



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 Bastrop 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 Bastrop ISD and The Standard.

Eligibility

To become insured, you must be:

- A regular, full-time employee of Bastrop 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*
- 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 1 day of *active work* as an eligible employee.

Benefit Amount

You may select a monthly benefit amount in \$100 increments, 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 maximum *LTD gross benefit*

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
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 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 day 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 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*.

Maximum Benefit Period

The maximum periods for which benefits are payable are shown in the tables below.

For Illness:

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

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

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	90-90	180-180
3,600	300	200	5.84	4.56	3.34	2.56	2.42
5,400	450	300	8.76	6.84	5.01	3.84	3.63
7,200	600	400	11.68	9.12	6.68	5.12	4.84
9,000	750	500	14.60	11.40	8.35	6.40	6.05
10,800	900	600	17.52	13.68	10.02	7.68	7.26
12,600	1,050	700	20.44	15.96	11.69	8.96	8.47
14,400	1,200	800	23.36	18.24	13.36	10.24	9.68
16,200	1,350	900	26.28	20.52	15.03	11.52	10.89
18,000	1,500	1,000	29.20	22.80	16.70	12.80	12.10
19,800	1,650	1,100	32.12	25.08	18.37	14.08	13.31
21,600	1,800	1,200	35.04	27.36	20.04	15.36	14.52
23,400	1,950	1,300	37.96	29.64	21.71	16.64	15.73
25,200	2,100	1,400	40.88	31.92	23.38	17.92	16.94
27,000	2,250	1,500	43.80	34.20	25.05	19.20	18.15
28,800	2,400	1,600	46.72	36.48	26.72	20.48	19.36
30,600	2,550	1,700	49.64	38.76	28.39	21.76	20.57
32,400	2,700	1,800	52.56	41.04	30.06	23.04	21.78
34,200	2,850	1,900	55.48	43.32	31.73	24.32	22.99
36,000	3,000	2,000	58.40	45.60	33.40	25.60	24.20
37,800	3,150	2,100	61.32	47.88	35.07	26.88	25.41
39,600	3,300	2,200	64.24	50.16	36.74	28.16	26.62
41,400	3,450	2,300	67.16	52.44	38.41	29.44	27.83
43,200	3,600	2,400	70.08	54.72	40.08	30.72	29.04
45,000	3,750	2,500	73.00	57.00	41.75	32.00	30.25
46,800	3,900	2,600	75.92	59.28	43.42	33.28	31.46
48,600	4,050	2,700	78.84	61.56	45.09	34.56	32.67
50,400	4,200	2,800	81.76	63.84	46.76	35.84	33.88
52,200	4,350	2,900	84.68	66.12	48.43	37.12	35.09
54,000	4,500	3,000	87.60	68.40	50.10	38.40	36.30
55,800	4,650	3,100	90.52	70.68	51.77	39.68	37.51
57,600	4,800	3,200	93.44	72.96	53.44	40.96	38.72
59,400	4,950	3,300	96.36	75.24	55.11	42.24	39.93
61,200	5,100	3,400	99.28	77.52	56.78	43.52	41.14
63,000	5,250	3,500	102.20	79.80	58.45	44.80	42.35
64,800	5,400	3,600	105.12	82.08	60.12	46.08	43.56
66,600	5,550	3,700	108.04	84.36	61.79	47.36	44.77
68,400	5,700	3,800	110.96	86.64	63.46	48.64	45.98
70,200	5,850	3,900	113.88	88.92	65.13	49.92	47.19
72,000	6,000	4,000	116.80	91.20	66.80	51.20	48.40

Annual Earnings	Monthly Earnings	Monthly Disability Benefit	Accident/Sickness Benefit Waiting Period				
			Cost Per Month				
			0-7	14-14	30-30	90-90	180-180
73,800	6,150	4,100	119.72	93.48	68.47	52.48	49.61
75,600	6,300	4,200	122.64	95.76	70.14	53.76	50.82
77,400	6,450	4,300	125.56	98.04	71.81	55.04	52.03
79,200	6,600	4,400	128.48	100.32	73.48	56.32	53.24
81,000	6,750	4,500	131.40	102.60	75.15	57.60	54.45
82,800	6,900	4,600	134.32	104.88	76.82	58.88	55.66
84,600	7,050	4,700	137.24	107.16	78.49	60.16	56.87
86,400	7,200	4,800	140.16	109.44	80.16	61.44	58.08
88,200	7,350	4,900	143.08	111.72	81.83	62.72	59.29
90,000	7,500	5,000	146.00	114.00	83.50	64.00	60.50
91,800	7,650	5,100	148.92	116.28	85.17	65.28	61.71
93,600	7,800	5,200	151.84	118.56	86.84	66.56	62.92
95,400	7,950	5,300	154.76	120.84	88.51	67.84	64.13
97,200	8,100	5,400	157.68	123.12	90.18	69.12	65.34
99,000	8,250	5,500	160.60	125.40	91.85	70.40	66.55
100,800	8,400	5,600	163.52	127.68	93.52	71.68	67.76
102,600	8,550	5,700	166.44	129.96	95.19	72.96	68.97
104,400	8,700	5,800	169.36	132.24	96.86	74.24	70.18
106,200	8,850	5,900	172.28	134.52	98.53	75.52	71.39
108,000	9,000	6,000	175.20	136.80	100.20	76.80	72.60
109,800	9,150	6,100	178.12	139.08	101.87	78.08	73.81
111,600	9,300	6,200	181.04	141.36	103.54	79.36	75.02
113,400	9,450	6,300	183.96	143.64	105.21	80.64	76.23
115,200	9,600	6,400	186.88	145.92	106.88	81.92	77.44
117,000	9,750	6,500	189.80	148.20	108.55	83.20	78.65
118,800	9,900	6,600	192.72	150.48	110.22	84.48	79.86
120,600	10,050	6,700	195.64	152.76	111.89	85.76	81.07
122,400	10,200	6,800	198.56	155.04	113.56	87.04	82.28
124,200	10,350	6,900	201.48	157.32	115.23	88.32	83.49
126,000	10,500	7,000	204.40	159.60	116.90	89.60	84.70
127,800	10,650	7,100	207.32	161.88	118.57	90.88	85.91
129,600	10,800	7,200	210.24	164.16	120.24	92.16	87.12
131,400	10,950	7,300	213.16	166.44	121.91	93.44	88.33
133,200	11,100	7,400	216.08	168.72	123.58	94.72	89.54
135,000	11,250	7,500	219.00	171.00	125.25	96.00	90.75
136,800	11,400	7,600	221.92	173.28	126.92	97.28	91.96
138,600	11,550	7,700	224.84	175.56	128.59	98.56	93.17
140,400	11,700	7,800	227.76	177.84	130.26	99.84	94.38
142,200	11,850	7,900	230.68	180.12	131.93	101.12	95.59
144,000	12,000	8,000	233.60	182.40	133.60	102.40	96.80