



**Standard Insurance Company**  
**Educator Options Voluntary Long Term Disability Coverage Highlights**  
Hearne Independent School District

### Voluntary Long Term Disability (LTD) 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. Standard Insurance Company (The Standard) has developed this document to provide you with information about the optional coverage you may select through the Hearne Independent School District.

### Eligibility Requirements

- |                       |   |
|-----------------------|---|
| <b>Policy #763236</b> | <ul style="list-style-type: none"><li>• A minimum number of eligible employees must apply and qualify for the proposed plan before Educator Options Voluntary LTD coverage can become effective</li></ul>   |
| <b>Employee</b>       | <ul style="list-style-type: none"><li>• A regular employee of the Hearne Independent School District</li><li>• Actively working at least 20 hours each week</li><li>• A citizen or resident of the United States or Canada</li><li>• Temporary and seasonal employees, full-time members of the armed forces, leased employees and independent contractors are not eligible</li></ul> |
| <b>Premium</b>        | <ul style="list-style-type: none"><li>• You pay 100 percent of the premium for this coverage through easy payroll deduction</li></ul>   |

### Benefit Amount

- |                                     |   |
|-------------------------------------|---|
| <b>Benefit Amount</b>               | 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 66 2/3 percent of your monthly predisability earnings. The minimum monthly amount you may elect is \$200. |
| <b>Plan Maximum Monthly Benefit</b> | The lesser of \$7,500 or 66 2/3 percent of your predisability earnings  |
| <b>Plan Minimum Monthly Benefit</b> | 25 percent of your LTD benefit before reduction by deductible income  |

Note:

- 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: <http://myeoi.standard.com/763236>

### 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: <http://www.standard.com/calculators/dineeds.html>

### 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.

\*You are eligible on the first day of the month that follows the date you become a member

**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:

<u>Accidental Injury</u>	<u>Other Disabilities</u>
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 percent 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 is income you receive or are eligible to receive while LTD benefits are payable. Deductible income includes, but is not limited to:

- Sick pay, annual or personal leave pay, severance pay or other forms of salary continuation (including donated amounts) paid
- 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
- Earnings from work activity while you are disabled, plus the earnings you could receive if you worked as much as your disability allows
- 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

**Understanding Your Plan Design (Continued)**
**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:

<b><u>Age</u></b>	<b><u>Maximum Benefit Period</u></b>
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 \$7,500 or 66 2/3 percent 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 (66 2/3 percent 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	X 66 2/3%
Maximum benefit amount	<u>\$3,000</u>
Less Social Security disability benefit	-\$1,200
Less retirement benefit	<u>-\$900</u>
<b>Amount of LTD benefit</b>	<b>\$900</b>

**Additional Features**

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

<b>24 Hour Coverage</b>	24-hour LTD plans provide coverage for disabilities occurring on or off the job.
<b>Rehabilitation Plan</b>	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.
<b>Reasonable Accommodation Expense Benefit</b>	If your employer makes an approved work-site modification that enables you to return to work while disabled, The Standard will reimburse your employer up to a pre-approved amount for some or all of the cost of the modification.
<b>Employee Assistance Program</b>	Includes an Employee Assistance Program and WorkLife Services to offer support, guidance and resources to help you and your household members resolve personal issues.
<b>Survivors Benefit</b>	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).
<b>First Day Hospital Benefit</b>	If you are hospital confined for at least 4 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 less than 45 days.
<b>Family Care Expense Benefit</b>	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.

**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 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 90-day period just before your insurance becomes effective or any insurance increases become effective

**Specified Exclusion and Limitation Period** 12 months

**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 percent 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 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 human resources representative.

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
4,000	333	200	5.40	4.56	3.54	3.18	1.80	1.28
6,000	500	300	8.10	6.84	5.31	4.77	2.70	1.92
8,000	667	400	10.80	9.12	7.08	6.36	3.60	2.56
10,000	833	500	13.50	11.40	8.85	7.95	4.50	3.20
12,000	1000	600	16.20	13.68	10.62	9.54	5.40	3.84
14,000	1167	700	18.90	15.96	12.39	11.13	6.30	4.48
16,000	1333	800	21.60	18.24	14.16	12.72	7.20	5.12
18,000	1500	900	24.30	20.52	15.93	14.31	8.10	5.76
20,000	1667	1,000	27.00	22.80	17.70	15.90	9.00	6.40
22,000	1833	1,100	29.70	25.08	19.47	17.49	9.90	7.04
24,000	2000	1,200	32.40	27.36	21.24	19.08	10.80	7.68
26,000	2167	1,300	35.10	29.64	23.01	20.67	11.70	8.32
28,000	2333	1,400	37.80	31.92	24.78	22.26	12.60	8.96
30,000	2500	1,500	40.50	34.20	26.55	23.85	13.50	9.60
32,000	2667	1,600	43.20	36.48	28.32	25.44	14.40	10.24
34,000	2833	1,700	45.90	38.76	30.09	27.03	15.30	10.88
36,000	3000	1,800	48.60	41.04	31.86	28.62	16.20	11.52
38,000	3167	1,900	51.30	43.32	33.63	30.21	17.10	12.16
40,000	3333	2,000	54.00	45.60	35.40	31.80	18.00	12.80
42,000	3500	2,100	56.70	47.88	37.17	33.39	18.90	13.44
44,000	3667	2,200	59.40	50.16	38.94	34.98	19.80	14.08
46,000	3833	2,300	62.10	52.44	40.71	36.57	20.70	14.72
48,000	4000	2,400	64.80	54.72	42.48	38.16	21.60	15.36
50,000	4167	2,500	67.50	57.00	44.25	39.75	22.50	16.00
52,000	4333	2,600	70.20	59.28	46.02	41.34	23.40	16.64
54,000	4500	2,700	72.90	61.56	47.79	42.93	24.30	17.28
56,000	4667	2,800	75.60	63.84	49.56	44.52	25.20	17.92
58,000	4833	2,900	78.30	66.12	51.33	46.11	26.10	18.56
60,000	5000	3,000	81.00	68.40	53.10	47.70	27.00	19.20
62,000	5167	3,100	83.70	70.68	54.87	49.29	27.90	19.84
64,000	5333	3,200	86.40	72.96	56.64	50.88	28.80	20.48
66,000	5500	3,300	89.10	75.24	58.41	52.47	29.70	21.12
68,000	5667	3,400	91.80	77.52	60.18	54.06	30.60	21.76
70,000	5833	3,500	94.50	79.80	61.95	55.65	31.50	22.40
72,000	6000	3,600	97.20	82.08	63.72	57.24	32.40	23.04
74,000	6167	3,700	99.90	84.36	65.49	58.83	33.30	23.68
76,000	6333	3,800	102.60	86.64	67.26	60.42	34.20	24.32
78,000	6500	3,900	105.30	88.92	69.03	62.01	35.10	24.96
80,000	6667	4,000	108.00	91.20	70.80	63.60	36.00	25.60
82,000	6833	4,100	110.70	93.48	72.57	65.19	36.90	26.24

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
84,000	7000	4,200	113.40	95.76	74.34	66.78	37.80	26.88
86,000	7167	4,300	116.10	98.04	76.11	68.37	38.70	27.52
88,000	7333	4,400	118.80	100.32	77.88	69.96	39.60	28.16
90,000	7500	4,500	121.50	102.60	79.65	71.55	40.50	28.80
92,000	7667	4,600	124.20	104.88	81.42	73.14	41.40	29.44
94,000	7833	4,700	126.90	107.16	83.19	74.73	42.30	30.08
96,000	8000	4,800	129.60	109.44	84.96	76.32	43.20	30.72
98,000	8167	4,900	132.30	111.72	86.73	77.91	44.10	31.36
100,000	8333	5,000	135.00	114.00	88.50	79.50	45.00	32.00
102,000	8500	5,100	137.70	116.28	90.27	81.09	45.90	32.64
104,000	8667	5,200	140.40	118.56	92.04	82.68	46.80	33.28
106,000	8833	5,300	143.10	120.84	93.81	84.27	47.70	33.92
108,000	9000	5,400	145.80	123.12	95.58	85.86	48.60	34.56
110,000	9167	5,500	148.50	125.40	97.35	87.45	49.50	35.20
112,000	9333	5,600	151.20	127.68	99.12	89.04	50.40	35.84
114,000	9500	5,700	153.90	129.96	100.89	90.63	51.30	36.48
116,000	9667	5,800	156.60	132.24	102.66	92.22	52.20	37.12
118,000	9833	5,900	159.30	134.52	104.43	93.81	53.10	37.76
120,000	10000	6,000	162.00	136.80	106.20	95.40	54.00	38.40
122,000	10167	6,100	164.70	139.08	107.97	96.99	54.90	39.04
124,000	10333	6,200	167.40	141.36	109.74	98.58	55.80	39.68
126,000	10500	6,300	170.10	143.64	111.51	100.17	56.70	40.32
128,000	10667	6,400	172.80	145.92	113.28	101.76	57.60	40.96
130,000	10833	6,500	175.50	148.20	115.05	103.35	58.50	41.60
132,000	11000	6,600	178.20	150.48	116.82	104.94	59.40	42.24
134,000	11167	6,700	180.90	152.76	118.59	106.53	60.30	42.88
136,000	11333	6,800	183.60	155.04	120.36	108.12	61.20	43.52
138,000	11500	6,900	186.30	157.32	122.13	109.71	62.10	44.16
140,000	11667	7,000	189.00	159.60	123.90	111.30	63.00	44.80
142,000	11833	7,100	191.70	161.88	125.67	112.89	63.90	45.44
144,000	12000	7,200	194.40	164.16	127.44	114.48	64.80	46.08
146,000	12167	7,300	197.10	166.44	129.21	116.07	65.70	46.72
148,000	12333	7,400	199.80	168.72	130.98	117.66	66.60	47.36
150,000	12500	7,500	202.50	171.00	132.75	119.25	67.50	48.00





### **Standard Insurance Company**

For more than 100 years we have been dedicated to our core purpose: to help people achieve financial well-being and peace of mind. We have earned a national reputation for quality products and superior service by always striving to do what is right for our customers.

Headquartered in Portland, Oregon, The Standard is a nationally recognized provider of group Disability, Life, Dental and Vision insurance and Individual Disability insurance. We provide insurance to more than 24,800 groups, covering over 8 million employees nationwide.\* Our first group policy, written in 1951 and still in force today, stands as a testament to our commitment to building long-term relationships.

To learn more about products from The Standard, Contact your human resources department or visit us at **[www.standard.com](http://www.standard.com)**.

\* As of June 30, 2013, based on internal data developed by Standard Insurance Company.

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