



### **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 East Texas Charter Schools. 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**

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 East Texas Charter Schools and The Standard.

### **Eligibility**

To become insured, you must be:

- A regular employee of East Texas Charter Schools, 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 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.

Plan Maximum Monthly Benefit: 66 2/3 percent of predisability earnings

Plan Minimum Monthly Benefit: \$100

**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	7 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	60 days	60 days	3 Years for Sickness & To Age 65 for Accident
5	90 days	90 days	3 Years for Sickness & To Age 65 for Accident
6	180 days	180 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

**First Day Hospital Benefit**

With this benefit, if an insured employee is hospital confined for at least four hours, is admitted as an inpatient and is charged room and board during the benefit waiting period, 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 detailed description of the preexisting condition exclusion is included in the Group Policy. 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 90 days 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 loss 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.

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	5.44	4.46	3.64	2.98	2.50	1.86
5,400	450	300	8.16	6.69	5.46	4.47	3.75	2.79
7,200	600	400	10.88	8.92	7.28	5.96	5.00	3.72
9,000	750	500	13.60	11.15	9.10	7.45	6.25	4.65
10,800	900	600	16.32	13.38	10.92	8.94	7.50	5.58
12,600	1,050	700	19.04	15.61	12.74	10.43	8.75	6.51
14,400	1,200	800	21.76	17.84	14.56	11.92	10.00	7.44
16,200	1,350	900	24.48	20.07	16.38	13.41	11.25	8.37
18,000	1,500	1,000	27.20	22.30	18.20	14.90	12.50	9.30
19,800	1,650	1,100	29.92	24.53	20.02	16.39	13.75	10.23
21,600	1,800	1,200	32.64	26.76	21.84	17.88	15.00	11.16
23,400	1,950	1,300	35.36	28.99	23.66	19.37	16.25	12.09
25,200	2,100	1,400	38.08	31.22	25.48	20.86	17.50	13.02
27,000	2,250	1,500	40.80	33.45	27.30	22.35	18.75	13.95
28,800	2,400	1,600	43.52	35.68	29.12	23.84	20.00	14.88
30,600	2,550	1,700	46.24	37.91	30.94	25.33	21.25	15.81
32,400	2,700	1,800	48.96	40.14	32.76	26.82	22.50	16.74
34,200	2,850	1,900	51.68	42.37	34.58	28.31	23.75	17.67
36,000	3,000	2,000	54.40	44.60	36.40	29.80	25.00	18.60
37,800	3,150	2,100	57.12	46.83	38.22	31.29	26.25	19.53
39,600	3,300	2,200	59.84	49.06	40.04	32.78	27.50	20.46
41,400	3,450	2,300	62.56	51.29	41.86	34.27	28.75	21.39
43,200	3,600	2,400	65.28	53.52	43.68	35.76	30.00	22.32
45,000	3,750	2,500	68.00	55.75	45.50	37.25	31.25	23.25
46,800	3,900	2,600	70.72	57.98	47.32	38.74	32.50	24.18
48,600	4,050	2,700	73.44	60.21	49.14	40.23	33.75	25.11
50,400	4,200	2,800	76.16	62.44	50.96	41.72	35.00	26.04
52,200	4,350	2,900	78.88	64.67	52.78	43.21	36.25	26.97
54,000	4,500	3,000	81.60	66.90	54.60	44.70	37.50	27.90
55,800	4,650	3,100	84.32	69.13	56.42	46.19	38.75	28.83
57,600	4,800	3,200	87.04	71.36	58.24	47.68	40.00	29.76
59,400	4,950	3,300	89.76	73.59	60.06	49.17	41.25	30.69
61,200	5,100	3,400	92.48	75.82	61.88	50.66	42.50	31.62
63,000	5,250	3,500	95.20	78.05	63.70	52.15	43.75	32.55
64,800	5,400	3,600	97.92	80.28	65.52	53.64	45.00	33.48
66,600	5,550	3,700	100.64	82.51	67.34	55.13	46.25	34.41
68,400	5,700	3,800	103.36	84.74	69.16	56.62	47.50	35.34
70,200	5,850	3,900	106.08	86.97	70.98	58.11	48.75	36.27
72,000	6,000	4,000	108.80	89.20	72.80	59.60	50.00	37.20

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	111.52	91.43	74.62	61.09	51.25	38.13
75,600	6,300	4,200	114.24	93.66	76.44	62.58	52.50	39.06
77,400	6,450	4,300	116.96	95.89	78.26	64.07	53.75	39.99
79,200	6,600	4,400	119.68	98.12	80.08	65.56	55.00	40.92
81,000	6,750	4,500	122.40	100.35	81.90	67.05	56.25	41.85
82,800	6,900	4,600	125.12	102.58	83.72	68.54	57.50	42.78
84,600	7,050	4,700	127.84	104.81	85.54	70.03	58.75	43.71
86,400	7,200	4,800	130.56	107.04	87.36	71.52	60.00	44.64
88,200	7,350	4,900	133.28	109.27	89.18	73.01	61.25	45.57
90,000	7,500	5,000	136.00	111.50	91.00	74.50	62.50	46.50
91,800	7,650	5,100	138.72	113.73	92.82	75.99	63.75	47.43
93,600	7,800	5,200	141.44	115.96	94.64	77.48	65.00	48.36
95,400	7,950	5,300	144.16	118.19	96.46	78.97	66.25	49.29
97,200	8,100	5,400	146.88	120.42	98.28	80.46	67.50	50.22
99,000	8,250	5,500	149.60	122.65	100.10	81.95	68.75	51.15
100,800	8,400	5,600	152.32	124.88	101.92	83.44	70.00	52.08
102,600	8,550	5,700	155.04	127.11	103.74	84.93	71.25	53.01
104,400	8,700	5,800	157.76	129.34	105.56	86.42	72.50	53.94
106,200	8,850	5,900	160.48	131.57	107.38	87.91	73.75	54.87
108,000	9,000	6,000	163.20	133.80	109.20	89.40	75.00	55.80
109,800	9,150	6,100	165.92	136.03	111.02	90.89	76.25	56.73
111,600	9,300	6,200	168.64	138.26	112.84	92.38	77.50	57.66
113,400	9,450	6,300	171.36	140.49	114.66	93.87	78.75	58.59
115,200	9,600	6,400	174.08	142.72	116.48	95.36	80.00	59.52
117,000	9,750	6,500	176.80	144.95	118.30	96.85	81.25	60.45
118,800	9,900	6,600	179.52	147.18	120.12	98.34	82.50	61.38
120,600	10,050	6,700	182.24	149.41	121.94	99.83	83.75	62.31
122,400	10,200	6,800	184.96	151.64	123.76	101.32	85.00	63.24
124,200	10,350	6,900	187.68	153.87	125.58	102.81	86.25	64.17
126,000	10,500	7,000	190.40	156.10	127.40	104.30	87.50	65.10
127,800	10,650	7,100	193.12	158.33	129.22	105.79	88.75	66.03
129,600	10,800	7,200	195.84	160.56	131.04	107.28	90.00	66.96
131,400	10,950	7,300	198.56	162.79	132.86	108.77	91.25	67.89
133,200	11,100	7,400	201.28	165.02	134.68	110.26	92.50	68.82
135,000	11,250	7,500	204.00	167.25	136.50	111.75	93.75	69.75
136,800	11,400	7,600	206.72	169.48	138.32	113.24	95.00	70.68
138,600	11,550	7,700	209.44	171.71	140.14	114.73	96.25	71.61
140,400	11,700	7,800	212.16	173.94	141.96	116.22	97.50	72.54
142,200	11,850	7,900	214.88	176.17	143.78	117.71	98.75	73.47
144,000	12,000	8,000	217.60	178.40	145.60	119.20	100.00	74.40