

# BASIC LONG TERM DISABILITY INSURANCE OVERVIEW

Prepared for the employees of Elkhart Community Schools – Class 1

## Long Term Disability (LTD) Insurance Coverage – paid by you and your employer

<b>Eligibility</b>	Active, Employees of the Employer classified as a Certified or Administrative Employee, regularly working a minimum of 20 hours per week.	
<b>Eligibility Waiting Period</b>	You are eligible for benefits on the first of the month following your date of hire.	
<b>Monthly Benefit</b>	<b>Benefit Amount</b>	Up to 66.67% of your monthly covered earnings
	<b>Maximum</b>	\$7,500 per month
<b>Elimination Period</b>	You must be disabled for 90 days before benefits may be payable.	

## Long Term Disability Plan Details & Features

### Definition of Disability

Disability means that, solely because of a covered injury or sickness, you are unable to perform the material duties of your regular occupation or you are unable to earn 80% or more of your indexed earnings from working in your regular occupation. We will require proof of earnings and continued disability.

### Covered Earnings

Covered earnings means your wages or salary, not including bonuses, commissions and other extra compensation.

### Earnings While Disabled

During the first 24 months that benefits are payable, benefits will be reduced if benefits plus income from employment exceeds 100% of pre-disability covered earnings. After that, benefits will be reduced by 50% of earnings from employment.

### Pre-existing Conditions

Benefits are not payable for medical conditions for which you incurred expenses, took prescription drugs, received medical treatment, care or services (including diagnostic measures,) or for which a reasonable person would have consulted a physician during the 3 months just prior to the most recent effective date of insurance.

Benefits are not payable for any disability resulting from a pre-existing condition unless the disability occurs after you have been insured under this plan for at least 12 months after your most recent effective date of insurance.

### Benefit Duration

Once you qualify for benefits under this plan, you continue to receive them until the end of the benefit period shown below, or until you no longer qualify for benefits, whichever occurs first. Your benefit period begins on the first day after you complete your elimination period.

Should you remain disabled, your benefits continue according to the following schedule, depending on your age at the time you become disabled.

Duration of Payments	Age at Disability							
	62 or Younger	63	64	65	66	67	68	69+
Number of Months Benefits Paid	To age 65 or the date the 42 <sup>nd</sup> monthly benefit is payable, if later	36	30	24	21	18	15	12

### Limited Benefit Period

Disabilities caused by or contributed to by any one or more of the following conditions are subject to a lifetime limit of 24 months: Anxiety-disorders, delusional (paranoid) or depressive disorders, eating disorders, mental illness, somatoform disorders (including psychosomatic illnesses).

Benefits are payable during periods of hospital confinement for these conditions for hospitalizations lasting more than 14 consecutive days that occur before the 24-month lifetime limit is exhausted. Once the 24-month benefits are exhausted, the plan pays no further benefits.

Disabilities caused by or contributed to by any one or more of the following conditions are subject to a lifetime limit of 24 months: Alcoholism, drug addiction or abuse.

Benefits are payable during periods of hospital confinement for these conditions for hospitalizations lasting more than 14 consecutive days that occur before the 24-month lifetime limit is exhausted. Once the 24-month benefits are exhausted, the plan pays no further benefits.

### Family Survivor Benefit

If you die while receiving disability benefits, we will pay a survivor benefit based on 100% of the total of your last month's benefit plus the amount of any disability earnings by which this benefit had been reduced for that month. This plan pays a single lump sum equal to 3 months of benefits. We pay this benefit directly to your lawful spouse, or to your children in equal shares, if there is no lawful spouse. If you have no lawful spouse or children, we pay this benefit to your estate.

### Cost-of-Living Adjustment (COLA)

Once you have received disability benefits for 12 consecutive months, we will increase your benefit each year, by 3% or the percentage increase in the Consumer's Price Index for Urban Wage Earners (CPI-W), if lower. We will continue these increases for an unlimited period of time. (Note: COLA increases do not affect your plan's overall maximum or minimum benefit provisions.)

### Catastrophic Disability Benefit

If you are receiving disability benefits and, due to your covered injury or sickness: (1) you are unable to perform at least two of the following: eating, bathing, dressing, toileting, transferring, without substantial assistance, or (2) you have cognitive impairment severe enough to require substantial supervision to protect you or others from threats to health and safety -- you may be eligible to receive this benefit. The catastrophic disability benefit is a monthly benefit of 10% of your monthly covered earnings, up to \$5,000, and cannot be reduced by other sources of income.

### Termination of Disability Benefits

Your benefits will terminate on the earliest of any of the following dates: the date the insurance company determines you are no longer disabled; the date you earn from any occupation more than the percentage of indexed earnings as defined in your definition of disability; the date the maximum benefit period ends; the date you cease to get appropriate care; the date you die; the date you refuse to participate without good cause in all required phases of the rehabilitation plan; the date you fail to cooperate with us in the administration of the claim. Benefits may be resumed if you begin to cooperate in the rehabilitation plan within 30 days of the date benefits terminated.

## Effects of Other Income Benefits

The disability benefit provided by this plan is a total benefit; that is, it will be reduced by any disability benefits payable on behalf of you or your dependents, or a qualified third party on behalf of you or your dependents, whether or not you are actually receiving them.

Other income sources that may reduce your benefits under this plan include:

- Any Social Security disability or retirement benefits you or any third party receive (or are assumed to receive) on your own behalf; or which your dependents receive (or are assumed to receive) because of your entitlement to such benefits.
- Benefits payable by a Canadian and/or Quebec provincial pension plan.
- Amounts payable under the Railroad Retirement Act.
- Amounts payable under local, state, provincial or federal government disability or retirement plan or law as it pertains to the employer.
- Employer-paid portion of company retirement plan benefits.
- Amounts payable by company sponsored sick leave or salary continuation plan.
- Amounts payable by any franchise or group insurance or similar plan.
- Benefits payable under work-loss provisions of any mandatory "no fault" auto insurance.
- Any amounts paid on account of loss of earnings or earning capacity through settlement, judgment, arbitration or otherwise, where a third party may be liable, regardless of whether liability is determined.
- Amounts payable under any workers' compensation (including temporary or permanent disability benefits), occupational disease, and unemployment compensation. This includes damages, compromises or settlements paid in place of such benefits, whether or not liability is admitted.

Income sources that **WILL NOT** reduce your benefits under this plan are:

- Benefits paid by personal, individual disability income policies.
  - Individual deferred compensation agreements.
  - Employee savings plans, including thrift plans, stock options or stock bonuses.
  - Individual retirement funds, such as IRA or 401(k) plans.
- Profit-sharing, investment or other retirement or savings plans maintained in addition to an employer-sponsored pension plan.

## Additional Plan Details & Features

### Exclusions

This plan does not pay benefits for a disability which results, directly or indirectly, from any of the following: Suicide, attempted suicide, or whenever you injure yourself on purpose; war or any act of war, whether or not declared; active participation in a riot; commission of a felony; the revocation, restriction or non-renewal of your license, permit or certification necessary for you to perform the duties of your occupation, unless solely due to injury or sickness otherwise covered by the policy.

In addition, we will not pay disability benefits for any period of disability during which you are incarcerated in a penal or corrections institution for any reason.

### Plan Termination

Coverage terminates if the group policy is terminated, if you cease to be in active service, if you are no longer a member of an eligible class of employees, the day after the last date for which premium has been paid by you or the employer, or the date you become eligible for a plan of benefits intended to replace this coverage.

If you are disabled and receiving benefits under this plan, your benefits and coverage will continue until the expiration of your benefit period, or until you no longer qualify for benefits under the plan, whichever comes first.

**When Coverage Takes Effect**

Your coverage takes effect on the later of the program's effective date, the date you become eligible, the date we receive your completed enrollment form, or the date you authorize any necessary payroll deductions.

If you have to submit evidence of good health, your coverage takes effect on the date we agree, in writing, to cover you.

If you're not actively at work on the date your coverage would otherwise take effect, you'll be covered on the date you return to work.

**Conversion**

This plan includes a Long Term Disability "Conversion Privilege" feature. Under this feature, you may be eligible to become insured under a separate disability plan if you should leave your current employer. If you enroll for this option within 31 days of your termination of employment, you will not be required to submit evidence of good health. You will not be eligible for this option after 62 days following your termination of employment. Please ask your Benefits Administrator or Human Resource Specialist for more information about this feature.

This information is a brief description of the important features of the plan. It is not a contract. Terms and conditions of coverage are set forth in Group Policy No. LK-965082. Please refer to your Certificate of Insurance or Summary Plan Description for more detailed information. Coverage is underwritten by Life Insurance Company of North America, a Cigna company. The Cigna name, logo, and other Cigna marks are owned by Cigna Intellectual Property, Inc. © Cigna 2016