



Educator Options Voluntary Long Term Disability

Voluntary Long Term Disability Insurance

Long Term Disability insurance is designed to pay a monthly benefit to you in the event you cannot work because of a covered illness or injury. This benefit replaces a portion of your income, thus helping you to meet your financial commitments in a time of need. The Standard has developed this document to provide you with information about the optional coverage you may select through the Midlothian Independent School District.

Eligibility Requirements	
Policy	A minimum number of eligible employees must apply and qualify for the proposed plan before Educator Options Voluntary LTD coverage can become effective.
Employee	• A regular employee of the Midlothian Independent School District • Actively working at least 20 hours each week • A citizen or resident of the United States or Canada • Temporary and seasonal employees, full-time members of the armed forces, leased employees and independent contractors are not eligible
Premium	You pay 100% of the premium for this coverage through easy payroll deduction.

Benefit Amount	
Benefit Amount	You may select a monthly benefit amount in \$100 increments, based on the table and guidelines presented in the Rates section of these coverage highlights. The monthly benefit amount must not exceed 66 2/3% of your monthly predisability earnings. The minimum monthly amount you may elect is \$200.
Plan Maximum Monthly Benefit	The lesser of \$8,000 or 66 2/3% of your predisability earnings
Plan Minimum Monthly Benefit	25% of your LTD benefit before reduction by deductible income

- If you do not apply for this coverage within 31 days after becoming eligible, and later decide to do so, you must wait until your employer holds an annual enrollment.
- Reinstatements are subject to medical underwriting approval. To submit a medical history statement online, visit: <https://myeoi.standard.com/764874>.

Disability Needs Calculator

Your family has a unique set of circumstances and financial demands. To help you figure out the amount of disability insurance you may need if you become unable to work, The Standard has created a Disability Needs Calculator found at: standard.com/disability/needs.

Employee Coverage Effective Date

To become insured, you must satisfy the eligibility requirements listed above, serve an eligibility waiting period, receive medical underwriting approval (if applicable), and be actively at work (able to perform all normal duties of your job) on the day before the scheduled effective date of insurance. 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 full day of active work as an eligible employee.

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

Understanding Your Plan Design

Benefit Waiting 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 benefit waiting period options associated with your plan include:

Accidental Injury	Other Disabilities
0 days	7 days
14 days	14 days
30 days	30 days
60 days	60 days
90 days	90 days
180 days	180 days

Own Occupation Definition of Disability

For the benefit waiting period and the first 24 months for which LTD benefits are paid, you are considered disabled when you are unable — as a result of physical disease, injury, pregnancy or mental disorder — to perform with reasonable continuity the material duties of your own occupation **AND** are suffering a loss of at least 20% of your indexed predisability earnings when working in your own occupation. You are not disabled merely because your right to perform your own occupation is restricted, including a restriction or loss of license.

Any Occupation Definition of Disability

After the own occupation period of disability, you will be considered disabled if you are unable — as a result of physical disease, injury, pregnancy or mental disorder — to perform with reasonable continuity the material duties of any occupation.

Deductible Income

Deductible income means income you receive or are eligible to receive while LTD benefits are payable. Please refer to your group certificate for additional details. Deductible income may include, but is not limited to:

- Sick pay, annual or personal leave pay, severance pay or salary continuation, including donated amounts, paid to you by your employer
- Benefits under any workers' compensation law or similar law
- Amounts under unemployment compensation law
- Social Security disability or retirement benefits, including benefits for your spouse and children
- Disability benefits from any other group insurance
- Disability or retirement benefits under your employer's retirement plan
- Benefits under any state disability income benefit law or similar law
- Earnings or compensation included in predisability earnings which you receive or are eligible to receive while LTD benefits are payable
- Amounts due from or on behalf of a third party because of your disability, whether by judgment, settlement or other method
- Any amount you receive by compromise, settlement or other method as a result of a claim for any of the above

Maximum Benefit Period

The maximum period for which benefits are payable is shown in the table below:

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:

Age	Maximum Benefit Period
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

Benefit Calculation

Example

You select the amount of your LTD benefit when you enroll for coverage in the plan. The dollar amount selected must be a multiple of \$100, from a minimum of \$200 to a maximum of the lesser of \$8,000 or 66 2/3% of your predisability earnings. This amount is then reduced by deductible income you receive, or are eligible to receive, while LTD benefits are payable. As an example, if your monthly predisability earnings are \$4,500, you may select any dollar amount (in \$100 increments) between \$200 and \$3,000 (66 2/3% of predisability earnings). In the example below, assume you elected the maximum benefit amount of \$3,000, and you now receive a monthly Social Security disability benefit of \$1,200 and a monthly retirement benefit of \$900. Your monthly LTD benefit would be calculated as follows:

Insured predisability earnings	\$4,500
Maximum benefit percentage	× 66 2/3%
Maximum benefit amount	\$3,000
Less Social Security disability benefit	−\$1,200
Less retirement benefit	−\$900
Amount of LTD benefit	\$900

Additional Features

Please see your HR representative for additional information about the features and benefits below.

24-Hour Coverage	Twenty-four-hour LTD plans provide coverage for disabilities occurring on or off the job.
Rehabilitation Plan	If you are participating in an approved rehabilitation plan, The Standard may include payment of some of the expenses you incur in connection with the plan including but not limited to: training and education expenses, family (child and elder) care expenses, job-related expenses and job-search expenses.
Reasonable Accommodation Expense Benefit	If your employer makes an approved worksite modification that enables you to return to work while disabled, The Standard will reimburse your employer up to a preapproved amount for some or all of the cost of the modification.
Employee Assistance Program	This includes an Employee Assistance Program and WorkLife Services to offer support, guidance and resources to help you and your household members resolve personal issues. This service is provided through an arrangement with a service provider who is not affiliated with The Standard.
Survivors Benefit	If you die while LTD benefits are payable, and on the date you die you have been continuously disabled for at least 180 days, a survivors benefit equal to three times your unreduced LTD benefit may be payable (any survivors benefit payable will first be applied to any overpayment of your claim due to The Standard).
First Day Hospital Benefit	If you are hospital confined for at least four hours during the benefit waiting period, the following will apply: the remainder of your benefit waiting period will be waived, LTD benefits will become payable on the first day you are hospital confined, and your maximum benefit period will begin on the date your LTD benefits are payable. You are eligible for this benefit only if your elected benefit waiting period is fewer than 45 days. Hospital confined means you are admitted to a hospital as an inpatient and for which you are charged for room and board.
Family Care Expense Benefit	This applies when a disabled employee has returned to work and continues to receive LTD benefits. For 24 months, a portion of expenses (up to \$250 per dependent or \$500 per family, per month) is deducted from the amount of your work earnings.

Exclusions

Subject to state variations, you are not covered for a disability caused or contributed to by any of the following:

- Your committing or attempting to commit an assault or felony, or your active participation in a violent disorder or riot
- An intentionally self-inflicted injury
- War or any act of war (declared or undeclared, and any substantial armed conflict between organized forces of a military nature)
- The loss of your professional or occupational license or certification
- If applicable, with respect to insurance increases, you are not covered for the insurance increase if your disability is caused or contributed by a preexisting condition or the medical or surgical treatment of a preexisting condition unless on the date you become disabled, you have been continuously insured under the group policy for the specified exclusion and limitation period, and you have been actively at work for at least one full day after the end of the specified exclusion and limitation period.

Preexisting Condition Provision

Preexisting Condition For the first 90 days of disability, we will pay benefits even if you have a condition subject to the preexisting condition limitation. After 90 days, we will continue benefits only for conditions for which the preexisting condition exclusion or limitation does not apply. Benefit amounts subject to the preexisting condition exclusion will be excluded from payment.

A preexisting condition is a mental or physical condition:

- For which you would have consulted a physician or other licensed medical professional; received medical treatment, services or advice; undergone diagnostic procedures, including self-administered procedures; or taken prescribed drugs or medications
- Which, as a result of any medical examination, including routine examination, was discovered or suspected

Preexisting Condition Period The 90-day period just before your insurance becomes effective or any insurance increases become effective

Specified Exclusion and Limitation Period 12 months

If your disability is subject to the preexisting condition limitation and you have been continuously insured under the group policy for:

Less than 12 months: Your maximum benefit period is 90 days.

12 months or more and you elected to change your insurance during the preceding annual enrollment period by:

a) Increasing your LTD benefit amount by more than \$300: Your LTD benefit is equal to the amount of insurance for which you were insured under the group policy on the day before the last preceding annual enrollment period plus \$300, reduced by deductible income.

b) Decreasing your benefit waiting period by more than one level: Your benefit waiting period equals the benefit waiting period which applied to the option under which you were insured on the day before the last preceding annual enrollment period.

Limitations

LTD benefits are not payable for any period when you are:

- Not under the ongoing care of a physician in the appropriate specialty as determined by The Standard
- Not participating in good faith in a plan, program or course of medical treatment or vocational training or education approved by The Standard, unless your disability prevents you from participating
- Confined for any reason in a penal or correctional institution
- Able to work and earn at least 20% of your indexed predisability earnings, but you elect not to work during the first 24 months after the end of the benefit waiting period the responsibility to work is limited to work in your own occupation; thereafter, the responsibility to work includes work in any occupation

In addition, payment of LTD benefits is limited in duration:

- If you reside outside the United States or Canada
- If applicable, if your disability is caused or contributed by a preexisting condition or the medical or surgical treatment of a preexisting condition unless on the date you become disabled, you have been continuously insured under the group policy for the specified exclusion and limitation period, and you have been actively at work for at least one full day after the end of the specified exclusion and limitation period
- If your disability is caused or contributed to by mental disorders, substance abuse or the environment, chronic fatigue conditions, chronic pain conditions, carpal tunnel or repetitive motion syndrome or temporomandibular joint disorder or craniomandibular joint disorder

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 disability insurance 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

When Insurance Ends

Insurance ends automatically on the earliest of the following:

- The last day of the last period for which you make a premium contribution (except if premiums are waived while disabled)
- The date your employment terminates
- The date the group policy terminates
- The date you cease to meet the eligibility requirements (coverage may continue for limited periods under certain circumstances)
- If applicable, the date your employer ceases to participate under the group policy

Group Insurance Certificate

If coverage becomes effective, and you become insured, you will receive a group insurance certificate containing a detailed description of the insurance coverage including the definitions, exclusions, limitations, reductions and terminating events. The controlling provisions will be in the group policy. Neither the information presented in this summary nor the certificate modifies the group policy or the insurance coverage in any way.

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:

- 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.
- 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.
- 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 HR representative.

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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	5.12	4.50	3.82	2.46	2.10	1.60
5,400	450	300	7.68	6.75	5.73	3.69	3.15	2.40
7,200	600	400	10.24	9.00	7.64	4.92	4.20	3.20
9,000	750	500	12.80	11.25	9.55	6.15	5.25	4.00
10,800	900	600	15.36	13.50	11.46	7.38	6.30	4.80
12,600	1,050	700	17.92	15.75	13.37	8.61	7.35	5.60
14,400	1,200	800	20.48	18.00	15.28	9.84	8.40	6.40
16,200	1,350	900	23.04	20.25	17.19	11.07	9.45	7.20
18,000	1,500	1,000	25.60	22.50	19.10	12.30	10.50	8.00
19,800	1,650	1,100	28.16	24.75	21.01	13.53	11.55	8.80
21,600	1,800	1,200	30.72	27.00	22.92	14.76	12.60	9.60
23,400	1,950	1,300	33.28	29.25	24.83	15.99	13.65	10.40
25,200	2,100	1,400	35.84	31.50	26.74	17.22	14.70	11.20
27,000	2,250	1,500	38.40	33.75	28.65	18.45	15.75	12.00
28,800	2,400	1,600	40.96	36.00	30.56	19.68	16.80	12.80
30,600	2,550	1,700	43.52	38.25	32.47	20.91	17.85	13.60
32,400	2,700	1,800	46.08	40.50	34.38	22.14	18.90	14.40
34,200	2,850	1,900	48.64	42.75	36.29	23.37	19.95	15.20
36,000	3,000	2,000	51.20	45.00	38.20	24.60	21.00	16.00
37,800	3,150	2,100	53.76	47.25	40.11	25.83	22.05	16.80
39,600	3,300	2,200	56.32	49.50	42.02	27.06	23.10	17.60
41,400	3,450	2,300	58.88	51.75	43.93	28.29	24.15	18.40
43,200	3,600	2,400	61.44	54.00	45.84	29.52	25.20	19.20
45,000	3,750	2,500	64.00	56.25	47.75	30.75	26.25	20.00
46,800	3,900	2,600	66.56	58.50	49.66	31.98	27.30	20.80
48,600	4,050	2,700	69.12	60.75	51.57	33.21	28.35	21.60
50,400	4,200	2,800	71.68	63.00	53.48	34.44	29.40	22.40
52,200	4,350	2,900	74.24	65.25	55.39	35.67	30.45	23.20
54,000	4,500	3,000	76.80	67.50	57.30	36.90	31.50	24.00
55,800	4,650	3,100	79.36	69.75	59.21	38.13	32.55	24.80
57,600	4,800	3,200	81.92	72.00	61.12	39.36	33.60	25.60
59,400	4,950	3,300	84.48	74.25	63.03	40.59	34.65	26.40
61,200	5,100	3,400	87.04	76.50	64.94	41.82	35.70	27.20
63,000	5,250	3,500	89.60	78.75	66.85	43.05	36.75	28.00
64,800	5,400	3,600	92.16	81.00	68.76	44.28	37.80	28.80
66,600	5,550	3,700	94.72	83.25	70.67	45.51	38.85	29.60
68,400	5,700	3,800	97.28	85.50	72.58	46.74	39.90	30.40
70,200	5,850	3,900	99.84	87.75	74.49	47.97	40.95	31.20
72,000	6,000	4,000	102.40	90.00	76.40	49.20	42.00	32.00

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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	104.96	92.25	78.31	50.43	43.05	32.80
75,600	6,300	4,200	107.52	94.50	80.22	51.66	44.10	33.60
77,400	6,450	4,300	110.08	96.75	82.13	52.89	45.15	34.40
79,200	6,600	4,400	112.64	99.00	84.04	54.12	46.20	35.20
81,000	6,750	4,500	115.20	101.25	85.95	55.35	47.25	36.00
82,800	6,900	4,600	117.76	103.50	87.86	56.58	48.30	36.80
84,600	7,050	4,700	120.32	105.75	89.77	57.81	49.35	37.60
86,400	7,200	4,800	122.88	108.00	91.68	59.04	50.40	38.40
88,200	7,350	4900	125.44	110.25	93.59	60.27	51.45	39.20
90,000	7,500	5000	128.00	112.50	95.50	61.50	52.50	40.00
91,800	7,650	5,100	130.56	114.75	97.41	62.73	53.55	40.80
93,600	7,800	5,200	133.12	117.00	99.32	63.96	54.60	41.60
95,400	7,950	5,300	135.68	119.25	101.23	65.19	55.65	42.40
97,200	8,100	5,400	138.24	121.50	103.14	66.42	56.70	43.20
99,000	8,250	5,500	140.80	123.75	105.05	67.65	57.75	44.00
100,800	8,400	5,600	143.36	126.00	106.96	68.88	58.80	44.80
102,600	8,550	5,700	145.92	128.25	108.87	70.11	59.85	45.60
104,400	8,700	5,800	148.48	130.50	110.78	71.34	60.90	46.40
106,200	8,850	5,900	151.04	132.75	112.69	72.57	61.95	47.20
108,000	9,000	6,000	153.60	135.00	114.60	73.80	63.00	48.00
109,800	9,150	6,100	156.16	137.25	116.51	75.03	64.05	48.80
111,600	9,300	6,200	158.72	139.50	118.42	76.26	65.10	49.60
113,400	9,450	6,300	161.28	141.75	120.33	77.49	66.15	50.40
115,200	9,600	6,400	163.84	144.00	122.24	78.72	67.20	51.20
117,000	9,750	6,500	166.40	146.25	124.15	79.95	68.25	52.00
118,800	9,900	6,600	168.96	148.50	126.06	81.18	69.30	52.80
120,600	10,050	6,700	171.52	150.75	127.97	82.41	70.35	53.60
122,400	10,200	6,800	174.08	153.00	129.88	83.64	71.40	54.40
124,200	10,350	6,900	176.64	155.25	131.79	84.87	72.45	55.20
126,000	10,500	7,000	179.20	157.50	133.70	86.10	73.50	56.00
127,800	10,650	7,100	181.76	159.75	135.61	87.33	74.55	56.80
129,600	10,800	7,200	184.32	162.00	137.52	88.56	75.60	57.60
131,400	10,950	7,300	186.88	164.25	139.43	89.79	76.65	58.40
133,200	11,100	7,400	189.44	166.50	141.34	91.02	77.70	59.20
135,000	11,250	7,500	192.00	168.75	143.25	92.25	78.75	60.00
136,800	11,400	7,600	194.56	171.00	145.16	93.48	79.80	60.80
138,600	11,550	7,700	197.12	173.25	147.07	94.71	80.85	61.60
140,400	11,700	7,800	199.68	175.50	148.98	95.94	81.90	62.40
142,200	11,850	7,900	202.24	177.75	150.89	97.17	82.95	63.20
144,000	12,000	8,000	204.80	180.00	152.80	98.40	84.00	64.00

Standard Insurance Company | 1100 SW Sixth Avenue, Portland, OR 97204 | [standard.com](https://www.standard.com)

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