



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 Lubbock 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 Lubbock 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 percent 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 percent 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 percent of your predisability earnings
- Plan Minimum Monthly Benefit** 25 percent of your LTD benefit before reduction by deductible income

During the annual open enrollment period, you may increase your Monthly Benefits 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.

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: www.standard.com/mhs .

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. 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:

<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

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

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.

During the first 12 months of disability, deductible income includes, but is not limited to:

1. Any amount you receive or are eligible to receive because of your disability, including amount for partial or total disability, whether permanent, temporary or vocational, under the following:
 - A workers' compensation law;
 - The Jones Act;
 - Maritime Doctrine of Maintenance, Wages, or Cure;
 - Longshoremen's and Harbor Worker's Act; or
 - Any similar act or law
2. Your work earnings, as described in the Return to Work Provisions.
3. Any amount you receive by compromise, settlements, or other method as a result of a claim for any of the above, whether disputed or undisputed.

After you have been disabled for 12 months, 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

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 (SSNRA) or 3 years 6 months, whichever is longer. If you become disabled at age 62 or older, the benefit duration is determined by the 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

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 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 (66.67 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 66.67%
Maximum benefit amount	<u>\$2,700</u>
Less Social Security disability benefit	-\$1,200
Less retirement benefit	<u>-\$900</u>
Amount of LTD benefit	\$600

Additional Features

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

24 Hour Coverage

24-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

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

Expense Benefit	amount for some or all of the cost of the modification.
Rehabilitation Incentive Benefit	If you agree to participate in a rehabilitation plan that prepares you to return to work (plan must be approved by The Standard), you may be eligible to receive an additional benefit equal to 10 percent of your predisability earnings. When added to any other amount you receive from The Standard, your total benefit cannot exceed the maximum benefit allowed by the policy.
Employee Assistance Program	Includes an Employee Assistance Program and WorkLife Services to offer support, guidance and resources to help you and your household members resolve personal issues.
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 time 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 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. *Hospital confined means you are admitted to a hospital as an in-patient, and for which you are charged for room and board.
Family Care Expense Benefit	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.
Special Dismemberment Provision	If you suffer a loss as a result of an accident, you will be considered disabled for the applicable Minimum Benefit Period, even if this causes LTD benefits to be paid beyond the end of the Maximum Benefit Period.

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

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; throughout the own occupation period; 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 or substance abuse

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 chart 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 (rate per \$100 of benefit*)					
			0-7 *\$3.83	14-14 *\$3.06	30-30 *\$2.52	60-60 *\$1.73	90-90 *\$1.50	180-180 *\$1.00
3,600	300	200	7.66	6.12	5.04	3.46	3.00	2.00
5,400	450	300	11.49	9.18	7.56	5.19	4.50	3.00
7,200	600	400	15.32	12.24	10.08	6.92	6.00	4.00
9,000	750	500	19.15	15.30	12.60	8.65	7.50	5.00
10,800	900	600	22.98	18.36	15.12	10.38	9.00	6.00
12,600	1050	700	26.81	21.42	17.64	12.11	10.50	7.00
14,400	1200	800	30.64	24.48	20.16	13.84	12.00	8.00
16,200	1350	900	34.47	27.54	22.68	15.57	13.50	9.00
18,000	1500	1,000	38.30	30.60	25.20	17.30	15.00	10.00
19,800	1650	1,100	42.13	33.66	27.72	19.03	16.50	11.00
21,600	1800	1,200	45.96	36.72	30.24	20.76	18.00	12.00
23,400	1950	1,300	49.79	39.78	32.76	22.49	19.50	13.00
25,200	2100	1,400	53.62	42.84	35.28	24.22	21.00	14.00
27,000	2250	1,500	57.45	45.90	37.80	25.95	22.50	15.00
28,800	2400	1,600	61.28	48.96	40.32	27.68	24.00	16.00
30,600	2550	1,700	65.11	52.02	42.84	29.41	25.50	17.00
32,400	2700	1,800	68.94	55.08	45.36	31.14	27.00	18.00
34,200	2850	1,900	72.77	58.14	47.88	32.87	28.50	19.00
36,000	3000	2,000	76.60	61.20	50.40	34.60	30.00	20.00
37,800	3150	2,100	80.43	64.26	52.92	36.33	31.50	21.00
39,600	3300	2,200	84.26	67.32	55.44	38.06	33.00	22.00
41,400	3450	2,300	88.09	70.38	57.96	39.79	34.50	23.00
43,200	3600	2,400	91.92	73.44	60.48	41.52	36.00	24.00
45,000	3750	2,500	95.75	76.50	63.00	43.25	37.50	25.00
46,800	3900	2,600	99.58	79.56	65.52	44.98	39.00	26.00
48,600	4050	2,700	103.41	82.62	68.04	46.71	40.50	27.00
50,400	4200	2,800	107.24	85.68	70.56	48.44	42.00	28.00
52,200	4350	2,900	111.07	88.74	73.08	50.17	43.50	29.00
54,000	4500	3,000	114.90	91.80	75.60	51.90	45.00	30.00

55,800	4650	3,100	118.73	94.86	78.12	53.63	46.50	31.00
57,600	4800	3,200	122.56	97.92	80.64	55.36	48.00	32.00
59,400	4950	3,300	126.39	100.98	83.16	57.09	49.50	33.00
61,200	5100	3,400	130.22	104.04	85.68	58.82	51.00	34.00
63,000	5250	3,500	134.05	107.10	88.20	60.55	52.50	35.00
64,800	5400	3,600	137.88	110.16	90.72	62.28	54.00	36.00
66,600	5550	3,700	141.71	113.22	93.24	64.01	55.50	37.00
68,400	5700	3,800	145.54	116.28	95.76	65.74	57.00	38.00
70,200	5850	3,900	149.37	119.34	98.28	67.47	58.50	39.00
72,000	6000	4,000	153.20	122.40	100.80	69.20	60.00	40.00
73,800	6150	4,100	157.03	125.46	103.32	70.93	61.50	41.00
75,600	6300	4,200	160.86	128.52	105.84	72.66	63.00	42.00
77,400	6450	4,300	164.69	131.58	108.36	74.39	64.50	43.00
79,200	6600	4,400	168.52	134.64	110.88	76.12	66.00	44.00
81,000	6750	4,500	172.35	137.70	113.40	77.85	67.50	45.00
82,800	6900	4,600	176.18	140.76	115.92	79.58	69.00	46.00
84,600	7050	4,700	180.01	143.82	118.44	81.31	70.50	47.00
86,400	7200	4,800	183.84	146.88	120.96	83.04	72.00	48.00
88,200	7350	4,900	187.67	149.94	123.48	84.77	73.50	49.00
90,000	7500	5,000	191.50	153.00	126.00	86.50	75.00	50.00
91,800	7650	5,100	195.33	156.06	128.52	88.23	76.50	51.00
93,600	7800	5,200	199.16	159.12	131.04	89.96	78.00	52.00
95,400	7950	5,300	202.99	162.18	133.56	91.69	79.50	53.00
97,200	8100	5,400	206.82	165.24	136.08	93.42	81.00	54.00
99,000	8250	5,500	210.65	168.30	138.60	95.15	82.50	55.00
100,800	8400	5,600	214.48	171.36	141.12	96.88	84.00	56.00
102,600	8550	5,700	218.31	174.42	143.64	98.61	85.50	57.00
104,400	8700	5,800	222.14	177.48	146.16	100.34	87.00	58.00
106,200	8850	5,900	225.97	180.54	148.68	102.07	88.50	59.00
108,000	9000	6,000	229.80	183.60	151.20	103.80	90.00	60.00
109,800	9150	6,100	233.63	186.66	153.72	105.53	91.50	61.00
111,600	9300	6,200	237.46	189.72	156.24	107.26	93.00	62.00
113,400	9450	6,300	241.29	192.78	158.76	108.99	94.50	63.00
115,200	9600	6,400	245.12	195.84	161.28	110.72	96.00	64.00
117,000	9750	6,500	248.95	198.90	163.80	112.45	97.50	65.00
118,800	9900	6,600	252.78	201.96	166.32	114.18	99.00	66.00
120,600	10050	6,700	256.61	205.02	168.84	115.91	100.50	67.00
122,400	10200	6,800	260.44	208.08	171.36	117.64	102.00	68.00
124,200	10350	6,900	264.27	211.14	173.88	119.37	103.50	69.00
126,000	10500	7,000	268.10	214.20	176.40	121.10	105.00	70.00
127,800	10650	7,100	271.93	217.26	178.92	122.83	106.50	71.00
129,600	10800	7,200	275.76	220.32	181.44	124.56	108.00	72.00
131,400	10950	7,300	279.59	223.38	183.96	126.29	109.50	73.00
133,200	11100	7,400	283.42	226.44	186.48	128.02	111.00	74.00
135,000	11250	7,500	287.25	229.50	189.00	129.75	112.50	75.00
136,800	11400	7,600	291.08	232.56	191.52	131.48	114.00	76.00
138,600	11550	7,700	294.91	235.62	194.04	133.21	115.50	77.00
140,400	11700	7,800	298.74	238.68	196.56	134.94	117.00	78.00

142,200	11850	7,900	302.57	241.74	199.08	136.67	118.50	79.00
144,000	12000	8,000	306.40	244.80	201.60	138.40	120.00	80.00



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.

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

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