



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 Magnolia ISD. Written in non-technical language, this is not intended as a complete description of the coverage. If you have additional questions, please refer to the Your Choice Group Voluntary Long Term Disability Insurance brochure included in your packet or 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 Magnolia ISD and The Standard.

Eligibility

To become insured, you must be:

- A regular, full-time employee of Magnolia ISD 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 1 day of *active work* as an eligible employee.

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 percent of your monthly earnings.

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

Plan Minimum Monthly Benefit: Greater of \$100 or 25 percent

During the annual open enrollment period, you may increase your Monthly Benefit by \$100, \$200 or \$300 without being subject to the *preexisting condition exclusion*. If you choose to increase your coverage by more than \$300, you will be subject to the *preexisting condition exclusion*.

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:

<u>Accidental Injury</u>	<u>Other Disabilities</u>
0 days	3 days
14 days	14 days
30 days	30 days
60 days	60 days
90 days	90 days
180 days	180 days

During the annual open enrollment period, you may decrease your *benefit waiting period* by one level without being subject to the *preexisting condition exclusion*. If you choose to decrease by more than one level, or increase your *maximum benefit period*, you will be subject to the *preexisting condition exclusion*.

First Day Hospital Benefit

With this benefit, if an insured employee is admitted as a hospital inpatient for at least four hours (and charged room and board) 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 Your Choice Group Voluntary Long Term Disability Insurance 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 just before 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*.

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 the Social Security Normal Retirement Age (SSNRA). 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	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

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 attached chart, 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					
			0-3	14-14	30-30	60-60	90-90	180-180
3,600	300	200	7.96	6.30	5.02	3.44	2.88	2.18
5,400	450	300	11.94	9.45	7.53	5.16	4.32	3.27
7,200	600	400	15.92	12.60	10.04	6.88	5.76	4.36
9,000	750	500	19.90	15.75	12.55	8.60	7.20	5.45
10,800	900	600	23.88	18.90	15.06	10.32	8.64	6.54
12,600	1050	700	27.86	22.05	17.57	12.04	10.08	7.63
14,400	1200	800	31.84	25.20	20.08	13.76	11.52	8.72
16,200	1350	900	35.82	28.35	22.59	15.48	12.96	9.81
18,000	1500	1,000	39.80	31.50	25.10	17.20	14.40	10.90
19,800	1650	1,100	43.78	34.65	27.61	18.92	15.84	11.99
21,600	1800	1,200	47.76	37.80	30.12	20.64	17.28	13.08
23,400	1950	1,300	51.74	40.95	32.63	22.36	18.72	14.17
25,200	2100	1,400	55.72	44.10	35.14	24.08	20.16	15.26
27,000	2250	1,500	59.70	47.25	37.65	25.80	21.60	16.35
28,800	2400	1,600	63.68	50.40	40.16	27.52	23.04	17.44
30,600	2550	1,700	67.66	53.55	42.67	29.24	24.48	18.53
32,400	2700	1,800	71.64	56.70	45.18	30.96	25.92	19.62
34,200	2850	1,900	75.62	59.85	47.69	32.68	27.36	20.71
36,000	3000	2,000	79.60	63.00	50.20	34.40	28.80	21.80
37,800	3150	2,100	83.58	66.15	52.71	36.12	30.24	22.89
39,600	3300	2,200	87.56	69.30	55.22	37.84	31.68	23.98
41,400	3450	2,300	91.54	72.45	57.73	39.56	33.12	25.07
43,200	3600	2,400	95.52	75.60	60.24	41.28	34.56	26.16
45,000	3750	2,500	99.50	78.75	62.75	43.00	36.00	27.25
46,800	3900	2,600	103.48	81.90	65.26	44.72	37.44	28.34
48,600	4050	2,700	107.46	85.05	67.77	46.44	38.88	29.43
50,400	4200	2,800	111.44	88.20	70.28	48.16	40.32	30.52
52,200	4350	2,900	115.42	91.35	72.79	49.88	41.76	31.61
54,000	4500	3,000	119.40	94.50	75.30	51.60	43.20	32.70
55,800	4650	3,100	123.38	97.65	77.81	53.32	44.64	33.79
57,600	4800	3,200	127.36	100.80	80.32	55.04	46.08	34.88
59,400	4950	3,300	131.34	103.95	82.83	56.76	47.52	35.97
61,200	5100	3,400	135.32	107.10	85.34	58.48	48.96	37.06
63,000	5250	3,500	139.30	110.25	87.85	60.20	50.40	38.15
64,800	5400	3,600	143.28	113.40	90.36	61.92	51.84	39.24
66,600	5550	3,700	147.26	116.55	92.87	63.64	53.28	40.33
68,400	5700	3,800	151.24	119.70	95.38	65.36	54.72	41.42
70,200	5850	3,900	155.22	122.85	97.89	67.08	56.16	42.51
72,000	6000	4,000	159.20	126.00	100.40	68.80	57.60	43.60

Annual Earnings	Monthly Earnings	Monthly Disability Benefit	Accident/Sickness Benefit Waiting Period					
			Cost Per Month					
			0-3	14-14	30-30	60-60	90-90	180-180
73,800	6150	4,100	163.18	129.15	102.91	70.52	59.04	44.69
75,600	6300	4,200	167.16	132.30	105.42	72.24	60.48	45.78
77,400	6450	4,300	171.14	135.45	107.93	73.96	61.92	46.87
79,200	6600	4,400	175.12	138.60	110.44	75.68	63.36	47.96
81,000	6750	4,500	179.10	141.75	112.95	77.40	64.80	49.05
82,800	6900	4,600	183.08	144.90	115.46	79.12	66.24	50.14
84,600	7050	4,700	187.06	148.05	117.97	80.84	67.68	51.23
86,400	7200	4,800	191.04	151.20	120.48	82.56	69.12	52.32
88,200	7350	4,900	195.02	154.35	122.99	84.28	70.56	53.41
90,000	7500	5,000	199.00	157.50	125.50	86.00	72.00	54.50
91,800	7650	5,100	202.98	160.65	128.01	87.72	73.44	55.59
93,600	7800	5,200	206.96	163.80	130.52	89.44	74.88	56.68
95,400	7950	5,300	210.94	166.95	133.03	91.16	76.32	57.77
97,200	8100	5,400	214.92	170.10	135.54	92.88	77.76	58.86
99,000	8250	5,500	218.90	173.25	138.05	94.60	79.20	59.95
100,800	8400	5,600	222.88	176.40	140.56	96.32	80.64	61.04
102,600	8550	5,700	226.86	179.55	143.07	98.04	82.08	62.13
104,400	8700	5,800	230.84	182.70	145.58	99.76	83.52	63.22
106,200	8850	5,900	234.82	185.85	148.09	101.48	84.96	64.31
108,000	9000	6,000	238.80	189.00	150.60	103.20	86.40	65.40
109,800	9150	6,100	242.78	192.15	153.11	104.92	87.84	66.49
111,600	9300	6,200	246.76	195.30	155.62	106.64	89.28	67.58
113,400	9450	6,300	250.74	198.45	158.13	108.36	90.72	68.67
115,200	9600	6,400	254.72	201.60	160.64	110.08	92.16	69.76
117,000	9750	6,500	258.70	204.75	163.15	111.80	93.60	70.85
118,800	9900	6,600	262.68	207.90	165.66	113.52	95.04	71.94
120,600	10050	6,700	266.66	211.05	168.17	115.24	96.48	73.03
122,400	10200	6,800	270.64	214.20	170.68	116.96	97.92	74.12
124,200	10350	6,900	274.62	217.35	173.19	118.68	99.36	75.21
126,000	10500	7,000	278.60	220.50	175.70	120.40	100.80	76.30
127,800	10650	7,100	282.58	223.65	178.21	122.12	102.24	77.39
129,600	10800	7,200	286.56	226.80	180.72	123.84	103.68	78.48
131,400	10950	7,300	290.54	229.95	183.23	125.56	105.12	79.57
133,200	11100	7,400	294.52	233.10	185.74	127.28	106.56	80.66
135,000	11250	7,500	298.50	236.25	188.25	129.00	108.00	81.75
136,800	11400	7,600	302.48	239.40	190.76	130.72	109.44	82.84
138,600	11550	7,700	306.46	242.55	193.27	132.44	110.88	83.93
140,400	11700	7,800	310.44	245.70	195.78	134.16	112.32	85.02
142,200	11850	7,900	314.42	248.85	198.29	135.88	113.76	86.11
144,000	12000	8,000	318.40	252.00	200.80	137.60	115.20	87.20