



Voluntary Long Term Disability Insurance

Standard Insurance Company has developed this document to provide you with information about the optional insurance coverage you may select through the Colmesneil Independent School District. Written in non-technical language, this is not intended as a complete description of the coverage. If you have additional questions, please check with your human resources representative.

Employer Plan Effective Date

A minimum number of eligible employees must apply and qualify for the proposed plan before Voluntary LTD coverage can become effective. This level of participation has been agreed upon by the Colmesneil Independent School District and The Standard.

Eligibility

To become insured, you must be:

- A regular, full-time employee of the Colmesneil Independent School District, excluding temporary or seasonal employees, full-time members of the armed forces, leased employees or independent contractors
- *Actively at work* at least 20 hours each week
- A citizen or resident of the United States or Canada

Employee Coverage Effective Date

Please contact your human resources representative for more information regarding the following requirements that must be satisfied for your insurance to become effective. You must satisfy:

- Eligibility requirements
- An *eligibility waiting period*
- An *evidence of insurability* requirement, if applicable
- An *active work* requirement. This means that if you are not *actively at work* on the day before the scheduled effective date of insurance, your insurance will not become effective until the day after you complete one day of *active work* as an eligible employee.

Benefit Amount

You may select a monthly benefit amount in \$100 increments from \$200 to \$8,000; based on the tables and guidelines presented in the Rates section of these Coverage Highlights. The monthly benefit amount must not exceed 66 2/3 percent of your monthly earnings.

Plan Maximum Monthly Benefit: 66 2/3 percent of *predisability earnings*

Plan Minimum Monthly Benefit: 25 percent of your *LTD benefit* before reduction by *deductible income*

Benefit Waiting Period and Maximum Benefit Period

The *benefit waiting period* is the period of time that you must be continuously *disabled* before benefits become payable. Benefits are not payable during the *benefit waiting period*. The *maximum benefit period* is the period for which benefits are payable. The *benefit waiting period* and *maximum benefit period* associated with your plan options are shown below:

<u>Option</u>	<u>Accidental Injury</u>	<u>Other Disability</u>	<u>Maximum Benefit Period</u>
1	0 days	7 days	5 Years for Sickness & To Age 65 for Accident
2	14 days	14 days	5 Years for Sickness & To Age 65 for Accident
3	30 days	30 days	5 Years for Sickness & To Age 65 for Accident
4	60 days	60 days	5 Years for Sickness & To Age 65 for Accident
5	90 days	90 days	5 Years for Sickness & To Age 65 for Accident
6	180 days	180 days	5 Years for Sickness & To Age 65 for Accident

Options 1-6: Maximum Benefit Period of 5 years for Sickness

If you become *disabled* before age 62, *LTD benefits* may continue during *disability* for 5 years. If you become *disabled* at age 62 or older, the benefit duration is determined by your age when *disability* begins:

<u>Age</u>	<u>Maximum Benefit Period</u>
62	3 years 6 months
63	3 years
64	2 years 6 months
65	2 years
66	1 year 9 months
67	1 year 6 months
68	1 year 3 months
69+	1 year

Options 1-6: Maximum Benefit Period To Age 65 for Accident

If you become *disabled* before age 62, *LTD benefits* may continue during *disability* until you reach age 65. If you become *disabled* at age 62 or older, the benefit duration is determined by your age when *disability* begins:

<u>Age</u>	<u>Maximum Benefit Period</u>
62	3 years 6 months
63	3 years
64	2 years 6 months
65	2 years
66	1 year 9 months
67	1 year 6 months
68	1 year 3 months
69+	1 year

First Day Hospital Benefit

With this benefit, if an insured employee is admitted as a hospital inpatient for at least four hours during the *benefit waiting period*, the *benefit waiting period* will be satisfied. Benefits become payable on the date of hospitalization; the *maximum benefit period* also begins on that date. This feature is included only on LTD plans with *benefit waiting periods* of 30 days or less.

Preexisting Condition Exclusion

A general description of the *preexisting condition exclusion* is included in the Group Voluntary Long Term Disability Insurance for Educators and Administrators brochure. If you have questions, please check with your human resources representative.

Preexisting Condition Period: The 90-day period just before your insurance becomes effective

Exclusion Period: 12 months

Preexisting Condition Waiver

For the first 90 days of *disability*, The Standard will pay full benefits even if you have a *preexisting condition*. After 90 days, The Standard will continue benefits only if the *preexisting condition* exclusion does not apply.

Own Occupation Period

For the plan's definition of *disability*, as described in your brochure, the *own occupation period* is the first 24 months for which *LTD benefits* are paid.

Any Occupation Period

The *any occupation period* begins at the end of the *own occupation period* and continues until the end of the *maximum benefit period*.

Other LTD Features

- **Employee Assistance Program (EAP)** – This program offers support, guidance and resources that can help an employee resolve personal issues and meet life's challenges.
- **Family Care Expense Adjustment** – Disabled employees faced with the added expense of family care when returning to work may receive combined income from LTD benefits and work earnings in excess of 100 percent of indexed predisability earnings during the first 12 months immediately after a disabled employee's return to work.
- **Special Dismemberment Provision** – If an employee suffers a lost as a result of an accident, the employee will be considered disabled for the applicable Minimum Benefit Period and can extend beyond the end of the Maximum Benefit Period
- **Reasonable Accommodation Expense Benefit** – Subject to The Standard's prior approval, this benefit allows us to pay up to \$25,000 of an *employer's* expenses toward work-site modifications that result in a disabled employee's return to work.
- **Survivor Benefit** – A Survivor Benefit may also be payable. This benefit can help to address a family's financial need in the event of the employee's death.
- **Return to Work (RTW) Incentive** – The Standard's RTW Incentive is one of the most comprehensive in the employee benefits history. For the first 12 months after returning to work, the employee's LTD benefit will not be reduced by work earnings until work earnings plus the LTD benefit exceed 100 percent of *predisability earnings*. After that period, only 50 percent of *work earnings* are deducted.
- **Rehabilitation Plan Provision** – Subject to The Standard's prior approval, rehabilitation incentives may include training and education expense, family (*child* and *elder*) care expenses, and job-related and job search expenses.

When Benefits End

LTD benefits end automatically on the earliest of:

- The date you are no longer *disabled*
- The date your *maximum benefit period* ends
- The date you die
- The date benefits become payable under any other LTD plan under which you become insured through employment during a period of *temporary recovery*
- The date you fail to provide proof of continued *disability* and entitlement to benefits

Rates

Employees can select a monthly *LTD benefit* ranging from a minimum of \$200 to a maximum amount based on how much they earn. Referencing the appropriate attached charts, follow these steps to find the monthly cost for your desired level of monthly *LTD benefit* and *benefit waiting period*:

1. Find the maximum *LTD benefit* by locating the amount of your earnings in either the Annual Earnings or Monthly Earnings column. The *LTD benefit* amount shown associated with these earnings is the maximum amount you can receive. If your earnings fall between two amounts, you must select the lower amount.
2. Select the desired monthly *LTD benefit* between the minimum of \$200 and the determined maximum amount, making sure not to exceed the maximum for your earnings.
3. In the same row, select the desired *benefit waiting period* to see the monthly cost for that selection.

If you have questions regarding how to determine your monthly *LTD benefit*, the *benefit waiting period*, or the premium payment of your desired benefit, please contact your human resources representative.

Group Insurance Certificate

If you become insured, you will receive a group insurance certificate containing a detailed description of the insurance coverage. The information presented above is controlled by the *group policy* and does not modify it in any way. The controlling provisions are in the *group policy* issued by Standard Insurance Company.

Annual Earnings	Monthly Earnings	Monthly Disability Benefit	Accident/Sickness Benefit Waiting Period					
			Cost Per Month					
			0-7	14-14	30-30	60-60	90-90	180-180
3,600	300	200	7.10	6.16	5.32	3.44	2.94	2.24
5,400	450	300	10.65	9.24	7.98	5.16	4.41	3.36
7,200	600	400	14.20	12.32	10.64	6.88	5.88	4.48
9,000	750	500	17.75	15.40	13.30	8.60	7.35	5.60
10,800	900	600	21.30	18.48	15.96	10.32	8.82	6.72
12,600	1,050	700	24.85	21.56	18.62	12.04	10.29	7.84
14,400	1,200	800	28.40	24.64	21.28	13.76	11.76	8.96
16,200	1,350	900	31.95	27.72	23.94	15.48	13.23	10.08
18,000	1,500	1,000	35.50	30.80	26.60	17.20	14.70	11.20
19,800	1,650	1,100	39.05	33.88	29.26	18.92	16.17	12.32
21,600	1,800	1,200	42.60	36.96	31.92	20.64	17.64	13.44
23,400	1,950	1,300	46.15	40.04	34.58	22.36	19.11	14.56
25,200	2,100	1,400	49.70	43.12	37.24	24.08	20.58	15.68
27,000	2,250	1,500	53.25	46.20	39.90	25.80	22.05	16.80
28,800	2,400	1,600	56.80	49.28	42.56	27.52	23.52	17.92
30,600	2,550	1,700	60.35	52.36	45.22	29.24	24.99	19.04
32,400	2,700	1,800	63.90	55.44	47.88	30.96	26.46	20.16
34,200	2,850	1,900	67.45	58.52	50.54	32.68	27.93	21.28
36,000	3,000	2,000	71.00	61.60	53.20	34.40	29.40	22.40
37,800	3,150	2,100	74.55	64.68	55.86	36.12	30.87	23.52
39,600	3,300	2,200	78.10	67.76	58.52	37.84	32.34	24.64
41,400	3,450	2,300	81.65	70.84	61.18	39.56	33.81	25.76
43,200	3,600	2,400	85.20	73.92	63.84	41.28	35.28	26.88
45,000	3,750	2,500	88.75	77.00	66.50	43.00	36.75	28.00
46,800	3,900	2,600	92.30	80.08	69.16	44.72	38.22	29.12
48,600	4,050	2,700	95.85	83.16	71.82	46.44	39.69	30.24
50,400	4,200	2,800	99.40	86.24	74.48	48.16	41.16	31.36
52,200	4,350	2,900	102.95	89.32	77.14	49.88	42.63	32.48
54,000	4,500	3,000	106.50	92.40	79.80	51.60	44.10	33.60
55,800	4,650	3,100	110.05	95.48	82.46	53.32	45.57	34.72
57,600	4,800	3,200	113.60	98.56	85.12	55.04	47.04	35.84
59,400	4,950	3,300	117.15	101.64	87.78	56.76	48.51	36.96
61,200	5,100	3,400	120.70	104.72	90.44	58.48	49.98	38.08
63,000	5,250	3,500	124.25	107.80	93.10	60.20	51.45	39.20
64,800	5,400	3,600	127.80	110.88	95.76	61.92	52.92	40.32
66,600	5,550	3,700	131.35	113.96	98.42	63.64	54.39	41.44
68,400	5,700	3,800	134.90	117.04	101.08	65.36	55.86	42.56
70,200	5,850	3,900	138.45	120.12	103.74	67.08	57.33	43.68
72,000	6,000	4,000	142.00	123.20	106.40	68.80	58.80	44.80

Annual Earnings	Monthly Earnings	Monthly Disability Benefit	Accident/Sickness Benefit Waiting Period					
			Cost Per Month					
			0-7	14-14	30-30	60-60	90-90	180-180
73,800	6,150	4,100	145.55	126.28	109.06	70.52	60.27	45.92
75,600	6,300	4,200	149.10	129.36	111.72	72.24	61.74	47.04
77,400	6,450	4,300	152.65	132.44	114.38	73.96	63.21	48.16
79,200	6,600	4,400	156.20	135.52	117.04	75.68	64.68	49.28
81,000	6,750	4,500	159.75	138.60	119.70	77.40	66.15	50.40
82,800	6,900	4,600	163.30	141.68	122.36	79.12	67.62	51.52
84,600	7,050	4,700	166.85	144.76	125.02	80.84	69.09	52.64
86,400	7,200	4,800	170.40	147.84	127.68	82.56	70.56	53.76
88,200	7,350	4,900	173.95	150.92	130.34	84.28	72.03	54.88
90,000	7,500	5,000	177.50	154.00	133.00	86.00	73.50	56.00
91,800	7,650	5,100	181.05	157.08	135.66	87.72	74.97	57.12
93,600	7,800	5,200	184.60	160.16	138.32	89.44	76.44	58.24
95,400	7,950	5,300	188.15	163.24	140.98	91.16	77.91	59.36
97,200	8,100	5,400	191.70	166.32	143.64	92.88	79.38	60.48
99,000	8,250	5,500	195.25	169.40	146.30	94.60	80.85	61.60
100,800	8,400	5,600	198.80	172.48	148.96	96.32	82.32	62.72
102,600	8,550	5,700	202.35	175.56	151.62	98.04	83.79	63.84
104,400	8,700	5,800	205.90	178.64	154.28	99.76	85.26	64.96
106,200	8,850	5,900	209.45	181.72	156.94	101.48	86.73	66.08
108,000	9,000	6,000	213.00	184.80	159.60	103.20	88.20	67.20
109,800	9,150	6,100	216.55	187.88	162.26	104.92	89.67	68.32
111,600	9,300	6,200	220.10	190.96	164.92	106.64	91.14	69.44
113,400	9,450	6,300	223.65	194.04	167.58	108.36	92.61	70.56
115,200	9,600	6,400	227.20	197.12	170.24	110.08	94.08	71.68
117,000	9,750	6,500	230.75	200.20	172.90	111.80	95.55	72.80
118,800	9,900	6,600	234.30	203.28	175.56	113.52	97.02	73.92
120,600	10,050	6,700	237.85	206.36	178.22	115.24	98.49	75.04
122,400	10,200	6,800	241.40	209.44	180.88	116.96	99.96	76.16
124,200	10,350	6,900	244.95	212.52	183.54	118.68	101.43	77.28
126,000	10,500	7,000	248.50	215.60	186.20	120.40	102.90	78.40
127,800	10,650	7,100	252.05	218.68	188.86	122.12	104.37	79.52
129,600	10,800	7,200	255.60	221.76	191.52	123.84	105.84	80.64
131,400	10,950	7,300	259.15	224.84	194.18	125.56	107.31	81.76
133,200	11,100	7,400	262.70	227.92	196.84	127.28	108.78	82.88
135,000	11,250	7,500	266.25	231.00	199.50	129.00	110.25	84.00
136,800	11,400	7,600	269.80	234.08	202.16	130.72	111.72	85.12
138,600	11,550	7,700	273.35	237.16	204.82	132.44	113.19	86.24
140,400	11,700	7,800	276.90	240.24	207.48	134.16	114.66	87.36
142,200	11,850	7,900	280.45	243.32	210.14	135.88	116.13	88.48
144,000	12,000	8,000	284.00	246.40	212.80	137.60	117.60	89.60