

UNITED OF OMAHA LIFE INSURANCE COMPANY

A MUTUAL of OMAHA COMPANY

GROUP SHORT-TERM DISABILITY INSURANCE SUMMARY OF COVERAGE



Oakland Schools
GUG-96Z4
Revised: January 1, 2016
All Eligible Non-Union Employees

This Summary of Coverage provides a brief description of some of the terms, conditions, exclusions and limitations of Your employer's Policy. Definitions of capitalized terms in this Summary of Coverage can be found in the Certificate. For a complete description of the terms, conditions, exclusions and limitations of Your employer's Policy, refer to the appropriate section of the Certificate. In the event of a discrepancy between this Summary of Coverage and the Certificate, the Certificate will control. For a copy of the Certificate, contact the group Policyholder or Benefits or Plan Administrator.

This Summary of Coverage is not a contract. You are not necessarily entitled to insurance under the Policy because You received this Summary of Coverage. You are only entitled to insurance if You are eligible in accordance with the terms of the Certificate.

BENEFITS	
Elimination Period	If Your Disability is a result of an Injury, Your Elimination Period is 10 work days. If Your Disability is a result of a Sickness, Your Elimination Period is 10 work days.
Weekly Benefit - Disability (Non-Occupational Injury or Sickness)	If You are Disabled and are unable to generate Current Earnings greater than 20% of Your Weekly Earnings, the Weekly Benefit is the lesser of: <ul style="list-style-type: none">• 70% of Your Weekly Earnings, less Other Income Benefits; or• the maximum Weekly Benefit. The maximum Weekly Benefit is \$1,250, less any Other Income Benefits. If You are Disabled and You are unable to generate Current Earnings more than 20% but less than 80% of Your Weekly Earnings, the Weekly Benefit will be the Weekly Benefit payable while Disabled, unless the sum of: <ul style="list-style-type: none">• the Gross Weekly Benefit while You are Disabled; plus• Other Income Benefits You receive or are eligible to receive; plus• Current Earnings You receive while You are Disabled; exceeds 100% of Your Weekly Earnings. If this sum exceeds 100% of Your Weekly Earnings, the Weekly Benefit will be reduced by that excess amount.

	NOTE: Your Weekly Benefit, as calculated above, will be reduced by the amount of any formal salary continuance, sick leave benefits or severance pay for which You are receiving from the Policyholder that, when combined with Your Gross Weekly Benefit, exceeds 100% of Your Weekly Earnings.
Maximum Benefit Period	The maximum number of calendar days that benefits are payable for a continuous period of Disability is 90 calendar days less the Short Term Disability elimination period, or until benefits become payable under Our Long Term Disability Plan, if eligible, whichever occurs first.
EMPLOYEE ELIGIBILITY	
Minimum Work Hours Required	18.75 hours per week
Eligibility Waiting Period	None
Confinement Rule	<p>If an eligible Employee is confined due to an Injury or Sickness:</p> <ul style="list-style-type: none"> • in a Hospital as an inpatient; • in any institution or facility other than a Hospital; or • at home and under the supervision of a Physician; <p>insurance will begin on the day the Employee returns to Active Work.</p> <p>If an eligible Employee is Actively Employed and is not:</p> <ul style="list-style-type: none"> • confined; and • available for work because of an Injury or Sickness; <p>insurance will begin on the day the Employee returns to Active Work.</p>
When Insurance Begins	An Employee will become insured on the day the Employee becomes eligible, provided the Employee is Actively Working on that day.
When Your Classification or Amount of Insurance Changes	<p>Any change in Your classification, coverage or amount of Your insurance as shown in the Schedule will take effect on the day of the change, provided You are Actively Working on that day. If You are not Actively Working on that day, the following conditions will apply:</p> <ul style="list-style-type: none"> • If the change involves an increase in amount of insurance, the change will not take effect until the day You return to Active Work. • If the change involves a decrease in amount of insurance, the change will take effect on the day of the change. <p>In no event will any change take effect during a period of Total Disability.</p>
When Your Insurance Ends	<p>Your insurance will end at midnight at the main office of the Policyholder on the earliest of:</p> <ul style="list-style-type: none"> • the day the Policy ends; • the day any premium contribution for Your insurance is due and unpaid; • the day before You enter the Armed Forces on active duty (except for temporary active duty of two weeks or less); • the day You are no longer eligible. <p>You will no longer be eligible when the earliest of the following occurs:</p> <ul style="list-style-type: none"> • You are not in an eligible classification described in the Schedule; • Your employment with the Policyholder ends; • You are not Actively Employed; or • You do not satisfy any other eligibility condition described in the Policy.

DEFINITIONS	
Definition of Disability	<p>Disability and Disabled mean that because of an Injury or Sickness, a significant change in Your mental or physical functional capacity has occurred in which You are:</p> <ul style="list-style-type: none"> • prevented from performing all of the Material Duties of Your Regular Job on a part-time or full-time basis; and • unable to generate Current Earnings which exceed 80% of Your Weekly Earnings due to that same Injury or Sickness. <p>The loss or restriction of a professional or occupational license or certification does not, in itself, constitute Disability.</p> <p>Disability is determined relative to Your ability or inability to work. It is not determined by the availability of a suitable position with Your employer.</p>
Definition of Weekly Earnings	<p>Weekly Earnings means Your gross income from the Policyholder for the week immediately prior to the week in which Your Disability began.</p> <p>It includes shift differential received from the Policyholder. It also includes employee contributions to deferred compensation plans. It does not include commissions, bonuses, overtime pay, other extra compensation, or Policyholder contributions to deferred compensation plans received from the Policyholder.</p>
EXCLUSIONS	
General Exclusions	<p>We will not pay benefits for any Disability which is caused by, contributed to by, or resulting from:</p> <ul style="list-style-type: none"> • declared or undeclared war or any act of war or armed aggression; • Your participation in a riot, insurrection or rebellion; • Your commission of or attempt to commit a crime for which You have been convicted under state or federal law; • an intentionally self-inflicted Injury or Sickness, whether You are sane or insane; • attempted suicide, whether You are sane or insane; <p>We also will not pay benefits for any Disability:</p> <ul style="list-style-type: none"> • if You are not under the Regular Care and attendance of a Physician providing Appropriate Care and Treatment for the Injury or Sickness that caused the Disability; • while You are incarcerated or imprisoned for any period exceeding 60 calendar days; or • that is solely a result of a loss of a professional license, occupational license or certification.

Publication Date: March 17, 2016