

Schedule of Benefits

(GR-29N 01-01 01 OK)

Employer: Ada Public Schools

Group Policy Number: GP-473565-GI

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Schedule: 1A

Cert Base: 1

For: Hybrid Educator Long Term Disability Plan

Long Term Disability Coverage (GR-29N 05-01 01 OK)

Schedule of Long Term Disability Benefits

Elimination Period

(GR-9N S-05-01 96543-1 OK 0613)

Benefits begin the day after the elimination period is completed.

Your employer chooses the options available to employees for the elimination period. You may choose from the options below:

Option 1:

0 days for Injury.

7 days for Illness.

If you are confined as an inpatient in the hospital, benefits will begin immediately. No elimination period applies

Option 2:

14 days for Injury.

14 days for Illness

If you are confined as an inpatient in the hospital, benefits will begin immediately. No elimination period applies

Option 3:

30 days for Injury.

30 days for Illness.

If you are confined as an inpatient in the hospital, benefits will begin immediately. No elimination period applies

(GR-9N S-05-01 96549-1 OK 0613)

Maximum Monthly Benefit

The amount you elect, reduced by Other Income Benefits. You may elect an amount in multiples of \$100, from \$200 to \$ 7,500 You may not elect an amount in excess of 66 2/3% of your **Predisability Earnings**.

Minimum Monthly Benefit

(GR-9N S-05-01 96552-1 OK 0613)

The greater of:

- (a) \$100 and
- (b) 10% of your scheduled monthly benefit or, if less, 10% of the maximum monthly benefit

You may elect coverage under any one of the available options shown above for Long Term Disability Coverage. If you want to make a change, your employer will provide you with the information on how and when changes can be made.

(GR-9N S-05-01 96545-1 OK 0613)

You may elect coverage under any one of the available options shown above for Long Term Disability Coverage. If you want to make a change, you may only make a change during your employers Annual Enrollment Period. You must apply in writing for any elective increase or decrease in your Long Term Disability Coverage. Your employer will provide you with the information on how and when changes can be made.

A pre-existing condition will apply to your Long Term Disability Coverage if you elect:

- any increase in the amount of your Long Term Disability Benefit;
- any decrease in the length of your Elimination Period; or
- any increase in the length of your Maximum Benefit Duration.

If you are insured and you elect to make a change to include the full-time inpatient hospital benefit, as shown in the *Elimination Period* section, and that change is any decrease in your Elimination Period, a Pre-existing Condition will apply.

For more information on Pre-existing Conditions, please refer to your *Booklet-Certificate*.

Benefits Actually Payable

Any monthly benefit actually payable to you by **Aetna** will be reduced by other Income benefits. For additional information regarding other income benefits, see your Booklet Certificate.

Option A:

Maximum Benefit Duration*

If your period of disability starts prior to the date you reach age 60, it will end the last day of the calendar month in which you reach age 65, after the elimination period is met.

If your period of disability starts on or after the date you reach age 60 but prior to the date you reach age 65, it will end with the expiration of 60 months of disability, after the elimination period is met.

If your period of disability starts on or after the date you reach age 65 but prior to the date you reach age 70, it will end the end of the calendar month in which you reach age 70, after the elimination period is met.

If your period of disability starts on or after the date you reach age 70, it will end with the expiration of 12 months of disability, after the elimination period is met.

In no event will your Maximum Benefit Duration be less than 1 year.

*Unless your disability ends earlier for one or more of the reasons stated in your Booklet-Certificate.

Option B:

Maximum Benefit Duration-Accidental Injury *

If your period of disability starts prior to the date you reach age 60, it will end the last day of the calendar month in which you reach age 65, after the elimination period is met.

If your period of disability starts on or after the date you reach age 60 but prior to the date you reach age 65, it will end with the expiration of 60 months of disability, after the elimination period is met.

If your period of disability starts on or after the date you reach age 65 but prior to the date you reach age 69, it will end the end of the calendar month in which you reach age 70, after the elimination period is met.

If your period of disability starts on or after the date you reach age 70, it will end with the expiration of 12 months of disability, after the elimination period is met.

In no event will your Maximum Benefit Duration be less than 1 year.

*Unless your disability ends earlier for one or more of the reasons stated in your Booklet-Certificate.

Maximum Benefit Duration-Illness or Pregnancy-Related Condition *

If your period of disability starts before the date you reach age 65, it will end after 60 months of disability after the elimination period is met.

If your period of disability starts on or after the date you reach age 65 but prior to the date you reach age 69, it will end the end of the calendar month in which you reach age 70, after the elimination period is met.

If your period of disability starts on or after the date you reach age 69, it will end with the expiration of 12 months of disability, after the elimination period is met.

In no event will your Maximum Benefit Duration be less than 1 year.

*Unless your disability ends earlier for one or more of the reasons stated in your Booklet-Certificate.

General (GR-9N S-28-01)

This *Schedule of Benefits* replaces any similar *Schedule of Benefits* previously in effect under your plan of long term disability benefits. Requests for coverage other than that to which you are entitled in accordance with this *Schedule of Benefits* cannot be accepted. This Schedule is part of your Booklet-Certificate and should be kept with your Booklet-Certificate form GR-9N. Coverage is underwritten by Aetna Life Insurance Company.