

Plan Highlights



Voluntary Group Long Term Disability Insurance

Freeport School District #145

COVERAGE

Disability income protection insurance provides a benefit for long term disability resulting from a covered injury or sickness. Benefits begin at the end of the elimination period and continue while you are disabled up to the maximum benefit duration.

ELIGIBILITY

All other Active Full-Time Employees working 30 hours or more per week, except for any person working on a temporary or seasonal basis.

CONTRIBUTION REQUIREMENTS

Coverage is 100% Employee Paid.

ELIMINATION PERIOD

90 consecutive days of total disability.

BENEFIT AMOUNT

The benefit amount is equal to 60% of your monthly covered earnings, to a maximum benefit of \$5,000 per month.

MAXIMUM BENEFIT DURATION

Benefits will not extend beyond the longer of your Social Security Normal Retirement Age or Duration of Benefits below:

<u>Age at Disablement</u>	<u>Duration of Benefits</u>
61 or less	The lesser of 60 months or to Age 65
62	3 1/2 Years
63	3 Years
64	2 1/2 Years
65	2 Years
66	1 3/4 Years
67	1 1/2 Years
68	1 1/4 Years
69 or more	1 Year

RATES

See attached Rate Sheet

FEATURES

- ▶ Military Services Leave of Absence
- ▶ FMLA Continuation
- ▶ Own Occupation Coverage – 24 Months
- ▶ Rehabilitation Provision
- ▶ Residual and Partial Disability
- ▶ Specific Indemnity Benefit
- ▶ Survivor Benefit – 3 months
- ▶ Work Incentive & Child Care Provisions

VALUE-ADDED SERVICES

- ▶ Travel Assistance Services

LIMITATIONS

- ▶ Pre-Existing Condition Limitation: 3/12
- ▶ Limited Benefit Period for Other Specific Conditions – 24 months
- ▶ Mental & Nervous Limitation – 24 months outpatient
- ▶ Substance Abuse Limitation – 24 months
- ▶ Offsets: your benefit may be reduced by other income sources such as, but not limited to, Social Security, Workers Compensation, State Disability Plans

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The benefit amount is equal to 60% of your monthly covered earnings, to a maximum benefit of \$5,000 per month.

To calculate your monthly payroll deduction, use the formula indicated below:

1. Enter your **Annual Earnings**. 1. \$ _____
2. **Divide** your annual earnings by 12 (monthly earnings).
Average monthly income cannot exceed **\$8,333**. 2. \$ _____
3. Find your rate from the age table displayed. 3. \$ _____
4. **Multiply** the amount on Line 2 by the appropriate rate
for your age entered on Line 3. 4. \$ _____
5. **Divide** the amount on Line 4 by 100 and enter the
amount on Line 5 to get your **monthly payroll deduction**. 5. \$ _____

Age	Rate per \$100 of covered payroll
18-24	\$0.070
25-29	\$0.090
30-34	\$0.130
35-39	\$0.180
40-44	\$0.240
45-49	\$0.300
50-54	\$0.390
55-59	\$0.540
60-64	\$0.970
65-69	\$1.490
70+	\$1.490

Example Calculation: Jane Smith is age 35.

1. Enter your **Annual Earnings**. 1. \$ 50,000
2. **Divide** your annual earnings by 12 (monthly earnings).
Average monthly income cannot exceed **\$8,333**. 2. \$ 4,167 (monthly earnings)
3. Find your rate from the age table displayed. 3. \$ 0.180
4. **Multiply** the amount on Line 2 by the appropriate rate for
your age entered on Line 3. 4. \$ 750.06
5. **Divide** the amount on Line 4 by 100 and enter the
amount on Line 5 to get your **monthly payroll deduction**. 5. \$ 7.50 (monthly payroll deduction)