



# BlueCross BlueShield of Texas

Group Benefit Program Summary for

Amarillo ISD – VF026695

Group Long-term Disability Insurance (LTD)

<b>Eligibility</b>	A full-time Employee is one who regularly works a minimum of 21 hours per week for the Policyholder. Part-time, seasonal and temporary Employees of the Policyholder are not eligible.
<b>Waiting Period</b>	First of the month coincident with or next following 28 Days of continuous, full-time Active Work
<b>Contributions</b>	<p><b>Core Plan:</b> 100% Employer Paid, no election required.  <b>BuyUp Plan(s):</b> 100% Employee Paid, election required.</p> <p>We will waive premium for You during a period of Disability for which the LTD Monthly Benefit is payable under the Policy. Premium payment is required during Your Elimination Period or any other period when the LTD Monthly Benefit is not payable under the Policy.</p>
<b>Evidence of Insurability (EOI)</b>	<p><b>Core Plan:</b> No EOI Required.  <b>BuyUp Plan:</b> If coverage is elected w/in 31 days following the waiting period, no EOI required. If coverage is elected anytime thereafter, EOI required.</p>
<b>Coverage Effective</b>	<p><b>Core Plan:</b> Effective on the day following the waiting period.  <b>BuyUp Plans:</b></p> <ul style="list-style-type: none"> <li>• <b>Newly Eligible:</b> 1<sup>ST</sup> of the month that falls on or next follows the date you sign enrollment form.</li> <li>• <b>Change in Family Status:</b> The date of EOI approval.</li> <li>• <b>MidYear Enrollment:</b> The date of EOI approval.</li> <li>• <b>Annual Enrollment:</b> The date of EOI approval.</li> </ul> <p>Must be actively at work for coverage to go into effect. See certificate for details.</p>
<b>Gross Monthly Benefit (if you meet the definition of Disability)</b>	<p><b>Core Plan:</b> 40% of Monthly Earnings to a Maximum Gross Monthly Benefit of \$7,500 per month subject to reduction by deductible sources of income or Disability Earnings</p> <p><b>Buy-Up Plan Option:</b> 60% of Monthly Earnings to a Maximum Gross Monthly Benefit of \$7,500 per month subject to reduction by deductible sources of income or Disability Earnings</p> <p><b>Buy-Up Plan Option:</b> 66.66% of Monthly Earnings to a Maximum Gross Monthly Benefit of \$7,500 per month subject to reduction by deductible sources of income or Disability Earnings</p> <p>Buy-Up Plan is a combination of the Core Plan of benefits paid for by the <i>Policyholder</i> and an additional level of benefit for which <i>You</i> pay the premium. You are insured in either the Core Plan or Buy-Up Plan at any given time.</p>
<b>Definition of Monthly Earnings</b>	<p><b>Monthly Earnings</b> means Your gross monthly income from Your Employer in effect just prior to Your Date of Disability. It includes Your total income before taxes and any deductions made for pre-tax contributions to a qualified deferred compensation plan, Section 125 plan, or flexible spending account. It does not include income received from commissions, bonuses, overtime pay, any other extra compensation, or income received from sources other than Your Employer</p>



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	<p>Earnings, whether for a full year or partial year, will be converted to a monthly amount for the purpose of calculating the Monthly Benefit.</p>
<p><b>When Benefits Begin (Elimination Period)</b></p>	<p>90 days of continuous Disability.</p> <p>If You temporarily recover and return to work, We will treat Your Disability (same or related) as continuous if You return to work for a period of less than or equal to one-half the Elimination Period, rounded up to the next whole number, not to exceed 90 days. The days that You are not Disabled will not count toward Your Elimination Period.</p>
<p><b>Definition of Disability</b></p>	<ul style="list-style-type: none"> <li>• <b>During the Elimination Period</b> you are unable to perform all the Material and Substantial Duties of your <b>Regular Occupation</b>.</li> <li>• <b>During the first 24 consecutive months of benefit payments</b>, due to Injury or Sickness, you are unable (<i>or if school is not in session – you would be unable</i>) to perform all of the Material and Substantial Duties of your <b>Regular Occupation</b>, and your Disability Earnings, if any, are:             <ul style="list-style-type: none"> <li>▪ <b>Partially Disabled:</b> at least 20% but less than or equal to 80% of your pre-disability Indexed Monthly Earnings; or</li> <li>▪ <b>Total Disability:</b> are less than 20% of your pre-disability Indexed Monthly Earnings.</li> </ul> </li> <li>• <b>After the LTD Monthly Benefit has been paid for 24 consecutive months</b>, due to Injury or Sickness, you are unable to engage in any <b>Gainful Occupation</b>; and your Disability Earnings, if any, are:             <ul style="list-style-type: none"> <li>▪ <b>Partially Disabled:</b> at least 20% but less than or equal to 60% of your pre-disability Indexed Monthly Earnings.</li> <li>▪ <b>Total Disabled:</b> less than 20% of your pre-disability Indexed Monthly Earnings.</li> </ul> </li> </ul> <p>You are eligible for LTD disability benefits whether you become disabled on or off the job. If You require a professional license or certification for Your occupation, loss of that professional license or certification does not in and of itself constitute Disability.</p> <p><b>Regular Occupation</b> means the occupation that You are routinely performing when Your Disability begins. We will look at Your occupation as it is normally performed in the national economy, instead of how the work tasks are performed for a specific Policyholder or at a specific location.</p> <p><b>Gainful Occupation:</b> means the performance of any occupation for wages, remuneration or profit, for which You are qualified by education, training or experience on a full-time or parttime basis.</p> <p><b>What happens if Your Disability recurs?</b>          If Disability for which benefits were payable ends but recurs due to the same or related causes less than 6 months after the end of a prior Disability, it will be considered a resumption of the prior Disability. Such recurrent Disability shall be subject to the provisions of the Policy that were in effect at the time the prior Disability began. Disability which recurs more than 6 months after the end of a prior Disability is subject to: 1. a new Elimination Period; 2. a new Maximum Period</p>



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	Payable; and 3. the other provisions of the Policy that are in effect on the date the Disability recurs. Disability must recur while Your coverage is in force under the Policy.	
<b>Offsets</b>	<p>Disability benefit will be reduced by other income sources received due to your disability including Primary and Family Social Security. See certificate for a list of all offsets.</p> <p>Any sick leave or salary continuance plan provided by or through the Policyholder which causes the Net Monthly Benefit, plus Deductible Sources of Income and any salary continuation to exceed 100% of Your predisability Indexed Monthly Earnings. The amount in excess of 100% of Your pre-disability Indexed Monthly Earnings will be used to reduce Your Net Monthly Benefit.</p>	
<b>Minimum Monthly Benefit</b>	\$100 or 10% of your Gross LTD Monthly Benefit, whichever is greater.	
<b>Work Incentive Benefit</b>	<p>A Work Incentive Benefit may be payable if you are disabled and gainfully employed after the end of the Elimination Period, or after a period during which you received LTD monthly benefits.</p> <p><b>During the first 12 months of benefits:</b> The Work Incentive Benefit allows the employee to receive their LTD monthly benefit plus their earnings up 100% of pre-disability earnings. If their gross monthly LTD benefit plus their earnings exceeds 100% of pre-disability earnings, their monthly LTD benefit is reduced by the excess.</p> <p><b>After 12 months of disability payments,</b> the employee's Work Incentive Benefit is the net LTD monthly benefit reduced by % of earnings loss.</p>	
<b>Rehabilitation Incentive Income (RII)</b>	<p>A Rehabilitation Incentive Income benefit maybe payable if disabled and gainfully employed in occupation that has been approved as part of a Rehabilitation Plan (to return you to gainful employment).</p> <p><b>During the first 12 months of Gainful Employment:</b> The RII allows the employee to receive their LTD monthly benefit plus their earnings up 100% of pre-disability earnings. If their gross monthly LTD benefit plus their earnings exceeds 100% of pre-disability earnings, their monthly LTD benefit is reduced by the excess.</p> <p><b>After 12 months of Gainful Employment:</b> RII is equal to the LTD monthly benefit reduced by % of earnings loss</p>	
<b>Maximum Period Payable</b>	Age on Date Disability Commences	Maximum Period Payable
	Less than 60	To Social Security Normal Retirement Age (SSNRA)
	60	60 months or to SSNRA, whichever is greater
	61	48 months or to SSNRA, whichever is greater
	62	42 months or to SSNRA, whichever is greater
	63	36 months or to SSNRA, whichever is greater
	64	30 months or to SSNRA, whichever is greater
	65	24 months
	66	21 months
	67	18 months
	68	15 months
	69 or over	12 months



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<p><b>Limits</b></p>	<p>The Policy has limitations on:</p> <ul style="list-style-type: none"> <li>• Mental Disorder - Disability beyond 24 months after the Elimination Period if it is due to a Mental Disorder of any type. Confinement in a Hospital or institution licensed to provide care and treatment for mental illness will not be counted as part of the 24-month limit.</li> <li>• Substance Abuse – A Substance Abuse (drug or alcohol) related Disability unless You are participating in a Substance Abuse treatment program approved by the State where the treatment program is provided. The cost of the treatment program must be borne by You or another group plan of the Policyholder (such as a group health plan or Employee Assistance Program) if one is available and covers this type of treatment.</li> </ul> <p>Except as specifically stated above, in no event will LTD Monthly Benefits for a Mental Disorder or Substance Abuse be paid beyond the earliest of the date:</p> <ol style="list-style-type: none"> <li>1. 24 LTD Monthly Benefit payments have been made; or</li> <li>2. the Maximum Period Payable is reached; or</li> <li>3. You refuse to participate in an appropriate, available treatment program, or You leave the treatment program prior to completion; or</li> <li>4. You are no longer following the requirements of Your treatment plan under the program; or</li> <li>5. You complete the initial treatment plan, exclusive of any aftercare or follow-up services.</li> </ol> <p>The lifetime cumulative Maximum Period Payable for all disabilities due to a Mental Disorder and Substance Abuse is 24 months. Only 24 months of benefits will be paid for any combination of such disabilities even if the disabilities: 1. are not continuous; and/or 2. are not related.</p>
<p><b>Day Care Expense Benefit</b></p>	<p>While Disabled and receiving RII, you may be eligible for reimbursement of Day Care Expenses up to \$350 per eligible child per month to a total benefit of \$1,000 per month. See certificate for details.</p>
<p><b>Survivor Benefit</b></p>	<p>If the employee passes away after being disabled for period of 6 or more consecutive months and while receiving long-term disability benefits, the employee’s eligible survivor may be eligible to receive a lump sum benefit equal to 3x the last monthly benefit. Eligible Survivor means Your Spouse, if living, or if Your Spouse dies before the final monthly benefit is paid, then Your children who are under age 23. Last Monthly Benefit means the Monthly Benefit paid to You immediately prior to Your death, but not including any reductions for Deductible Sources of Income. Spouse will include Domestic Partner.</p>
<p><b>Worksite Modification Benefit</b></p>	<p>We will assist You and the Policyholder in identifying modifications We agree are likely to help You remain at work or return to work. This agreement will be in writing and must be signed by You, the Policyholder and Us. When this occurs, We will reimburse the Policyholder for the cost of the modification, up to the greater of: 1. \$1,500; or 2. 2 times Your Last Monthly Benefit.</p> <p>We will reimburse the Policyholder upon completion of the following:</p> <ol style="list-style-type: none"> <li>1. agreed upon modifications made on Your behalf are completed;</li> <li>2. written proof of expenses incurred by Your Policyholder have been provided to Us; and</li> <li>3. You have returned to work and are an Actively at Work Employee.</li> </ol> <p>Last Monthly Benefit means the Monthly Benefit paid to You immediately prior to Your request for benefits under the Worksite Modification Benefit provision, but not including any reductions for Deductible Sources of Income.</p>



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## Pre-Existing Condition Exclusion

**Pre-existing Condition** means a condition which was caused by, or results from a Sickness or Injury for which you received medical treatment, or advice was rendered, prescribed or recommended whether or not the Sickness was diagnosed at all or was misdiagnosed within 3 months prior to your effective date; and results in a Disability which begins in the first 12 months after your effective date.

## Exclusions

The Policy does not cover any loss or Disability caused by, resulting from, arising out of or substantially contributed, directly or indirectly, to by any one or more of the following:

- a Pre-existing Condition;
- commission of, participation in, or an attempt to commit an assault or felony;
- Intentionally self-inflicted injuries;
- attempted suicide, regardless of mental capacity;
- participation in a war, declared or undeclared, or any act of war;
- active military duty;
- active Participation in a Riot;
- commission of a crime for which you have been convicted;

Furthermore:

- Benefits are not payable for any period during which You are confined to a penal or correctional institution if the period of confinement exceeds 30 days.
- Benefits are not payable during the first 24 months of LTD Monthly Benefits, when You are able to return to work in Your Regular Occupation on a part-time basis but You do not.
- Benefits are not payable after 24 months of LTD Monthly Benefits, when You are able to work in any Gainful Occupation on a part-time basis but You do not.

## When Coverage Ends

**FMLA:** End of approved leave as permitted by law.

**Other Leave of Absence:** End of the month following the month in which leave began.

**Military Leave:** Longer of FMLA or Other Leave of Absence

**Eligibility:** Date employee no longer meets eligibility.

**Furlough, Layoff, Temporary Work Stoppage or Termination:** Date of.

Premium payments required for the duration of coverage.

Termination will not affect a covered loss which began while the coverage was in force.

## Conversion

If You end employment with the Policyholder, Your coverage under the Policy will end. You may be eligible to purchase insurance under the group conversion policy. To be eligible, You must have been insured for at least 12 consecutive months under the Policyholder's group plan on the date You end employment. We will consider the amount of time You were insured under this Plan and the plan it replaced, if any. You must apply for insurance under the conversion policy, and pay the first (annual/semi-annual) premium within 31 days after the date Your employment ends. The conversion policy will be at the premium rate and on the form then being made available by Us for conversion. You are not eligible to apply for coverage under the group conversion policy if: 1. You are or become insured under another group long term disability plan within 31 days after Your employment ends; 2. You are Disabled under the terms of the Policy; 3. You recover from a Disability and do not



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	return to work for the Policyholder; 4. You are on a leave of absence; or 5. Your coverage under the Policy ends for any of the following reasons: a. the Policy is canceled; b. the Policy is changed to exclude the class of Employees to which You belong; c. You are no longer in an eligible class; d. You end Your working career or retire and receive payment form the Policyholder's Retirement Plan; or e. You fail to pay the required premium under the Policy.
<b>Disability Resource Service</b>	Disability Resource Services provides a 24-hour telephonic support for all LTD insureds for behavioral health issues. A staff of master degree clinicians are available to provide each caller with assessment, counseling and referral advice for face-to-face counseling. Face-to-face counseling - Up to three face-to-face counseling sessions per year to address appropriate behavioral health issues. Call 866-899-1363. <a href="http://GuidanceResources.com">GuidanceResources.com</a> , ID: DISRES

For illustrative purposes only. May not be available in all jurisdictions. Coverage may be subject to limitations, exclusions and other coverage conditions contained in issued policy. Please consult the policy for the actual terms of coverage. Any discrepancies, the policy will prevail.

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