyholder becomes disabled
Student loan disability	Education debt disability, student debt protection, student debt forgiveness	Offers additional benefit in the event of a disability, ensuring that student loans are covered
Catastrophic disability	Extreme disability, severe disability	Offers additional benefit if policyholder is unable to perform at least 2 independent activities of daily living
Retirement protection	Retirement income disability, retirement savings disability	Provides contributions to retirement funds during period(s) of disability
Mental health	Behavioral health, psychiatric care, emotional health benefit	Offers coverage for mental health–related conditions, such as depression, anxiety, or psychiatric disorder(s)

future insurability purchase options, (4) noncancelable/guaranteed renewable, and (5) cost of living adjustments. See [Table 1](#) for a nonexhaustive list of various common riders.

1. True “own occupation” definition of disability: This is perhaps the most important rider, in our opinion. This rider provides benefits if an illness or injury rendered you unable to perform the main duties of their board-certified specialty—even if you are working another nonspecialty-specific job. The board-certified specialty is determined largely by the physician’s primary revenue generator (based on billing codes for the 12 months before when the disability began). For example, if a plastic surgeon who predominantly performs face lifts is no longer able to perform face lifts and now has taken on a job as a consultant, they may be paid disability plus their consulting income. Less strong definitions of disability may include “any occupation” or “modified own occupation.”
2. Extended partial or residual disability: This rider provides benefits if you had a partial loss of income due to reduced capacity from illness or injury but are still working in your specialty. For example, a plastic surgeon develops severe back pain and is no longer able to run a full clinic or perform surgery longer than 3 hours. With this rider, the surgeon will be paid disability for partial income loss even though they are still working as a plastic surgeon. Because most people do not go from total disability to working at 100% capacity, this rider becomes important

during partial injuries or a gradual return to work after an injury.

3. Future insurability option: This rider provides the opportunity to periodically apply for additional benefits or increased coverage without medical underwriting. Historically, insurance companies used to mandate physical examinations and laboratory work as part of their medical underwriting process. Now, this is usually reserved for policies with higher coverage (>\$10,000 per month). For smaller benefit amounts (ie, residency), the underwriting process (if in good health) typically only includes a medical questionnaire and a 3-year prescription history check. The questionnaire asks about medical conditions within the past 10 years and surgical procedures within the past 5 years (see [Table 2](#)). For example, a plastic surgery resident had purchased this rider early in their career and only submitted a medical questionnaire at that time. As an attending, they want to increase their coverage but have developed severe neck pain. With this future insurability option, the surgeon can increase their coverage without having to undergo additional medical underwriting. Without this rider, they would have to apply for new coverage with an underwriting process that would likely mandate an exclusion of neck pain.
4. Noncancelable and guaranteed renewable policy: These are often offered together and ensure that insurance companies cannot change or cancel your contract unless requested by you (as long as your premiums are paid on time). “Guaranteed renewable only” policies imply that reinsurability is guaranteed; however, premiums may increase at the direction of

Table 2. Examples of Frequently Asked Questions on the Medical Questionnaire for Long-term Disability Applications

Category of Questions	Possible Questions Asked
Personal health information	<ul style="list-style-type: none"> • What is your current height? • What is your current weight? • Has your weight changed significantly in the past year? • Who is your primary care physician? • Who is your current health insurance provider? • Have you had any major surgical procedures or hospitalizations in the last 5 y?
Medical and surgical history	<ul style="list-style-type: none"> • In the past 3 y, have you had an annual physical examination or medical evaluation? • In the past 5 y, have you been declined from any type of disability, life, or health insurance? • In the past 10 y, have you been diagnosed with hypertension, myocardial infarction, chest pain, murmur, cardiac disease, malignancy, autoimmune disorders, blood disorders, disorders of the central nervous system, mental health, psychiatric or emotional disorders, ENT issues, respiratory disorders, gastroenterology disease, rheumatologic disorders, endocrine disorders, urologic disorders, skin disorders, gynecologic issues, miscarriages, complicated pregnancy, or infertility? • In the past 10 y, have you used any illegal substances or gone to rehabilitation or counseling for alcohol or drug abuse? • Are you pregnant? • Have you ever been diagnosed with HIV or AIDS?
Family history	<ul style="list-style-type: none"> • Who is in your immediate family? Provide their age. If deceased, provide age at death and cause of death. • Have any of your immediate family members been diagnosed with cancer, diabetes, cardiovascular disease, kidney disease, or other specified conditions? • Please specify pertinent family history of any other health conditions.
Social history	<ul style="list-style-type: none"> • What is your current job? • In the past 2 y, have you used any nicotine products? • In the past year, have you used medications to help you quit smoking? • Do you drink alcohol? How frequently?
Medications	<ul style="list-style-type: none"> • Are you taking any prescribed medications? • Are you taking any nonprescribed medications?

insurance companies at any time. Less strong definitions include “guaranteed renewable” only or “conditionally renewable” only.

5. Cost of living adjustment: If you have been disabled for 12 months or longer, your full (or partial) benefit will be increased at an annual rate of typically 3%. Some policies offer a 3% simple rate, whereas some offer a 3% compounded rate, with the latter being preferable.

Other riders that are less critical, in our opinion, include student loan, catastrophic disability, retirement protection, and mental health riders. Student loan riders may cover some or all student loan payments if totally disabled, only up to a maximum period. The catastrophic disability benefit rider offers an additional benefit to one’s base benefit should they become catastrophically disabled (defined as the inability to perform 2 or more of the activities of daily living). A retirement protection rider covers payments to retirement savings (401(k) or individual retirement account) while on disability. Mental health riders provide coverage for disabilities related to mental illness, including depression, anxiety, bipolar disorder, schizophrenia, and other mental health conditions. Many policies include 24 months of coverage for these conditions, unless preexisting, for which they may be excluded; beyond this timeframe, additional coverage would need to be purchased (see Table 2).

Policies also vary based on the elimination or waiting period. This is the period immediately after a disability

occurs when benefits do not accrue. In other words, the policyholder must wait a certain amount of time before the insurance company will pay out benefits. The elimination period is typically anywhere from 1 to 12 months from documented disability, with 3 months being the most common. The shorter the elimination period, the more expensive the premiums. Further, the maximum benefit period is the total length of time one receives benefits. Typically, this is up to 65 years but can be extended to 67–70 years. The longer the maximum benefit period, the higher the premiums.

During residency, disability insurance adds an additional expense that may be hard to justify early on, especially if healthy. To combat this cost, some companies offer graded premiums. Graded premiums are payments that tend to be lower in the early years of the policy, but increase over time. This is in contrast to level premiums, which are higher premiums at the start but remain fixed over time until additional coverage is purchased. A resident may start out with a graded premium in the beginning and throughout most of their residency, but switch to a level premium in their last year to lock in a fixed rate before becoming an attending. Furthermore, residents may be offered 10%–30% discounts on their policies when purchased early. These discounts may also be applied to additional increases in coverage over time if their future insurability rider is exercised. These options should be discussed when speaking with your insurance agent and customized to your unique situation.

WHERE TO BUY DISABILITY INSURANCE?

There are many companies that offer disability insurance; however, there are the “big 5” companies that offer the true “own-occupation” definition of disability—Guardian Life, MassMutual, Principal Financial, The Standard, and Ameritas. These companies are ranked by various credit rating agencies (Moody’s, AM Best Company, S&P Global Ratings, etc.) based on their financial strength (ability to pay) and longevity (likelihood of staying in business). Each of these agencies has its own rating system, which can lead to ambiguity and confusion when comparing them. Therefore, the Comdex score, a composite score averaging the financial ratings of various insurance companies on a scale of 1–100 (the higher the score, the stronger the company), may be most important when comparing insurance companies’ financial strength and when considering what policy to choose.

Individual policies can be purchased through insurance agents or brokers. Insurance agents represent one or more insurance companies and sell their policies for a commission. They may be captive agents (represent only 1 insurance company) or independent agents (represent more than 1 insurance company). An insurance broker represents the client and can sell policies from several insurance companies for a commission. Brokers have a fiduciary responsibility to their clients, whereas agents do not. When looking for a disability policy, it is important to work with an independent agent or broker to ensure multiple quotes from several companies are presented. Furthermore, becoming an insurance agent or broker requires licensing. Like the various accreditations that exist within medicine (MD, DO, PhD, MS, etc.), the same holds true for insurance licensure. Chartered Life Underwriter designations imply completion of curricula focused on life insurance and estate planning, whereas a Certified Financial Planner certification implies completion of intensive financial planning courses with successful passing of a board exam with biannual recertification. When selecting an insurance advisor, one may look at additional credentialing to inform their decision.

Employers, although not obligated to provide long-term disability insurance, may provide group insurance policies to employees. However, these group policies rarely have true, own-occupation definitions of disability, are taxable, and are not customizable, as they are intended to provide coverage to all employees, not just physicians. These plans tend to pay out only up to 40%–60% of income, on average, and frequently have longer elimination periods. However, some group plans allow employees to purchase supplemental disability insurance, providing additional coverage to replace a higher percentage of income. Alternatively, individuals can supplement their group policy with a separate individual policy, though this typically requires full medical underwriting. Thus, group policies remain good options if an individual plan cannot be purchased, as employers often cover some, if not all, of the cost.

For those transitioning from an employer-sponsored group policy to private practice, 2 main options exist for maintaining coverage—conversion and portability. However, these options are not available with all group

policies, and not every insurer offers them. Conversion allows an individual to change their group disability insurance into an individual policy without undergoing medical underwriting. However, there may be limits on the amount that can be converted, and the coverage level and premiums may change (usually increases). Portability allows individuals to retain their current coverage level after leaving their employer, but typically requires transitioning from a group policy to an individual policy, again without the need for medical underwriting. The downside is that the individual becomes responsible for paying premiums, as employer contributions would cease. Both conversion and portability must be initiated within 30–60 days of employment termination to be valid.

If you have a preexisting condition, the process for obtaining disability insurance may be much more difficult. Depending on the condition, individual policies may exclude that condition, resulting in higher premiums—or worse—companies may reject your individual application entirely. Certain employers and select residency programs do offer Guaranteed Standard Issue disability insurance, which is designed for those with preexisting conditions. Guaranteed Standard Issue policies are available to those with preexisting conditions frequently with cheaper premiums, require no medical underwriting, and are transferable across jobs. However, they are not offered by all insurance companies or employers, are less customizable than an individual plan, and may have limits on add-ons/riders. If you have a preexisting condition, we recommend consulting with a certified insurance agent to review your options. Further, certain mental health conditions and high-risk activities (rock climbing, flying, paragliding, etc.) are seen as riskier activities and may be excluded from policies. Similarly, policies do not provide benefits for disabilities due to incarceration, war, riots, self-inflicted injury, or felony acts.

HOW TO APPLY FOR DISABILITY INSURANCE

Once you decide on your desired base policy and riders, you meet with a qualified independent agent or broker who offers you quotes from the big 5 companies. After reviewing these quotes, you select the policy and company you want to proceed with. The insurance advisor will send you an electronic application that includes demographic information and a brief medical questionnaire. The questionnaire is submitted to that insurance company’s medical underwriting team, which is typically made up of nonmedical professionals. If the applicant is healthy and there are no further concerns from the underwriting team, the policy may be approved quickly (within a few days). Once approved, you pay the premium (using a bank account, not a credit card) and coverage begins. However, if the underwriters have further questions regarding your medical or surgical history, they may request more information. This may involve phone call(s) and/or sending medical record(s). This process can be time-consuming and cause delays in the application process.

Ultimately, the goal is to avoid having your application rejected. Once rejected, it is impossible to qualify for an individual policy again.

The majority of the big 5 insurance companies' price policies are based on the state the original contract was offered in; however, 1 company bases prices on the state of residence. Certain states have higher baseline prices, such as California. Therefore, if people are planning to move to or away from California, additional increases in coverage may be charged at a higher rate depending on the policy. Thus, it is important to consider the effect of geographic location on policy premiums and work with your insurance advisor to determine the best plan for you.

HOW TO FILE A CLAIM

If you have an injury or illness, the most important step is to see a medical professional early and have the diagnosis or disability documented. If you anticipate your illness or injury may necessitate partial or total disability, reach out to your insurance advisor as soon as possible so they can guide you through the claims process. Early documentation of diagnoses is key because the elimination period begins at the onset of a documented disability. Claims can be submitted electronically on the insurance provider's website. A complete and thorough collection of medical records and documents may expedite the claims process and any ongoing recertifications that could be required.

CONCLUSIONS

The journey to becoming a plastic surgeon is long and challenging. Without adequate long-term disability insurance, an injury resulting in a partial or total disability could have devastating consequences. This financial strain can be tough for plastic surgeons who have dedicated years to their education and training—especially early-career surgeons with significant student loans or limited savings. Understanding your options and selecting the right policy early can help protect against income loss and ensure financial security during unforeseen health challenges.

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