



Your Choice 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 Texas Center for Arts and Academics.

Eligibility Requirements	
Policy	A minimum number of eligible employees must apply and qualify for the proposed plan before Your Choice Voluntary LTD coverage can become effective.
Employee	<ul style="list-style-type: none"> • A regular employee of Texas Center for Arts and Academics • 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 tables and guidelines presented in the Rates section of these coverage highlights. The monthly benefit amount must not exceed 60% of your monthly predisability earnings. The minimum monthly amount you may elect is \$200.
Plan Maximum Monthly Benefit	The lesser of \$7,500 or 60% of your predisability earnings
Plan Minimum Monthly Benefit	\$100 or 10% of your LTD benefit before reduction by deductible income, whichever is less

- 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/174298>.

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
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 (but not vacation pay) paid to you by your employer
- Your work earnings, as described in the return-to-work provisions of your group certificate, if applicable
- 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 age 65 or to the Social Security Normal Retirement Age, or SSNRA, or three years and six months, whichever is longer. If you become disabled at age 62 or older, the benefit duration is determined by the age when disability begins:

Age	Maximum Benefit Period
62	To SSNRA, or 3 years 6 months, whichever is longer
63	To SSNRA, or 3 years, whichever is longer
64	To SSNRA, or 2 years 6 months, whichever is longer
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 \$7,500 or 60% 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 \$2,700 (60% of predisability earnings). In the example below, assume you elected the maximum benefit amount of \$2,700, 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	× 60%
Maximum benefit amount	\$2,700
Less Social Security disability benefit	−\$1,200
Less retirement benefit	−\$900
Amount of LTD benefit	\$600

Additional Features

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

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 12 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.
Lifetime Security Benefit	Your LTD benefit (amount in effect when the claim closes) payments will continue beyond the regular plan maximum benefit period if you are unable to perform two or more activities of daily living or are suffering severe cognitive impairment.

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 180 days of disability, we will pay benefits even if you have a condition subject to the preexisting condition limitation. After 180 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 or a reasonably prudent person 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 180-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 180 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.

Annual Earnings	Monthly Earnings	Monthly Disability Benefit	Accident/Sickness Benefit Waiting Period Cost per Month				
			14/14	30/30	60/60	90/90	180/180
4,000	333	200	6.62	4.59	3.19	2.57	2.12
6,000	500	300	9.94	6.88	4.78	3.85	3.18
8,000	667	400	13.25	9.18	6.37	5.13	4.24
10,000	833	500	16.56	11.47	7.97	6.42	5.30
12,000	1000	600	19.87	13.76	9.56	7.70	6.36
14,000	1167	700	23.18	16.06	11.15	8.98	7.42
16,000	1333	800	26.50	18.35	12.74	10.26	8.48
18,000	1500	900	29.81	20.65	14.34	11.55	9.54
20,000	1667	1,000	33.12	22.94	15.93	12.83	10.60
22,000	1833	1,100	36.43	25.23	17.52	14.11	11.66
24,000	2000	1,200	39.74	27.53	19.12	15.40	12.72
26,000	2167	1,300	43.06	29.82	20.71	16.68	13.78
28,000	2333	1,400	46.37	32.12	22.30	17.96	14.84
30,000	2500	1,500	49.68	34.41	23.90	19.25	15.90
32,000	2667	1,600	52.99	36.70	25.49	20.53	16.96
34,000	2833	1,700	56.30	39.00	27.08	21.81	18.02
36,000	3000	1,800	59.62	41.29	28.67	23.09	19.08
38,000	3167	1,900	62.93	43.59	30.27	24.38	20.14
40,000	3333	2,000	66.24	45.88	31.86	25.66	21.20
42,000	3500	2,100	69.55	48.17	33.45	26.94	22.26
44,000	3667	2,200	72.86	50.47	35.05	28.23	23.32
46,000	3833	2,300	76.18	52.76	36.64	29.51	24.38
48,000	4000	2,400	79.49	55.06	38.23	30.79	25.44
50,000	4167	2,500	82.80	57.35	39.83	32.08	26.50
52,000	4333	2,600	86.11	59.64	41.42	33.36	27.56
54,000	4500	2,700	89.42	61.94	43.01	34.64	28.62
56,000	4667	2,800	92.74	64.23	44.60	35.92	29.68
58,000	4833	2,900	96.05	66.53	46.20	37.21	30.74
60,000	5000	3,000	99.36	68.82	47.79	38.49	31.80
62,000	5167	3,100	102.67	71.11	49.38	39.77	32.86
64,000	5333	3,200	105.98	73.41	50.98	41.06	33.92
66,000	5500	3,300	109.30	75.70	52.57	42.34	34.98
68,000	5667	3,400	112.61	78.00	54.16	43.62	36.04
70,000	5833	3,500	115.92	80.29	55.76	44.91	37.10
72,000	6000	3,600	119.23	82.58	57.35	46.19	38.16
74,000	6167	3,700	122.54	84.88	58.94	47.47	39.22
76,000	6333	3,800	125.86	87.17	60.53	48.75	40.28
78,000	6500	3,900	129.17	89.47	62.13	50.04	41.34
80,000	6667	4,000	132.48	91.76	63.72	51.32	42.40

Annual Earnings	Monthly Earnings	Monthly Disability Benefit	Accident/Sickness Benefit Waiting Period Cost per Month				
			14/14	30/30	60/60	90/90	180/180
82,000	6833	4,100	135.79	94.05	65.31	52.60	43.46
84,000	7000	4,200	139.10	96.35	66.91	53.89	44.52
86,000	7167	4,300	142.42	98.64	68.50	55.17	45.58
88,000	7333	4,400	145.73	100.94	70.09	56.45	46.64
90,000	7500	4,500	149.04	103.23	71.69	57.74	47.70
92,000	7667	4,600	152.35	105.52	73.28	59.02	48.76
94,000	7833	4,700	155.66	107.82	74.87	60.30	49.82
96,000	8000	4,800	158.98	110.11	76.46	61.58	50.88
98,000	8167	4,900	162.29	112.41	78.06	62.87	51.94
100,000	8333	5,000	165.60	114.70	79.65	64.15	53.00
102,000	8500	5,100	168.91	116.99	81.24	65.43	54.06
104,000	8667	5,200	172.22	119.29	82.84	66.72	55.12
106,000	8833	5,300	175.54	121.58	84.43	68.00	56.18
108,000	9000	5,400	178.85	123.88	86.02	69.28	57.24
110,000	9167	5,500	182.16	126.17	87.62	70.57	58.30
112,000	9333	5,600	185.47	128.46	89.21	71.85	59.36
114,000	9500	5,700	188.78	130.76	90.80	73.13	60.42
116,000	9667	5,800	192.10	133.05	92.39	74.41	61.48
118,000	9833	5,900	195.41	135.35	93.99	75.70	62.54
120,000	10000	6,000	198.72	137.64	95.58	76.98	63.60
122,000	10167	6,100	202.03	139.93	97.17	78.26	64.66
124,000	10333	6,200	205.34	142.23	98.77	79.55	65.72
126,000	10500	6,300	208.66	144.52	100.36	80.83	66.78
128,000	10667	6,400	211.97	146.82	101.95	82.11	67.84
130,000	10833	6,500	215.28	149.11	103.55	83.40	68.90
132,000	11000	6,600	218.59	151.40	105.14	84.68	69.96
134,000	11167	6,700	221.90	153.70	106.73	85.96	71.02
136,000	11333	6,800	225.22	155.99	108.32	87.24	72.08
138,000	11500	6,900	228.53	158.29	109.92	88.53	73.14
140,000	11667	7,000	231.84	160.58	111.51	89.81	74.20
142,000	11833	7,100	235.15	162.87	113.10	91.09	75.26
144,000	12000	7,200	238.46	165.17	114.70	92.38	76.32
146,000	12167	7,300	241.78	167.46	116.29	93.66	77.38
148,000	12333	7,400	245.09	169.76	117.88	94.94	78.44
150,000	12500	7,500	248.40	172.05	119.48	96.23	79.50

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GP190-LTD/399, GP899-LTD, GP899-LTD, GP411-LTD, GP608-LTD, GP012021-LTD, GPNY0500-LTD

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SI **14493-174298 (6/25)**