



### **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 Pflugerville 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 April 1, 2015.

### **Eligibility**

To become insured, you must be:

- A regular employee of the Pflugerville 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 15 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 of the first day of the month that follows the date you become an eligible employee
- 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 from \$200 to \$8,000; 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 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: 10 percent of your LTD benefit before reduction by deductible income

**Benefit Waiting Period and Maximum Benefit 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 maximum benefit period is the period for which benefits are payable. The benefit waiting period and maximum benefit period associated with your plan options are shown below:

<u>Option</u>	<u>Accidental Injury</u>	<u>Other Disability</u>	<u>Maximum Benefit Period</u>
1	0 days	3 days	3 Years for Sickness & To Age 65 for Accident
2	14 days	14 days	3 Years for Sickness & To Age 65 for Accident
3	30 days	30 days	3 Years for Sickness & To Age 65 for Accident
4	90 days	90 days	3 Years for Sickness & To Age 65 for Accident
5	180 days	180 days	3 Years for Sickness & To Age 65 for Accident
6	60 days	60 days	3 Years for Sickness & To Age 65 for Accident

**Options 1-6: Maximum Benefit Period of 3 years for Sickness**

If you become disabled before age 64, LTD benefits may continue during disability for 3 years. If you become disabled at age 64 or older, the benefit duration is determined by your age when disability begins:

<u>Age</u>	<u>Maximum Benefit Period</u>
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

**Options 1-6: Maximum Benefit Period To Age 65 for Accident**

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:

<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

**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 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.

### Other LTD Features

- **Employee Assistance Program (EAP)** – This program offers support, guidance and resources that can help an employee resolve personal issues and meet life's challenges.
- **Family Care Expense Adjustment** – Disabled employees faced with the added expense of family care when returning to work may receive combined income from LTD benefits and work earnings in excess of 100 percent of indexed predisability earnings during the first 12 months immediately after a disabled employee's return to work.
- **Special Dismemberment Provision** – If an employee suffers a lost as a result of an accident, the employee will be considered disabled for the applicable Minimum Benefit Period and can extend beyond the end of the Maximum Benefit Period
- **Reasonable Accommodation Expense Benefit** – Subject to The Standard's prior approval, this benefit allows us to pay up to \$25,000 of an employer's expenses toward work-site modifications that result in a disabled employee's return to work.
- **Survivor Benefit** – A Survivor Benefit may also be payable. This benefit can help to address a family's financial need in the event of the employee's death.
- **Return to Work (RTW) Incentive** – The Standard's RTW Incentive is one of the most comprehensive in the employee benefits history. For the first 12 months after returning to work, the employee's LTD benefit will not be reduced by work earnings until work earnings plus the LTD benefit exceed 100 percent of predisability earnings. After that period, only 50 percent of work earnings are deducted.
- **Rehabilitation Plan Provision** – Subject to The Standard's prior approval, rehabilitation incentives may include training and education expense, family (child and elder) care expenses, and job-related and job search expenses.

### 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 appropriate attached charts, 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.

Options 1-6

Annual Earnings	Monthly Earnings	Monthly Disability Benefit	Accident/Sickness Benefit Waiting Period					
			Cost Per Month					
			0-3	14-14	30-30	60-60	90-90	180-180
3,600	300	200	5.60	4.38	3.22	2.80	2.48	2.34
5,400	450	300	8.40	6.57	4.83	4.20	3.72	3.51
7,200	600	400	11.20	8.76	6.44	5.60	4.96	4.68
9,000	750	500	14.00	10.95	8.05	7.00	6.20	5.85
10,800	900	600	16.80	13.14	9.66	8.40	7.44	7.02
12,600	1,050	700	19.60	15.33	11.27	9.80	8.68	8.19
14,400	1,200	800	22.40	17.52	12.88	11.20	9.92	9.36
16,200	1,350	900	25.20	19.71	14.49	12.60	11.16	10.53
18,000	1,500	1,000	28.00	21.90	16.10	14.00	12.40	11.70
19,800	1,650	1,100	30.80	24.09	17.71	15.40	13.64	12.87
21,600	1,800	1,200	33.60	26.28	19.32	16.80	14.88	14.04
23,400	1,950	1,300	36.40	28.47	20.93	18.20	16.12	15.21
25,200	2,100	1,400	39.20	30.66	22.54	19.60	17.36	16.38
27,000	2,250	1,500	42.00	32.85	24.15	21.00	18.60	17.55
28,800	2,400	1,600	44.80	35.04	25.76	22.40	19.84	18.72
30,600	2,550	1,700	47.60	37.23	27.37	23.80	21.08	19.89
32,400	2,700	1,800	50.40	39.42	28.98	25.20	22.32	21.06
34,200	2,850	1,900	53.20	41.61	30.59	26.60	23.56	22.23
36,000	3,000	2,000	56.00	43.80	32.20	28.00	24.80	23.40
37,800	3,150	2,100	58.80	45.99	33.81	29.40	26.04	24.57
39,600	3,300	2,200	61.60	48.18	35.42	30.80	27.28	25.74
41,400	3,450	2,300	64.40	50.37	37.03	32.20	28.52	26.91
43,200	3,600	2,400	67.20	52.56	38.64	33.60	29.76	28.08
45,000	3,750	2,500	70.00	54.75	40.25	35.00	31.00	29.25
46,800	3,900	2,600	72.80	56.94	41.86	36.40	32.24	30.42
48,600	4,050	2,700	75.60	59.13	43.47	37.80	33.48	31.59
50,400	4,200	2,800	78.40	61.32	45.08	39.20	34.72	32.76
52,200	4,350	2,900	81.20	63.51	46.69	40.60	35.96	33.93
54,000	4,500	3,000	84.00	65.70	48.30	42.00	37.20	35.10
55,800	4,650	3,100	86.80	67.89	49.91	43.40	38.44	36.27
57,600	4,800	3,200	89.60	70.08	51.52	44.80	39.68	37.44
59,400	4,950	3,300	92.40	72.27	53.13	46.20	40.92	38.61
61,200	5,100	3,400	95.20	74.46	54.74	47.60	42.16	39.78
63,000	5,250	3,500	98.00	76.65	56.35	49.00	43.40	40.95
64,800	5,400	3,600	100.80	78.84	57.96	50.40	44.64	42.12
66,600	5,550	3,700	103.60	81.03	59.57	51.80	45.88	43.29
68,400	5,700	3,800	106.40	83.22	61.18	53.20	47.12	44.46
70,200	5,850	3,900	109.20	85.41	62.79	54.60	48.36	45.63
72,000	6,000	4,000	112.00	87.60	64.40	56.00	49.60	46.80

Options 1-6 (Continued)

Annual Earnings	Monthly Earnings	Monthly Disability Benefit	Accident/Sickness Benefit Waiting Period					
			Cost Per Month					
			0-3	14-14	30-30	60-60	90-90	180-180
73,800	6,150	4,100	114.80	89.79	66.01	57.40	50.84	47.97
75,600	6,300	4,200	117.60	91.98	67.62	58.80	52.08	49.14
77,400	6,450	4,300	120.40	94.17	69.23	60.20	53.32	50.31
79,200	6,600	4,400	123.20	96.36	70.84	61.60	54.56	51.48
81,000	6,750	4,500	126.00	98.55	72.45	63.00	55.80	52.65
82,800	6,900	4,600	128.80	100.74	74.06	64.40	57.04	53.82
84,600	7,050	4,700	131.60	102.93	75.67	65.80	58.28	54.99
86,400	7,200	4,800	134.40	105.12	77.28	67.20	59.52	56.16
88,200	7,350	4,900	137.20	107.31	78.89	68.60	60.76	57.33
90,000	7,500	5,000	140.00	109.50	80.50	70.00	62.00	58.50
91,800	7,650	5,100	142.80	111.69	82.11	71.40	63.24	59.67
93,600	7,800	5,200	145.60	113.88	83.72	72.80	64.48	60.84
95,400	7,950	5,300	148.40	116.07	85.33	74.20	65.72	62.01
97,200	8,100	5,400	151.20	118.26	86.94	75.60	66.96	63.18
99,000	8,250	5,500	154.00	120.45	88.55	77.00	68.20	64.35
100,800	8,400	5,600	156.80	122.64	90.16	78.40	69.44	65.52
102,600	8,550	5,700	159.60	124.83	91.77	79.80	70.68	66.69
104,400	8,700	5,800	162.40	127.02	93.38	81.20	71.92	67.86
106,200	8,850	5,900	165.20	129.21	94.99	82.60	73.16	69.03
108,000	9,000	6,000	168.00	131.40	96.60	84.00	74.40	70.20
109,800	9,150	6,100	170.80	133.59	98.21	85.40	75.64	71.37
111,600	9,300	6,200	173.60	135.78	99.82	86.80	76.88	72.54
113,400	9,450	6,300	176.40	137.97	101.43	88.20	78.12	73.71
115,200	9,600	6,400	179.20	140.16	103.04	89.60	79.36	74.88
117,000	9,750	6,500	182.00	142.35	104.65	91.00	80.60	76.05
118,800	9,900	6,600	184.80	144.54	106.26	92.40	81.84	77.22
120,600	10,050	6,700	187.60	146.73	107.87	93.80	83.08	78.39
122,400	10,200	6,800	190.40	148.92	109.48	95.20	84.32	79.56
124,200	10,350	6,900	193.20	151.11	111.09	96.60	85.56	80.73
126,000	10,500	7,000	196.00	153.30	112.70	98.00	86.80	81.90
127,800	10,650	7,100	198.80	155.49	114.31	99.40	88.04	83.07
129,600	10,800	7,200	201.60	157.68	115.92	100.80	89.28	84.24
131,400	10,950	7,300	204.40	159.87	117.53	102.20	90.52	85.41
133,200	11,100	7,400	207.20	162.06	119.14	103.60	91.76	86.58
135,000	11,250	7,500	210.00	164.25	120.75	105.00	93.00	87.75
136,800	11,400	7,600	212.80	166.44	122.36	106.40	94.24	88.92
138,600	11,550	7,700	215.60	168.63	123.97	107.80	95.48	90.09
140,400	11,700	7,800	218.40	170.82	125.58	109.20	96.72	91.26
142,200	11,850	7,900	221.20	173.01	127.19	110.60	97.96	92.43
144,000	12,000	8,000	224.00	175.20	128.80	112.00	99.20	93.60