



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 Waxahachie 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 Educator Options 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 Waxahachie ISD and The Standard.

Eligibility

To become insured, you must be:

- A regular, full-time employee of Waxahachie 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 (check with your human resources representative)
- 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 one full day of active work as an eligible employee.

Benefit Amount

You may select a monthly benefit amount in \$100 increments (minimum of \$200), 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: 25 percent of your LTD benefit before reduction by deductible income

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	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 subject to the preexisting condition exclusion. If you choose to decrease by more than one level 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, 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 Group Voluntary Long Term Disability Insurance for Educators and Administrators 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.

If you become disabled before age 62, LTD benefits may continue during disability to age 65. 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	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

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					
			0-7	14-14	30-30	60-60	90-90	180-180
3,600	300	200	8.16	7.20	6.10	3.96	3.42	2.50
5,400	450	300	12.24	10.80	9.15	5.94	5.13	3.75
7,200	600	400	16.32	14.40	12.20	7.92	6.84	5.00
9,000	750	500	20.40	18.00	15.25	9.90	8.55	6.25
10,800	900	600	24.48	21.60	18.30	11.88	10.26	7.50
12,600	1,050	700	28.56	25.20	21.35	13.86	11.97	8.75
14,400	1,200	800	32.64	28.80	24.40	15.84	13.68	10.00
16,200	1,350	900	36.72	32.40	27.45	17.82	15.39	11.25
18,000	1,500	1,000	40.80	36.00	30.50	19.80	17.10	12.50
19,800	1,650	1,100	44.88	39.60	33.55	21.78	18.81	13.75
21,600	1,800	1,200	48.96	43.20	36.60	23.76	20.52	15.00
23,400	1,950	1,300	53.04	46.80	39.65	25.74	22.23	16.25
25,200	2,100	1,400	57.12	50.40	42.70	27.72	23.94	17.50
27,000	2,250	1,500	61.20	54.00	45.75	29.70	25.65	18.75
28,800	2,400	1,600	65.28	57.60	48.80	31.68	27.36	20.00
30,600	2,550	1,700	69.36	61.20	51.85	33.66	29.07	21.25
32,400	2,700	1,800	73.44	64.80	54.90	35.64	30.78	22.50
34,200	2,850	1,900	77.52	68.40	57.95	37.62	32.49	23.75
36,000	3,000	2,000	81.60	72.00	61.00	39.60	34.20	25.00
37,800	3,150	2,100	85.68	75.60	64.05	41.58	35.91	26.25
39,600	3,300	2,200	89.76	79.20	67.10	43.56	37.62	27.50
41,400	3,450	2,300	93.84	82.80	70.15	45.54	39.33	28.75
43,200	3,600	2,400	97.92	86.40	73.20	47.52	41.04	30.00
45,000	3,750	2,500	102.00	90.00	76.25	49.50	42.75	31.25
46,800	3,900	2,600	106.08	93.60	79.30	51.48	44.46	32.50
48,600	4,050	2,700	110.16	97.20	82.35	53.46	46.17	33.75
50,400	4,200	2,800	114.24	100.80	85.40	55.44	47.88	35.00
52,200	4,350	2,900	118.32	104.40	88.45	57.42	49.59	36.25
54,000	4,500	3,000	122.40	108.00	91.50	59.40	51.30	37.50
55,800	4,650	3,100	126.48	111.60	94.55	61.38	53.01	38.75
57,600	4,800	3,200	130.56	115.20	97.60	63.36	54.72	40.00
59,400	4,950	3,300	134.64	118.80	100.65	65.34	56.43	41.25
61,200	5,100	3,400	138.72	122.40	103.70	67.32	58.14	42.50
63,000	5,250	3,500	142.80	126.00	106.75	69.30	59.85	43.75
64,800	5,400	3,600	146.88	129.60	109.80	71.28	61.56	45.00
66,600	5,550	3,700	150.96	133.20	112.85	73.26	63.27	46.25
68,400	5,700	3,800	155.04	136.80	115.90	75.24	64.98	47.50
70,200	5,850	3,900	159.12	140.40	118.95	77.22	66.69	48.75
72,000	6,000	4,000	163.20	144.00	122.00	79.20	68.40	50.00

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
73,800	6,150	4,100	167.28	147.60	125.05	81.18	70.11	51.25
75,600	6,300	4,200	171.36	151.20	128.10	83.16	71.82	52.50
77,400	6,450	4,300	175.44	154.80	131.15	85.14	73.53	53.75
79,200	6,600	4,400	179.52	158.40	134.20	87.12	75.24	55.00
81,000	6,750	4,500	183.60	162.00	137.25	89.10	76.95	56.25
82,800	6,900	4,600	187.68	165.60	140.30	91.08	78.66	57.50
84,600	7,050	4,700	191.76	169.20	143.35	93.06	80.37	58.75
86,400	7,200	4,800	195.84	172.80	146.40	95.04	82.08	60.00
88,200	7,350	4,900	199.92	176.40	149.45	97.02	83.79	61.25
90,000	7,500	5,000	204.00	180.00	152.50	99.00	85.50	62.50
91,800	7,650	5,100	208.08	183.60	155.55	100.98	87.21	63.75
93,600	7,800	5,200	212.16	187.20	158.60	102.96	88.92	65.00
95,400	7,950	5,300	216.24	190.80	161.65	104.94	90.63	66.25
97,200	8,100	5,400	220.32	194.40	164.70	106.92	92.34	67.50
99,000	8,250	5,500	224.40	198.00	167.75	108.90	94.05	68.75
100,800	8,400	5,600	228.48	201.60	170.80	110.88	95.76	70.00
102,600	8,550	5,700	232.56	205.20	173.85	112.86	97.47	71.25
104,400	8,700	5,800	236.64	208.80	176.90	114.84	99.18	72.50
106,200	8,850	5,900	240.72	212.40	179.95	116.82	100.89	73.75
108,000	9,000	6,000	244.80	216.00	183.00	118.80	102.60	75.00
109,800	9,150	6,100	248.88	219.60	186.05	120.78	104.31	76.25
111,600	9,300	6,200	252.96	223.20	189.10	122.76	106.02	77.50
113,400	9,450	6,300	257.04	226.80	192.15	124.74	107.73	78.75
115,200	9,600	6,400	261.12	230.40	195.20	126.72	109.44	80.00
117,000	9,750	6,500	265.20	234.00	198.25	128.70	111.15	81.25
118,800	9,900	6,600	269.28	237.60	201.30	130.68	112.86	82.50
120,600	10,050	6,700	273.36	241.20	204.35	132.66	114.57	83.75
122,400	10,200	6,800	277.44	244.80	207.40	134.64	116.28	85.00
124,200	10,350	6,900	281.52	248.40	210.45	136.62	117.99	86.25
126,000	10,500	7,000	285.60	252.00	213.50	138.60	119.70	87.50
127,800	10,650	7,100	289.68	255.60	216.55	140.58	121.41	88.75
129,600	10,800	7,200	293.76	259.20	219.60	142.56	123.12	90.00
131,400	10,950	7,300	297.84	262.80	222.65	144.54	124.83	91.25
133,200	11,100	7,400	301.92	266.40	225.70	146.52	126.54	92.50
135,000	11,250	7,500	306.00	270.00	228.75	148.50	128.25	93.75
136,800	11,400	7,600	310.08	273.60	231.80	150.48	129.96	95.00
138,600	11,550	7,700	314.16	277.20	234.85	152.46	131.67	96.25
140,400	11,700	7,800	318.24	280.80	237.90	154.44	133.38	97.50
142,200	11,850	7,900	322.32	284.40	240.95	156.42	135.09	98.75
144,000	12,000	8,000	326.40	288.00	244.00	158.40	136.80	100.00