TheStandard®

Educator Options Voluntary Long Term Disability
Coverage Highlights – Texas
Kaufman Independent School District

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 Kaufman 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 January 1, 2012.

Eligibility

To become insured, you must be:

- A regular employee of the Kaufman 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 0 days
- 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:

Option	Accidental Injury	Other Disability	Maximum Benefit Period
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:

Age	Maximum Benefit Period
64	2 years 6 months
65	2 years
66	1 year 9 months
67	1 year 6 months
68	1 year 3 months

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:

Age	Maximum Benefit Period
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 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.

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	7.67	6.12	4.71	3.65	3.17	2.45
5,400	450	300	11.50	9.18	7.07	5.48	4.75	3.67
7,200	600	400	15.34	12.24	9.42	7.31	6.34	4.90
9,000	750	500	19.17	15.30	11.78	9.14	7.92	6.12
10,800	900	600	23.00	18.36	14.13	10.96	9.50	7.34
12,600	1,050	700	26.84	21.42	16.49	12.79	11.09	8.57
14,400	1,200	800	30.67	24.48	18.84	14.62	12.67	9.79
16,200	1,350	900	34.51	27.54	21.20	16.44	14.26	11.02
18,000	1,500	1,000	38.34	30.60	23.55	18.27	15.84	12.24
19,800	1,650	1,100	42.17	33.66	25.91	20.10	17.42	13.46
21,600	1,800	1,200	46.01	36.72	28.26	21.92	19.01	14.69
23,400	1,950	1,300	49.84	39.78	30.62	23.75	20.59	15.91
25,200	2,100	1,400	53.68	42.84	32.97	25.58	22.18	17.14
27,000	2,250	1,500	57.51	45.90	35.33	27.41	23.76	18.36
28,800	2,400	1,600	61.34	48.96	37.68	29.23	25.34	19.58
30,600	2,550	1,700	65.18	52.02	40.04	31.06	26.93	20.81
32,400	2,700	1,800	69.01	55.08	42.39	32.89	28.51	22.03
34,200	2,850	1,900	72.85	58.14	44.75	34.71	30.10	23.26
36,000	3,000	2,000	76.68	61.20	47.10	36.54	31.68	24.48
37,800	3,150	2,100	80.51	64.26	49.46	38.37	33.26	25.70
39,600	3,300	2,200	84.35	67.32	51.81	40.19	34.85	26.93
41,400	3,450	2,300	88.18	70.38	54.17	42.02	36.43	28.15
43,200	3,600	2,400	92.02	73.44	56.52	43.85	38.02	29.38
45,000	3,750	2,500	95.85	76.50	58.88	45.68	39.60	30.60
46,800	3,900	2,600	99.68	79.56	61.23	47.50	41.18	31.82
48,600	4,050	2,700	103.52	82.62	63.59	49.33	42.77	33.05
50,400	4,200	2,800	107.35	85.68	65.94	51.16	44.35	34.27
52,200	4,350	2,900	111.19	88.74	68.30	52.98	45.94	35.50
54,000	4,500	3,000	115.02	91.80	70.65	54.81	47.52	36.72
55,800	4,650	3,100	118.85	94.86	73.01	56.64	49.10	37.94
57,600	4,800	3,200	122.69	97.92	75.36	58.46	50.69	39.17
59,400	4,950	3,300	126.52	100.98	77.72	60.29	52.27	40.39
61,200	5,100	3,400	130.36	104.04	80.07	62.12	53.86	41.62
63,000	5,250	3,500	134.19	107.10	82.43	63.95	55.44	42.84
64,800	5,400	3,600	138.02	110.16	84.78	65.77	57.02	44.06
66,600	5,550	3,700	141.86	113.22	87.14	67.60	58.61	45.29
68,400	5,700	3,800	145.69	116.28	89.49	69.43	60.19	46.51
70,200	5,850	3,900	149.53	119.34	91.85	71.25	61.78	47.74
72,000	6,000	4,000	153.36	122.40	94.20	73.08	63.36	48.96

* First Day Hospital is included.

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	157.19	125.46	96.56	74.91	64.94	50.18
75,600	6,300	4,200	161.03	128.52	98.91	76.73	66.53	51.41
77,400	6,450	4,300	164.86	131.58	101.27	78.56	68.11	52.63
79,200	6,600	4,400	168.70	134.64	103.62	80.39	69.70	53.86
81,000	6,750	4,500	172.53	137.70	105.98	82.22	71.28	55.08
82,800	6,900	4,600	176.36	140.76	108.33	84.04	72.86	56.30
84,600	7,050	4,700	180.20	143.82	110.69	85.87	74.45	57.53
86,400	7,200	4,800	184.03	146.88	113.04	87.70	76.03	58.75
88,200	7,350	4,900	187.87	149.94	115.40	89.52	77.62	59.98
90,000	7,500	5,000	191.70	153.00	117.75	91.35	79.20	61.20
91,800	7,650	5,100	195.53	156.06	120.11	93.18	80.78	62.42
93,600	7,800	5,200	199.37	159.12	122.46	95.00	82.37	63.65
95,400	7,950	5,300	203.20	162.18	124.82	96.83	83.95	64.87
97,200	8,100	5,400	207.04	165.24	127.17	98.66	85.54	66.10
99,000	8,250	5,500	210.87	168.30	129.53	100.49	87.12	67.32
100,800	8,400	5,600	214.70	171.36	131.88	102.31	88.70	68.54
102,600	8,550	5,700	218.54	174.42	134.24	104.14	90.29	69.77
104,400	8,700	5,800	222.37	177.48	136.59	105.97	91.87	70.99
106,200	8,850	5,900	226.21	180.54	138.95	107.79	93.46	72.22
108,000	9,000	6,000	230.04	183.60	141.30	109.62	95.04	73.44
109,800	9,150	6,100	233.87	186.66	143.66	111.45	96.62	74.66
111,600	9,300	6,200	237.71	189.72	146.01	113.27	98.21	75.89
113,400	9,450	6,300	241.54	192.78	148.37	115.10	99.79	77.11
115,200	9,600	6,400	245.38	195.84	150.72	116.93	101.38	78.34
117,000	9,750	6,500	249.21	198.90	153.08	118.76	102.96	79.56
118,800	9,900	6,600	253.04	201.96	155.43	120.58	104.54	80.78
120,600	10,050	6,700	256.88	205.02	157.79	122.41	106.13	82.01
122,400	10,200	6,800	260.71	208.08	160.14	124.24	107.71	83.23
124,200	10,350	6,900	264.55	211.14	162.50	126.06	109.30	84.46
126,000	10,500	7,000	268.38	214.20	164.85	127.89	110.88	85.68
127,800	10,650	7,100	272.21	217.26	167.21	129.72	112.46	86.90
129,600	10,800	7,200	276.05	220.32	169.56	131.54	114.05	88.13
131,400	10,950	7,300	279.88	223.38	171.92	133.37	115.63	89.35
133,200	11,100	7,400	283.72	226.44	174.27	135.20	117.22	90.58
135,000	11,250	7,500	287.55	229.50	176.63	137.03	118.80	91.80
136,800	11,400	7,600	291.38	232.56	178.98	138.85	120.38	93.02
138,600	11,550	7,700	295.22	235.62	181.34	140.68	121.97	94.25
140,400	11,700	7,800	299.05	238.68	183.69	142.51	123.55	95.47
142,200	11,850	7,900	302.89	241.74	186.05	144.33	125.14	96.70
144,000	12,000	8,000	306.72	244.80	188.40	146.16	126.72	97.92

* First Day Hospital is included.