

### ABOUT DISABILITY

Disability insurance protects one of your most valuable assets, your paycheck. This insurance will replace a portion of your income in the event that you become physically unable to work due to sickness or injury for an extended period of time.

For full plan details, please visit your benefit website:

[www.mybenefitshub.com/reoakisd](http://www.mybenefitshub.com/reoakisd)



### What is Educator Disability Insurance?

Educator Disability insurance is a hybrid that combines features of short-term and long-term disability into one plan. Disability insurance provides partial income protection if you are unable to work due to a covered accident or illness. The plan gives you flexibility to be able to choose an amount of coverage and waiting period that suits your needs. We offer Educator Disability insurance for you to purchase through The Hartford.

**Actively at Work:** You must be at work with your Employer on your regularly scheduled workday. On that day, you must be performing for wage or profit all your regular duties in the usual way and for your usual number of hours. If school is not in session due to normal vacation or school break(s), Actively at Work shall mean you are able to report for work with your Employer, performing all the regular duties of Your Occupation in the usual way for your usual number of hours as if school was in session.

**Eligibility:** You are eligible if you are an active employee who works at least 15 hours per week on a regularly scheduled basis.

**Benefit Amount:** You may purchase coverage that will pay you a monthly flat dollar benefit in \$100 increments between \$200 and \$8,000 that cannot exceed 66 2/3% of your current monthly earnings. Earnings are defined in The Hartford's contract with your employer.

**Elimination Period:** You must be disabled for at least the number of days indicated by the elimination period that you select before you can receive a disability benefit payment. The elimination period that you select consists of two numbers. The first number shows the number of days you must be disabled by an accident before your benefits

can begin. The second number indicates the number of days you must be disabled by a sickness before your benefits can begin.

For those employees electing an elimination period of 30 days or less, if you are confined to a hospital for 24 hours or more due to a disability, the elimination period will be waived, and benefits will be payable from the first day of hospitalization.

**Definition of Disability:** Disability is defined as The Hartford's contract with your employer. Typically, disability means that you cannot perform one or more of the essential duties of your occupation due to injury, sickness, pregnancy, or other medical conditions covered by the insurance, and as a result, your current monthly earnings are 80% or less of your pre-disability earnings. One you have been disabled for 24 months, you must be prevented from performing one or more essential duties of any occupation, and as a result, your monthly earnings are 66 2/3% or less of your pre-disability earnings.

**Pre-Existing Condition Limitation:** Your policy limits the benefits you can receive for a disability caused by a pre-existing condition. In general, if you were diagnosed or received care for a disabling condition within the 3 consecutive months just prior to the effective date of this policy, your benefit payment will be limited, unless: You have been insured under this policy for 12 months before your disability begins.

If your disability is a result of a pre-existing condition, we will pay benefits for a maximum of 4 weeks.

**Benefit Integration:** Your benefit may be reduced by other income you receive or are eligible to receive due to your disability, such as:

- Social Security Disability Insurance
- State Teacher Retirement Disability Plans
- Workers' Compensation
- Other employer-based disability insurance coverage you may have
- Unemployment benefits
- Retirement benefits that your employer fully or partially pays for (such as a pension plan)

Your plan includes a minimum benefit of 25% of your elected benefit.

**Maximum Benefit Duration:** Benefit Duration is the maximum time for which we pay benefits for disability resulting from sickness or injury. Depending on the age at which disability occurs, the maximum duration may vary. Premium option: For the premium benefit option- the table below applies to disabilities from a sickness or injury.

### Other Important Benefits

**Survivor Benefit:** If you die while receiving disability benefits, a benefit will be paid to your spouse or child under age 25, equal to three times your last monthly gross benefit.

**The Hartford's Ability Assist:** service is included as a part of your group Long Term Disability (LTD) insurance program. You have access to Ability Assist services both prior to a disability and after you've been approved for an LTD claim and are receiving LTD benefits. Once you are covered you are eligible for services to provide assistance with child/elder care, substance abuse, family relationships and more. In addition, LTD claimants and their immediate family members receive confidential services to assist them with the unique emotional, financial and legal issues that may result from a disability. Ability Assist services are provided through ComPsych®, a leading provider of employee assistance and work/life services.

**Travel Assistance Program:** Available 24/7, this program provides assistance to employees and their dependents who travel 100 miles from their home for 90 days or less. Services include pre-trip information, emergency medical assistance and emergency personal services.

**Identity Theft Protection:** An array of identity fraud support services to help victims restore their identity. Benefits include 24/7 access to an 800 number; direct contact with a certified caseworker who follows the case until it's resolved; and a personalized fraud resolution kit with instructions and resources for ID theft victims.

**Workplace Modification:** provides for reasonable modifications made to a workplace to accommodate your disability and allow you to return to active full-time employment.

Age Disabled	Maximum Benefit Duration
Prior to 63	To Normal Retirement Age or 48 months if greater
Age 63	To Normal Retirement Age or 42 months if greater
Age 64	36 months
Age 65	30 months
Age 66	27 months
Age 67	24 months
Age 68	21 months
Age 69 and older	18 months

Disability Monthly Premiums	
Elimination Period	Monthly Benefit per \$200
0/7	\$5.30
14/14	\$5.04
30/30	\$4.48
60/60	\$3.06
90/90	\$2.30
180/180	\$1.74

### Educator Disability - Definitions

**What is disability insurance?** Disability insurance protects one of your most valuable assets, your paycheck. This insurance will replace a portion of your income in the event that you become physically unable to work due to sickness or injury for an extended period of time. This type of disability plan is called an educator disability plan and includes both long and short term coverage into one convenient plan.

**Pre-Existing Condition Limitations** - Please note that all plans will include pre-existing condition limitations that could impact you if you are a first-time enrollee in your employer's disability plan. This includes during your initial new hire enrollment. Please review your plan details to find more information about pre-existing condition limitations.

### How do I choose which plan to enroll in during my open enrollment?

1. First choose your elimination period. The elimination period, sometimes referred to as the waiting period, is how long you are disabled and unable to work before your benefit will begin. This will be displayed as 2 numbers such as 0/7, 14/14, 30/30, 60/60, 90/90, etc.

The first number indicates the number of days you must be disabled due to **Injury** and the second number indicates the number of days you must be disabled due to **Sickness**.

When choosing your elimination period, ask yourself, "How long can I go without a paycheck?" Based on the answer to this question, choose your elimination period accordingly.

*Important Note- some plans will waive the elimination period if you choose 30/30 or less and you are confined as an inpatient to the hospital for a specific time period. Please review your plan details to see if this feature is available to you.*

2. Next choose your benefit amount. This is the maximum amount of money you would receive from the carrier on a monthly basis once your disability claim is approved by the carrier.

When choosing your monthly benefit, ask yourself, "How much money do I need to be able to pay my monthly expenses?" Based on the answer to this question, choose your monthly benefit accordingly.

Current Long Term Disability Plan Election		
The employee is not currently enrolled in any Long Term Disability plans.		
Available Long Term Disability Plans	Monthly Benefit	Cost
<input checked="" type="radio"/> <b>7 Day Waiting Period</b> <a href="#">View Plan Outline of Benefits</a> Cost is deducted on a post-tax basis	\$2,600.00 - Cost: \$84.76 ▾	
<input type="radio"/> <b>14 Day Waiting Period</b> <a href="#">View Plan Outline of Benefits</a> Cost is deducted on a post-tax basis	Select Coverage... ▾	
<input type="radio"/> <b>30 Day Waiting Period</b> <a href="#">View Plan Outline of Benefits</a> Cost is deducted on a post-tax basis	Select Coverage... ▾	

Choose your Benefit Amount from the drop down box.

Choose your desired elimination period.