



### 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 the Waxahachie Independent School District. Written in non-technical language, this is not intended as a complete description of the coverage. If you have additional questions, please check with your human resources representative.

### Employer Plan Effective Date

The group policy effective date is May 1, 2013.

### Eligibility

To become insured, you must be:

- A regular employee of the Waxahachie Independent School District, 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 (the first day of the month that follows or coincides with 30 consecutive days as a member)
- 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.

Benefits are payable for non-occupational disabilities only. Occupational disabilities are not covered.

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**

The Standard may pay benefits for up to 60 days even if you have a preexisting condition. After 60 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	8.72	7.70	6.52	4.24	3.66	2.68
5,400	450	300	13.08	11.55	9.78	6.36	5.49	4.02
7,200	600	400	17.44	15.40	13.04	8.48	7.32	5.36
9,000	750	500	21.80	19.25	16.30	10.60	9.15	6.70
10,800	900	600	26.16	23.10	19.56	12.72	10.98	8.04
12,600	1,050	700	30.52	26.95	22.82	14.84	12.81	9.38
14,400	1,200	800	34.88	30.80	26.08	16.96	14.64	10.72
16,200	1,350	900	39.24	34.65	29.34	19.08	16.47	12.06
18,000	1,500	1,000	43.60	38.50	32.60	21.20	18.30	13.40
19,800	1,650	1,100	47.96	42.35	35.86	23.32	20.13	14.74
21,600	1,800	1,200	52.32	46.20	39.12	25.44	21.96	16.08
23,400	1,950	1,300	56.68	50.05	42.38	27.56	23.79	17.42
25,200	2,100	1,400	61.04	53.90	45.64	29.68	25.62	18.76
27,000	2,250	1,500	65.40	57.75	48.90	31.80	27.45	20.10
28,800	2,400	1,600	69.76	61.60	52.16	33.92	29.28	21.44
30,600	2,550	1,700	74.12	65.45	55.42	36.04	31.11	22.78
32,400	2,700	1,800	78.48	69.30	58.68	38.16	32.94	24.12
34,200	2,850	1,900	82.84	73.15	61.94	40.28	34.77	25.46
36,000	3,000	2,000	87.20	77.00	65.20	42.40	36.60	26.80
37,800	3,150	2,100	91.56	80.85	68.46	44.52	38.43	28.14
39,600	3,300	2,200	95.92	84.70	71.72	46.64	40.26	29.48
41,400	3,450	2,300	100.28	88.55	74.98	48.76	42.09	30.82
43,200	3,600	2,400	104.64	92.40	78.24	50.88	43.92	32.16
45,000	3,750	2,500	109.00	96.25	81.50	53.00	45.75	33.50
46,800	3,900	2,600	113.36	100.10	84.76	55.12	47.58	34.84
48,600	4,050	2,700	117.72	103.95	88.02	57.24	49.41	36.18
50,400	4,200	2,800	122.08	107.80	91.28	59.36	51.24	37.52
52,200	4,350	2,900	126.44	111.65	94.54	61.48	53.07	38.86
54,000	4,500	3,000	130.80	115.50	97.80	63.60	54.90	40.20
55,800	4,650	3,100	135.16	119.35	101.06	65.72	56.73	41.54
57,600	4,800	3,200	139.52	123.20	104.32	67.84	58.56	42.88
59,400	4,950	3,300	143.88	127.05	107.58	69.96	60.39	44.22
61,200	5,100	3,400	148.24	130.90	110.84	72.08	62.22	45.56
63,000	5,250	3,500	152.60	134.75	114.10	74.20	64.05	46.90
64,800	5,400	3,600	156.96	138.60	117.36	76.32	65.88	48.24
66,600	5,550	3,700	161.32	142.45	120.62	78.44	67.71	49.58
68,400	5,700	3,800	165.68	146.30	123.88	80.56	69.54	50.92
70,200	5,850	3,900	170.04	150.15	127.14	82.68	71.37	52.26
72,000	6,000	4,000	174.40	154.00	130.40	84.80	73.20	53.60

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	178.76	157.85	133.66	86.92	75.03	54.94
75,600	6,300	4,200	183.12	161.70	136.92	89.04	76.86	56.28
77,400	6,450	4,300	187.48	165.55	140.18	91.16	78.69	57.62
79,200	6,600	4,400	191.84	169.40	143.44	93.28	80.52	58.96
81,000	6,750	4,500	196.20	173.25	146.70	95.40	82.35	60.30
82,800	6,900	4,600	200.56	177.10	149.96	97.52	84.18	61.64
84,600	7,050	4,700	204.92	180.95	153.22	99.64	86.01	62.98
86,400	7,200	4,800	209.28	184.80	156.48	101.76	87.84	64.32
88,200	7,350	4,900	213.64	188.65	159.74	103.88	89.67	65.66
90,000	7,500	5,000	218.00	192.50	163.00	106.00	91.50	67.00
91,800	7,650	5,100	222.36	196.35	166.26	108.12	93.33	68.34
93,600	7,800	5,200	226.72	200.20	169.52	110.24	95.16	69.68
95,400	7,950	5,300	231.08	204.05	172.78	112.36	96.99	71.02
97,200	8,100	5,400	235.44	207.90	176.04	114.48	98.82	72.36
99,000	8,250	5,500	239.80	211.75	179.30	116.60	100.65	73.70
100,800	8,400	5,600	244.16	215.60	182.56	118.72	102.48	75.04
102,600	8,550	5,700	248.52	219.45	185.82	120.84	104.31	76.38
104,400	8,700	5,800	252.88	223.30	189.08	122.96	106.14	77.72
106,200	8,850	5,900	257.24	227.15	192.34	125.08	107.97	79.06
108,000	9,000	6,000	261.60	231.00	195.60	127.20	109.80	80.40
109,800	9,150	6,100	265.96	234.85	198.86	129.32	111.63	81.74
111,600	9,300	6,200	270.32	238.70	202.12	131.44	113.46	83.08
113,400	9,450	6,300	274.68	242.55	205.38	133.56	115.29	84.42
115,200	9,600	6,400	279.04	246.40	208.64	135.68	117.12	85.76
117,000	9,750	6,500	283.40	250.25	211.90	137.80	118.95	87.10
118,800	9,900	6,600	287.76	254.10	215.16	139.92	120.78	88.44
120,600	10,050	6,700	292.12	257.95	218.42	142.04	122.61	89.78
122,400	10,200	6,800	296.48	261.80	221.68	144.16	124.44	91.12
124,200	10,350	6,900	300.84	265.65	224.94	146.28	126.27	92.46
126,000	10,500	7,000	305.20	269.50	228.20	148.40	128.10	93.80
127,800	10,650	7,100	309.56	273.35	231.46	150.52	129.93	95.14
129,600	10,800	7,200	313.92	277.20	234.72	152.64	131.76	96.48
131,400	10,950	7,300	318.28	281.05	237.98	154.76	133.59	97.82
133,200	11,100	7,400	322.64	284.90	241.24	156.88	135.42	99.16
135,000	11,250	7,500	327.00	288.75	244.50	159.00	137.25	100.50
136,800	11,400	7,600	331.36	292.60	247.76	161.12	139.08	101.84
138,600	11,550	7,700	335.72	296.45	251.02	163.24	140.91	103.18
140,400	11,700	7,800	340.08	300.30	254.28	165.36	142.74	104.52
142,200	11,850	7,900	344.44	304.15	257.54	167.48	144.57	105.86
144,000	12,000	8,000	348.80	308.00	260.80	169.60	146.40	107.20