



LEARN THE TERMS

- **PREMIUM:** The monthly amount you pay for health care coverage.
- **DEDUCTIBLE:** The annual amount for medical expenses you're responsible to pay before your plan begins to pay.
- **COPAY:** The set amount you pay for a covered service at the time you receive it. The amount can vary based on the service.
- **COINSURANCE:** The portion you're required to pay for services after you meet your deductible. It's often a specified percentage of the costs; e.g., you pay 20% while the health care plan pays 80%.
- **OUT-OF-POCKET MAXIMUM:** The maximum amount you pay each year for medical costs. After reaching the out-of-pocket maximum, the plan pays 100% of allowable charges for covered services.

2025-26 TRS-ActiveCare Plan Highlights

Sept. 1, 2025 – Aug. 31, 2026



All TRS-ActiveCare participants have **three plan options**. Each includes a wide range of wellness benefits.

How to Calculate Your Monthly Premium

Total Monthly Premium
– Your Employer Contribution

= Your Premium

Ask your Benefits Administrator for your district's specific premiums.

Wellness Benefits at No Extra Cost*

Being healthy is easy with:

- \$0 preventive care
- 24/7 customer service
- One-on-one health coaches
- Weight loss programs
- Nutrition programs
- Ovia™ pregnancy support
- TRS Virtual Health
- Mental health benefits
- And much more!

*Available for all plans.
See the benefits guide for more details.

Primary Plans & Mental Health

- Both Primary and Primary+ offer \$0 virtual mental health visits with any in-network provider.

	TRS-ActiveCare Primary	TRS-ActiveCare Primary+	TRS-ActiveCare HD
Plan Summary	• Lowest premium of all three plans • Copays for doctor visits before you meet your deductible • Statewide network • Primary Care Provider referrals required to see specialists • Not compatible with a Health Savings Account • No out-of-network coverage	• Lower deductible than the HD and Primary plans • Copays for many services and drugs • Higher premium • Statewide network • Primary Care Provider referrals required to see specialists • Not compatible with a Health Savings Account • No out-of-network coverage	• Compatible with a Health Savings Account • Nationwide network with out-of-network coverage • No requirement for Primary Care Providers or referrals • Must meet your deductible before plan pays for non-preventive care

Monthly Premiums	Total Premium	Employer Contribution	Your Premium	Total Premium	Employer Contribution	Your Premium	Total Premium	Employer Contribution	Your Premium
Employee Only	\$452	\$425.00	\$27.00	\$530	\$425.00	\$105.00	\$470	\$425.00	\$45.00
Employee and Spouse	\$1,221	\$425.00	\$796.00	\$1,378	\$425.00	\$953.00	\$1,269	\$425.00	\$844.00
Employee and Children	\$769	\$425.00	\$344.00	\$901	\$425.00	\$476.00	\$799	\$425.00	\$374.00
Employee and Family	\$1,537	\$425.00	\$1112.00	\$1,749	\$425.00	\$1324.00	\$1,598	\$425.00	\$1173.00

Plan Features				
Type of Coverage	In-Network Coverage Only	In-Network Coverage Only	In-Network	Out-of-Network
Individual/Family Deductible	\$2,500/\$5,000	\$1,200/\$2,400	\$3,300/\$6,600	\$6,600/\$13,200
Coinsurance	You pay 30% after deductible	You pay 20% after deductible	You pay 30% after deductible	You pay 50% after deductible
Individual/Family Maximum Out of Pocket	\$8,050/\$16,100	\$6,900/\$13,800	\$8,300/\$16,600	\$20,500/\$41,000
Network	Statewide Network	Statewide Network	Nationwide Network	
PCP Required	Yes	Yes	No	

Doctor Visits				
Primary Care	\$30 copay	\$15 copay	You pay 30% after deductible	You pay 50% after deductible
Specialist	\$70 copay	\$70 copay	You pay 30% after deductible	You pay 50% after deductible

Immediate Care				
Urgent Care	\$50 copay	\$50 copay	You pay 30% after deductible	You pay 50% after deductible
Emergency Care	You pay 30% after deductible	You pay 20% after deductible	You pay 30% after deductible	
TRS Virtual Health-RediMD™	\$0 per medical consultation	\$0 per medical consultation	\$30 per medical consultation	
TRS Virtual Health-Teladoc®	\$12 per medical consultation	\$12 per medical consultation	\$42 per medical consultation	

Prescription Drugs			
Drug Deductible	Integrated with medical	\$200 deductible per participant (brand drugs only)	Integrated with medical
Generics (31-Day Supply/90-Day Supply)	\$15/\$45 copay; \$0 copay for certain generics	\$15/\$45 copay	You pay 20% after deductible; \$0 coinsurance for certain generics
Preferred (Max does not apply if brand is selected and generic is available)	You pay 30% after deductible	You pay 25% after deductible (\$100 max)/ You pay 25% after deductible (\$265 max)	You pay 25% after deductible
Non-preferred	You pay 50% after deductible	You pay 50% after deductible	You pay 50% after deductible
Specialty (31-Day Max)	\$0 if SaveOnSP eligible; You pay 30% after deductible	\$0 if SaveOnSP eligible; You pay 30% after deductible	You pay 20% after deductible
Insulin Out-of-Pocket Costs	\$25 copay for 31-day supply; \$75 for 61-90 day supply	\$25 copay for 31-day supply; \$75 for 61-90 day supply	You pay 25% after deductible

This plan is closed and not accepting new enrollees. If you're currently enrolled in TRS-ActiveCare 2, you can remain in this plan.

TRS-ActiveCare 2
• Closed to new enrollees • Current enrollees can choose to stay in plan • Lower deductible • Copays for many services and drugs • Nationwide network with out-of-network coverage • No requirement for Primary Care Providers or referrals

Total Premium	Employer Contribution	Your Premium
\$1,013		
\$2,402		
\$1,507		
\$2,841		

In-Network	Out-of-Network
\$1,000/\$3,000	\$2,000/\$6,000
You pay 20% after deductible	You pay 40% after deductible
\$7,900/\$15,800	\$23,700/\$47,400
Nationwide Network	
No	

\$30 copay	You pay 40% after deductible
\$70 copay	You pay 40% after deductible

\$50 copay	You pay 40% after deductible
You pay a \$250 copay plus 20% after deductible	
\$0 per medical consultation	
\$12 per medical consultation	

\$200 brand deductible
\$20/\$45 copay
You pay 25% after deductible (\$40 min/\$80 max)/ You pay 25% after deductible (\$105 min/\$210 max)
You pay 50% after deductible (\$100 min/\$200 max)/ You pay 50% after deductible (\$215 min/\$430 max)
\$0 if SaveOnSP eligible; You pay 30% after deductible (\$200 min/\$900 max)/ No 90-day supply of specialty medications
\$25 copay for 31-day supply; \$75 for 61-90 day supply

Compare Prices for Common Medical Services

REMEMBER:

Call a Personal Health Guide 24/7 to help you find the best price for a medical service.
Reach them at **1-866-355-5999**.

Benefit	TRS-ActiveCare Primary	TRS-ActiveCare Primary+	TRS-ActiveCare HD		TRS-ActiveCare 2	
	In-Network Only	In-Network Only	In-Network	Out-of-Network	In-Network	Out-of-Network
Diagnostic Labs**	Office/Independent Lab: You pay \$0	Office/Independent Lab: You pay \$0	You pay 30% after deductible	You pay 50% after deductible	Office/Independent Lab: You pay \$0	You pay 40% after deductible
	Outpatient: You pay 30% after deductible	Outpatient: You pay 20% after deductible			Outpatient: You pay 20% after deductible	
High-Tech Radiology	You pay 30% after deductible	You pay 20% after deductible	You pay 30% after deductible	You pay 50% after deductible	You pay 20% after deductible + \$100 copay per procedure	You pay 40% after deductible + \$100 copay per procedure
Outpatient Costs	You pay 30% after deductible	You pay 20% after deductible	You pay 30% after deductible	You pay 50% after deductible	You pay 20% after deductible (\$150 facility copay per incident)	You pay 40% after deductible (\$150 facility copay per incident)
Inpatient Hospital Costs	You pay 30% after deductible	You pay 20% after deductible	You pay 30% after deductible	You pay 50% after deductible (\$500 facility per day maximum)	You pay 20% after deductible (\$150 facility copay per day)	You pay 40% after deductible (\$500 facility copay per incident)
Freestanding Emergency Room	You pay \$500 copay + 30% after deductible	You pay \$500 copay + 20% after deductible	You pay \$500 copay + 30% after deductible	You pay \$500 copay + 50% after deductible	You pay \$500 copay + 20% after deductible	You pay \$500 copay + 40% after deductible
Bariatric Surgery	Facility: You pay 30% after deductible	Facility: You pay 20% after deductible	Not Covered	Not Covered	Facility: You pay 20% after deductible (\$150 facility copay per day)	Not Covered
	Professional Services: You pay \$5,000 copay + 30% after deductible	Professional Services: You pay \$5,000 copay + 20% after deductible			Professional Services: You pay \$5,000 copay + 20% after deductible	
	Only covered if rendered at a BDC+ facility	Only covered if rendered at a BDC+ facility			Only covered if rendered at a BDC+ facility	
Annual Vision Exam (one per plan year; performed by an ophthalmologist or optometrist)	You pay \$70 copay	You pay \$70 copay	You pay 30% after deductible	You pay 50% after deductible	You pay \$70 copay	You pay 40% after deductible
Annual Hearing Exam (one per plan year)	\$30 PCP copay \$70 specialist copay	\$15 PCP copay \$70 specialist copay	You pay 30% after deductible	You pay 50% after deductible	\$30 PCP copay \$70 specialist copay	You pay 40% after deductible

****Pre-certification for genetic and specialty testing may apply. Contact a PHG at 1-866-355-5999 with questions.**

www.trs.texas.gov



SAN ELIZARIO INDEPENDENT SCHOOL DISTRICT

A Proud Community of Champions – Soaring to Excellence



DENTAL

CORE PLAN

Individual annual deductible:	\$50.00
Family annual deductible:	\$150.00
Preventive Services:	100%
Basic Services:	80%
Major Services:	Not Covered
Annual Benefit Maximum:	\$2,000



MONTHLY RATES

EE:	\$23.10
EE/S:	\$41.52
EE/C:	\$52.25
EE/F:	\$60.62

BUY-UP PLAN

Individual annual deductible:	\$50.00
Family annual deductible:	\$150.00
Preventive Services:	100%
Basic Services:	80%
Major Services:	50%
Orthodontic Services:	50% (For children only)
Orthodontic Lifetime Maximum:	\$1,000
Annual Benefit Maximum:	\$2,000

MONTHLY RATES

EE:	\$28.05
EE/S:	\$55.00
EE/C:	\$67.11
EE/F:	\$83.00

Both plans: deductible applies to Basic & Major services only

DEPARTMENT OF HUMAN RESOURCES



Dental Benefits Summary

	<u>Passive PPO With PPOII Network</u>	
	<u>Participating</u>	<u>Non-participating</u>
Annual Deductible*		
Individual	\$50	\$50
Family	\$150	\$150
Preventive Services	100%	100%
Basic Services	80%	80%
Major Services	Not Covered	Not Covered
Annual Benefit Maximum	\$2000	\$2000
Office Visit Copay	N/A	N/A
Orthodontic Services	Not Covered	Not Covered
Orthodontic Deductible	Not Covered	Not Covered
Orthodontic Lifetime Maximum	Not Covered	Not Covered
*The deductible applies to: Basic services only		
Partial List of Services		
Preventive	<u>Passive PPO With PPOII Network</u>	
	<u>Participating</u>	<u>Non-participating</u>
Oral examinations (a)	100%	100%
Cleanings (a) Adult/Child	100%	100%
Fluoride (a)	100%	100%
Sealants (permanent molars only) (a)	100%	100%
Bitewing Images (a)	100%	100%
Full mouth series Images (a)	100%	100%
Space Maintainers	100%	100%
Basic		
Root canal therapy, anterior teeth and bicuspid teeth	80%	80%
Root canal therapy, molar teeth	80%	80%
Scaling and root planing (a)	80%	80%
Gingivectomy (a)*	80%	80%

Dental Benefits Summary

Amalgam (silver) fillings	80%	80%
Composite fillings (anterior teeth only)	80%	80%
Stainless steel crowns	80%	80%
Incision and drainage of abscess*	80%	80%
Uncomplicated extractions	80%	80%
Surgical removal of erupted tooth*	80%	80%
Surgical removal of impacted tooth (soft tissue)*	80%	80%
Osseous surgery (a)*	80%	80%
Surgical removal of impacted tooth (partial bony/ full bony)*	80%	80%
General anesthesia/intravenous sedation*	80%	80%
Crown Lengthening	80%	80%
Major		
*Certain services may be covered under the Medical Plan. Contact Member Services for more details.		
(a) Frequency and/or age limitations may apply. Limits are described in the booklet/certificate.		

Other Important Information

This Aetna Dental® Preferred Provider Organization (PPO) benefits summary is provided by Aetna Life Insurance Company for some of the more frequently performed dental procedures.

Under the Dental Preferred Provider Organization (PPO) plan, you may choose at the time of service a PPO participating dentist. With the PPO plan, savings are possible because the participating dentists have agreed to provide care for covered services at negotiated rates.

Out-of-Network plan payments are based on the 90th percentile of billed charges for the geographic area.

Emergency Dental Care

If you need emergency dental care for the palliative treatment (pain relieving, stabilizing) of a dental emergency, you are covered 24 hours a day, 7 days a week.

When emergency services are provided by a participating PPO dentist, your co-payment/coinsurance amount will be based on a negotiated fee schedule. When emergency services are provided by a non-participating dentist, you will be responsible for the difference between the plan payment and the dentist's usual charge. Refer to your plan documents for details. Subject to state requirements. Out-of-area emergency dental care may be reviewed by our dental consultants to verify appropriateness of treatment.



Buy Up Plan

Dental Benefits Summary

	<u>Passive PPO With PPOII Network</u>	
	<u>Participating</u>	<u>Non-participating</u>
Annual Deductible*		
Individual	\$50	\$50
Family	\$150	\$150
Preventive Services	100%	100%
Basic Services	80%	80%
Major Services	50%	50%
Annual Benefit Maximum	\$2000	\$2000
Office Visit Copay	N/A	N/A
Orthodontic Services**	50%	50%
Orthodontic Deductible	None	None
Orthodontic Lifetime Maximum	\$1000	\$1000
*The deductible applies to: Basic & Major services only		
**Orthodontia is covered only for children (appliance must be placed prior to age 20).		
Partial List of Services		
Preventive	<u>Passive PPO With PPOII Network</u>	
	<u>Participating</u>	<u>Non-participating</u>
Oral examinations (a)	100%	100%
Cleanings (a) Adult/Child	100%	100%
Fluoride (a)	100%	100%
Sealants (permanent molars only) (a)	100%	100%
Bitewing Images (a)	100%	100%
Full mouth series Images (a)	100%	100%
Space Maintainers	100%	100%
Basic		
Root canal therapy, anterior teeth and bicuspid teeth	80%	80%
Root canal therapy, molar teeth	80%	80%
Scaling and root planing (a)	80%	80%

Dental Benefits Summary

Gingivectomy (a)*	80%	80%
Amalgam (silver) fillings	80%	80%
Composite fillings (anterior teeth only)	80%	80%
Stainless steel crowns	80%	80%
Incision and drainage of abscess*	80%	80%
Uncomplicated extractions	80%	80%
Surgical removal of erupted tooth*	80%	80%
Surgical removal of impacted tooth (soft tissue)*	80%	80%
Osseous surgery (a)*	80%	80%
Surgical removal of impacted tooth (partial bony/ full bony)*	80%	80%
General anesthesia/intravenous sedation*	80%	80%
Crown Lengthening	80%	80%
Major		
Inlays	50%	50%
Onlays	50%	50%
Crowns	50%	50%
Full & partial dentures	50%	50%
Pontics	50%	50%
Denture repairs	50%	50%
Crown Build-Ups	50%	50%
*Certain services may be covered under the Medical Plan. Contact Member Services for more details.		
(a) Frequency and/or age limitations may apply. Limits are described in the booklet/certificate.		

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Out-of-Network plan payments are based on the 90th percentile of billed charges for the geographic area.

Vision plan benefits for San Elizario ISD

You may choose from two plans: low & materials plan, or high plan

Benefits through Superior Select Southwest network



Benefits

Exam
Frames
Lenses (standard) per pair
Single vision
Bifocal
Trifocal
Progressives
Lenticular
Tints
High-index
Scratch Resistant Coating
Ultraviolet Coating
Contact lenses ²
Medically necessary contact lenses
LASIK vision correction ³

Low Plan	
Copays	
Exam	\$10
Materials	\$10
Monthly premiums	
Emp. only	\$5.91
Emp. + 1 dependent	\$10.09
Emp. + family	\$14.83
Services/frequency	
Exam	12 months
Frames	24 months
Lenses	12 months
Contact lenses	12 months

In-network	Out-of-network
Covered in full	Up to \$35
\$150 retail allowance	Up to \$70
Covered in full	Up to \$25
Covered in full	Up to \$40
Covered in full	Up to \$45
Allowance at standard trifocal level	Up to \$45
Covered in full	Up to \$80
Not covered	Not covered
Not covered	Not covered
Not covered	Not covered
Not covered	Not covered
\$150 retail allowance	Up to \$80
Covered in full	Up to \$150

High Plan	
Copays	
Exam	\$10
Materials	\$10
Monthly premiums	
Emp. only	\$7.54
Emp. + dependent	\$12.83
Emp. + family	\$18.88
Services/frequency	
Exam	12 months
Frames	12 months
Lenses	12 months
Contact lenses	12 months

In-network	Out-of-network
Covered in full	Up to \$35
\$150 retail allowance	Up to \$70
Covered in full	Up to \$25
Covered in full	Up to \$40
Covered in full	Up to \$45
Allowance at standard trifocal level	Up to \$45
Covered in full	Up to \$80
Covered In Full	Up to \$15
Covered In Full	Up to \$20
Covered In Full	Up to \$25
Covered In Full	Up to \$20
\$150 retail allowance	Up to \$80
Covered in full	Up to \$150

Co-pays apply to in-network benefits; co-pays for out-of-network visits are deducted from reimbursements

¹If premium progressive lenses are selected, members receive an allowance based on the provider's charges for standard progressive lenses

²Contact lenses and related professional services (fitting, evaluation and follow-up) are covered in lieu of eyeglass lenses and frames benefit

³Lasik Vision Correction is in lieu of eyewear benefit, subject to routine regulatory filings and certain exclusions and limitations

Discount features

Non-covered eyewear discount: members may also receive a discount of 20% from a participating provider's usual and customary fees for eyewear purchases which exceed the benefit coverage (except disposable contact lenses, for which no discount applies). This includes eyeglass frames which exceed the selected benefit coverage, specialty lenses (i.e. progressives) and lens "extras" such as tints and coatings. Eyewear purchased from a Walmart Vision Center does not qualify for this additional discount because of Walmart's "Always Low Prices" policy.

The national LASIK network of laser vision correction providers, featuring LasikPlus, offers members special program pricing on services. The program pricing should be verified prior to service.

superiorvision.com

(800) 507-3800

The Plan discount features are not insurance.

All allowances are retail; the member is responsible for paying the provider directly for all non-covered items and/or any amount over the allowances, minus available discounts. These are not covered by the plan.

Discounts are subject to change without notice.

Disclaimer: All final determinations of benefits, administrative duties, and definitions are governed by the Certificate of Insurance for your vision plan. Please check with your Human Resources department if you have any questions.



Educator Options Voluntary Long Term Disability

Voluntary Long Term Disability Insurance

Long Term Disability insurance is designed to pay a monthly benefit to you in the event you cannot work because of a covered illness or injury. This benefit replaces a portion of your income, thus helping you to meet your financial commitments in a time of need. The Standard has developed this document to provide you with information about the optional coverage you may select through San Elizario Independent School District.

Eligibility Requirements	
Policy	A minimum number of eligible employees must apply and qualify for the proposed plan before Educator Options Voluntary LTD coverage can become effective.
Employee	• A regular employee of San Elizario Independent School District • Actively working at least 30 hours each week • A citizen or resident of the United States or Canada • Temporary and seasonal employees, full-time members of the armed forces, leased employees and independent contractors are not eligible
Premium	You pay 100% of the premium for this coverage through easy payroll deduction.

Benefit Amount	
Benefit Amount	You may select a monthly benefit amount in \$100 increments, based on the tables and guidelines presented in the Rates section of these coverage highlights. The monthly benefit amount must not exceed 70% of your monthly predisability earnings. The minimum monthly amount you may elect is \$200.
Plan Maximum Monthly Benefit	The lesser of \$8,000 or 70% of your predisability earnings
Plan Minimum Monthly Benefit	25% of your LTD benefit before reduction by deductible income

- If you do not apply for this coverage within 31 days after becoming eligible, and later decide to do so, you must wait until your employer holds an annual enrollment.
- Reinstatements are subject to medical underwriting approval. To submit a medical history statement online, visit: <https://myeoi.standard.com/764172>.

Disability Needs Calculator

Your family has a unique set of circumstances and financial demands. To help you figure out the amount of disability insurance you may need if you become unable to work, The Standard has created a Disability Needs Calculator found at: standard.com/disability/needs.

Employee Coverage Effective Date

To become insured, you must satisfy the eligibility requirements listed above, serve an eligibility waiting period, receive medical underwriting approval (if applicable), and be actively at work (able to perform all normal duties of your job) on the day before the scheduled effective date of insurance. If you are not actively at work on the day before the scheduled effective date of insurance, your insurance will not become effective until the day after you complete one full day of active work as an eligible employee.

Please contact your human resources representative for more information regarding the requirements that must be satisfied for your insurance to become effective.

Understanding Your Plan Design

Benefit Waiting Period

The benefit waiting period is the period of time that you must be continuously disabled before benefits become payable. Benefits are not payable during the benefit waiting period. The benefit waiting period options associated with your plan include:

Accidental Injury	Other Disabilities
0 days	7 days
14 days	14 days
30 days	30 days
60 days	60 days
90 days	90 days
180 days	180 days

Own Occupation Definition of Disability

For the benefit waiting period and the first 24 months for which LTD benefits are paid, you are considered disabled when you are unable — as a result of physical disease, injury, pregnancy or mental disorder — to perform with reasonable continuity the material duties of your own occupation **AND** are suffering a loss of at least 20% of your indexed predisability earnings when working in your own occupation. You are not disabled merely because your right to perform your own occupation is restricted, including a restriction or loss of license.

Any Occupation Definition of Disability

After the own occupation period of disability, you will be considered disabled if you are unable — as a result of physical disease, injury, pregnancy or mental disorder — to perform with reasonable continuity the material duties of any occupation.

Deductible Income

Deductible income means income you receive or are eligible to receive while LTD benefits are payable. Please refer to your group certificate for additional details. Deductible income may include, but is not limited to:

- Sick pay, annual or personal leave pay, severance pay or salary continuation, including donated amounts, paid to you by your employer
- Benefits under any workers' compensation law or similar law
- Amounts under unemployment compensation law
- Social Security disability or retirement benefits, including benefits for your spouse and children
- Disability benefits from any other group insurance
- Disability or retirement benefits under your employer's retirement plan
- Benefits under any state disability income benefit law or similar law
- Earnings or compensation included in predisability earnings which you receive or are eligible to receive while LTD benefits are payable
- Amounts due from or on behalf of a third party because of your disability, whether by judgment, settlement or other method
- Any amount you receive by compromise, settlement or other method as a result of a claim for any of the above

Maximum Benefit Period

The maximum periods for which benefits are payable are shown in the tables below:

Option B – Three Years for Sickness

If you become disabled before age 64, LTD benefits may continue during disability for three years. If you become disabled at age 64 or older, the benefit duration is determined by your age when disability begins:

Age	Maximum Benefit Period
64	2 years 6 months
65	2 years
66	1 year 9 months
67	1 year 6 months
68	1 year 3 months
69+	1 year

Option A – To Age 65 for both Accident and Sickness

Option B – To Age 65 for Accident

If you become disabled before age 62, LTD benefits may continue during disability until you reach age 65. If you become disabled at age 62 or older, the benefit duration is determined by your age when disability begins:

Age	Maximum Benefit Period
62	3 years 6 months
63	3 years
64	2 years 6 months
65	2 years
66	1 year 9 months
67	1 year 6 months
68	1 year 3 months
69+	1 year

Benefit Calculation

Example

You select the amount of your LTD benefit when you enroll for coverage in the plan. The dollar amount selected must be a multiple of \$100, from a minimum of \$200 to a maximum of the lesser of \$8,000 or 70% of your predisability earnings. This amount is then reduced by deductible income you receive, or are eligible to receive, while LTD benefits are payable. As an example, if your monthly predisability earnings are \$4,500, you may select any dollar amount (in \$100 increments) between \$200 and \$3,150 (70% of predisability earnings). In the example below, assume you elected the maximum benefit amount of \$3,150, and you now receive a monthly Social Security disability benefit of \$1,200 and a monthly retirement benefit of \$900. Your monthly LTD benefit would be calculated as follows:

Insured predisability earnings	\$4,500
Maximum benefit percentage	× 70%
Maximum benefit amount	\$3,150
Less Social Security disability benefit	−\$1,200
Less retirement benefit	−\$900
Amount of LTD benefit	\$1,050

Additional Features

Please see your HR representative for additional information about the features and benefits below.

Rehabilitation Plan	If you are participating in an approved rehabilitation plan, The Standard may include payment of some of the expenses you incur in connection with the plan including but not limited to: training and education expenses, family (child and elder) care expenses, job-related expenses and job-search expenses.
Reasonable Accommodation Expense Benefit	If your employer makes an approved worksite modification that enables you to return to work while disabled, The Standard will reimburse your employer up to a preapproved amount for some or all of the cost of the modification.
Employee Assistance Program	This includes an Employee Assistance Program and WorkLife Services to offer support, guidance and resources to help you and your household members resolve personal issues. This service is provided through an arrangement with a service provider who is not affiliated with The Standard.
Survivors Benefit	If you die while LTD benefits are payable, and on the date you die you have been continuously disabled for at least 180 days, a survivors benefit equal to three times your unreduced LTD benefit may be payable (any survivors benefit payable will first be applied to any overpayment of your claim due to The Standard).
First Day Hospital Benefit	If you are hospital confined for at least four hours during the benefit waiting period, the following will apply: the remainder of your benefit waiting period will be waived, LTD benefits will become payable on the first day you are hospital confined, and your maximum benefit period will begin on the date your LTD benefits are payable. You are eligible for this benefit only if your elected benefit waiting period is fewer than 45 days. Hospital confined means you are admitted to a hospital as an inpatient and for which you are charged for room and board.
Family Care Expense Benefit	This applies when a disabled employee has returned to work and continues to receive LTD benefits. For 12 months, a portion of expenses (up to \$250 per dependent or \$500 per family, per month) is deducted from the amount of your work earnings.

Exclusions

- Subject to state variations, you are not covered for a disability caused or contributed to by any of the following:
- Your committing or attempting to commit an assault or felony, or your active participation in a violent disorder or riot
 - An intentionally self-inflicted injury
 - War or any act of war (declared or undeclared, and any substantial armed conflict between organized forces of a military nature)
 - The loss of your professional or occupational license or certification
 - If applicable, with respect to insurance increases, you are not covered for the insurance increase if your disability is caused or contributed by a preexisting condition or the medical or surgical treatment of a preexisting condition unless on the date you become disabled, you have been continuously insured under the group policy for the specified exclusion and limitation period, and you have been actively at work for at least one full day after the end of the specified exclusion and limitation period.

Preexisting Condition Provision

Preexisting Condition	For the first 90 days of disability, we will pay benefits even if you have a condition subject to the preexisting condition limitation. After 90 days, we will continue benefits only for conditions for which the preexisting condition exclusion or limitation does not apply. Benefit amounts subject to the preexisting condition exclusion will be excluded from payment.
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- A preexisting condition is a mental or physical condition:
- For which you or a reasonably prudent person would have consulted a physician or other licensed medical professional; received medical treatment, services or advice; undergone diagnostic procedures, including self-administered procedures; or taken prescribed drugs or medications
 - Which, as a result of any medical examination, including routine examination, was discovered or suspected

Preexisting Condition Period	The 90-day period just before your insurance becomes effective or any insurance increases become effective
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Specified Exclusion and Limitation Period	12 months
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If your disability is subject to the preexisting condition limitation and you have been continuously insured under the group policy for:

Less than 12 months:	Your maximum benefit period is 90 days.
12 months or more and you elected to change your insurance during the preceding annual enrollment period by:	
a) Increasing your LTD benefit amount by more than \$300:	Your LTD benefit is equal to the amount of insurance for which you were insured under the group policy on the day before the last preceding annual enrollment period plus \$300, reduced by deductible income.
b) Decreasing your benefit waiting period by more than one level:	Your benefit waiting period equals the benefit waiting period which applied to the option under which you were insured on the day before the last preceding annual enrollment period.
c) Increasing your maximum benefit period	Your maximum benefit period equals the length of the maximum benefit period which applied to the option under which you were insured on the day before the last preceding annual enrollment period.

Limitations

LTD benefits are not payable for any period when you are:

- Not under the ongoing care of a physician in the appropriate specialty as determined by The Standard
- Not participating in good faith in a plan, program or course of medical treatment or vocational training or education approved by The Standard, unless your disability prevents you from participating
- Confined for any reason in a penal or correctional institution
- Able to work and earn at least 20% of your indexed predisability earnings, but you elect not to work during the first 24 months after the end of the benefit waiting period the responsibility to work is limited to work in your own occupation; thereafter, the responsibility to work includes work in any occupation

In addition, payment of LTD benefits is limited in duration:

- If you reside outside the United States or Canada
- If applicable, if your disability is caused or contributed by a preexisting condition or the medical or surgical treatment of a preexisting condition unless on the date you become disabled, you have been continuously insured under the group policy for the specified exclusion and limitation period, and you have been actively at work for at least one full day after the end of the specified exclusion and limitation period
- If your disability is caused or contributed to by mental disorders, substance abuse or the environment, chronic fatigue conditions, chronic pain conditions, carpal tunnel or repetitive motion syndrome or temporomandibular joint disorder or craniomandibular joint disorder

When Benefits End

LTD benefits end automatically on the earliest of:

- The date you are no longer disabled
- The date your maximum benefit period ends
- The date you die
- The date benefits become payable under any other LTD disability insurance plan under which you become insured through employment during a period of temporary recovery
- The date you fail to provide proof of continued disability and entitlement to benefits

When Insurance Ends

Insurance ends automatically on the earliest of the following:

- The last day of the last period for which you make a premium contribution (except if premiums are waived while disabled)
- The date your employment terminates
- The date the group policy terminates
- The date you cease to meet the eligibility requirements (coverage may continue for limited periods under certain circumstances)
- If applicable, the date your employer ceases to participate under the group policy

Group Insurance Certificate

If coverage becomes effective, and you become insured, you will receive a group insurance certificate containing a detailed description of the insurance coverage including the definitions, exclusions, limitations, reductions and terminating events. The controlling provisions will be in the group policy. Neither the information presented in this summary nor the certificate modifies the group policy or the insurance coverage in any way.

Rates

Employees can select a monthly LTD benefit ranging from a minimum of \$200 to a maximum amount based on how much they earn. Referencing the appropriate attached charts, follow these steps to find the monthly cost for your desired level of monthly LTD benefit and benefit waiting period:

- Find the maximum LTD benefit by locating the amount of your earnings in either the annual earnings or monthly earnings column. The LTD benefit amount shown associated with these earnings is the maximum amount you can receive. If your earnings fall between two amounts, you must select the lower amount.
- Select the desired monthly LTD benefit between the minimum of \$200 and the determined maximum amount, making sure not to exceed the maximum for your earnings.
- In the same row, select the desired benefit waiting period to see the monthly cost for that selection.

If you have questions regarding how to determine your monthly LTD benefit, the benefit waiting period or the premium payment of your desired benefit, please contact your HR representative.

Maximum Benefit Period: Option A – To Age 65 for both Accident and Sickness								
Annual Earnings	Monthly Earnings	Monthly Disability Benefit	Accident/Sickness Benefit Waiting Period Cost per Month					
			0/7	14/14	30/30	60/60	90/90	180/180
3,600	300	200	5.50	4.70	3.88	2.74	2.32	1.72
5,400	450	300	8.25	7.05	5.82	4.11	3.48	2.58
7,200	600	400	11.00	9.40	7.76	5.48	4.64	3.44
9,000	750	500	13.75	11.75	9.70	6.85	5.80	4.30
10,800	900	600	16.50	14.10	11.64	8.22	6.96	5.16
12,600	1,050	700	19.25	16.45	13.58	9.59	8.12	6.02
14,400	1,200	800	22.00	18.80	15.52	10.96	9.28	6.88
16,200	1,350	900	24.75	21.15	17.46	12.33	10.44	7.74
18,000	1,500	1,000	27.50	23.50	19.40	13.70	11.60	8.60
19,800	1,650	1,100	30.25	25.85	21.34	15.07	12.76	9.46
21,600	1,800	1,200	33.00	28.20	23.28	16.44	13.92	10.32
23,400	1,950	1,300	35.75	30.55	25.22	17.81	15.08	11.18
25,200	2,100	1,400	38.50	32.90	27.16	19.18	16.24	12.04
27,000	2,250	1,500	41.25	35.25	29.10	20.55	17.40	12.90
28,800	2,400	1,600	44.00	37.60	31.04	21.92	18.56	13.76
30,600	2,550	1,700	46.75	39.95	32.98	23.29	19.72	14.62
32,400	2,700	1,800	49.50	42.30	34.92	24.66	20.88	15.48
34,200	2,850	1,900	52.25	44.65	36.86	26.03	22.04	16.34
36,000	3,000	2,000	55.00	47.00	38.80	27.40	23.20	17.20
37,800	3,150	2,100	57.75	49.35	40.74	28.77	24.36	18.06
39,600	3,300	2,200	60.50	51.70	42.68	30.14	25.52	18.92
41,400	3,450	2,300	63.25	54.05	44.62	31.51	26.68	19.78
43,200	3,600	2,400	66.00	56.40	46.56	32.88	27.84	20.64
45,000	3,750	2,500	68.75	58.75	48.50	34.25	29.00	21.50
46,800	3,900	2,600	71.50	61.10	50.44	35.62	30.16	22.36
48,600	4,050	2,700	74.25	63.45	52.38	36.99	31.32	23.22
50,400	4,200	2,800	77.00	65.80	54.32	38.36	32.48	24.08
52,200	4,350	2,900	79.75	68.15	56.26	39.73	33.64	24.94
54,000	4,500	3,000	82.50	70.50	58.20	41.10	34.80	25.80
55,800	4,650	3,100	85.25	72.85	60.14	42.47	35.96	26.66
57,600	4,800	3,200	88.00	75.20	62.08	43.84	37.12	27.52
59,400	4,950	3,300	90.75	77.55	64.02	45.21	38.28	28.38
61,200	5,100	3,400	93.50	79.90	65.96	46.58	39.44	29.24
63,000	5,250	3,500	96.25	82.25	67.90	47.95	40.60	30.10
64,800	5,400	3,600	99.00	84.60	69.84	49.32	41.76	30.96
66,600	5,550	3,700	101.75	86.95	71.78	50.69	42.92	31.82
68,400	5,700	3,800	104.50	89.30	73.72	52.06	44.08	32.68
70,200	5,850	3,900	107.25	91.65	75.66	53.43	45.24	33.54
72,000	6,000	4,000	110.00	94.00	77.60	54.80	46.40	34.40

Maximum Benefit Period: Option A – To Age 65 for both Accident and Sickness (Continued)								
Annual Earnings	Monthly Earnings	Monthly Disability Benefit	Accident/Sickness Benefit Waiting Period Cost per Month					
			0/7	14/14	30/30	60/60	90/90	180/180
73,800	6,150	4,100	112.75	96.35	79.54	56.17	47.56	35.26
75,600	6,300	4,200	115.50	98.70	81.48	57.54	48.72	36.12
77,400	6,450	4,300	118.25	101.05	83.42	58.91	49.88	36.98
79,200	6,600	4,400	121.00	103.40	85.36	60.28	51.04	37.84
81,000	6,750	4,500	123.75	105.75	87.30	61.65	52.20	38.70
82,800	6,900	4,600	126.50	108.10	89.24	63.02	53.36	39.56
84,600	7,050	4,700	129.25	110.45	91.18	64.39	54.52	40.42
86,400	7,200	4,800	132.00	112.80	93.12	65.76	55.68	41.28
88,200	7,350	4,900	134.75	115.15	95.06	67.13	56.84	42.14
90,000	7,500	5,000	137.50	117.50	97.00	68.50	58.00	43.00
91,800	7,650	5,100	140.25	119.85	98.94	69.87	59.16	43.86
93,600	7,800	5,200	143.00	122.20	100.88	71.24	60.32	44.72
95,400	7,950	5,300	145.75	124.55	102.82	72.61	61.48	45.58
97,200	8,100	5,400	148.50	126.90	104.76	73.98	62.64	46.44
99,000	8,250	5,500	151.25	129.25	106.70	75.35	63.80	47.30
100,800	8,400	5,600	154.00	131.60	108.64	76.72	64.96	48.16
102,600	8,550	5,700	156.75	133.95	110.58	78.09	66.12	49.02
104,400	8,700	5,800	159.50	136.30	112.52	79.46	67.28	49.88
106,200	8,850	5,900	162.25	138.65	114.46	80.83	68.44	50.74
108,000	9,000	6,000	165.00	141.00	116.40	82.20	69.60	51.60
109,800	9,150	6,100	167.75	143.35	118.34	83.57	70.76	52.46
111,600	9,300	6,200	170.50	145.70	120.28	84.94	71.92	53.32
113,400	9,450	6,300	173.25	148.05	122.22	86.31	73.08	54.18
115,200	9,600	6,400	176.00	150.40	124.16	87.68	74.24	55.04
117,000	9,750	6,500	178.75	152.75	126.10	89.05	75.40	55.90
118,800	9,900	6,600	181.50	155.10	128.04	90.42	76.56	56.76
120,600	10,050	6,700	184.25	157.45	129.98	91.79	77.72	57.62
122,400	10,200	6,800	187.00	159.80	131.92	93.16	78.88	58.48
124,200	10,350	6,900	189.75	162.15	133.86	94.53	80.04	59.34
126,000	10,500	7,000	192.50	164.50	135.80	95.90	81.20	60.20
127,800	10,650	7,100	195.25	166.85	137.74	97.27	82.36	61.06
129,600	10,800	7,200	198.00	169.20	139.68	98.64	83.52	61.92
131,400	10,950	7,300	200.75	171.55	141.62	100.01	84.68	62.78
133,200	11,100	7,400	203.50	173.90	143.56	101.38	85.84	63.64
135,000	11,250	7,500	206.25	176.25	145.50	102.75	87.00	64.50
136,800	11,400	7,600	209.00	178.60	147.44	104.12	88.16	65.36
138,600	11,550	7,700	211.75	180.95	149.38	105.49	89.32	66.22
140,400	11,700	7,800	214.50	183.30	151.32	106.86	90.48	67.08
142,200	11,850	7,900	217.25	185.65	153.26	108.23	91.64	67.94
144,000	12,000	8,000	220.00	188.00	155.20	109.60	92.80	68.80

Maximum Benefit Period: Option B – Three Years for Sickness and To Age 65 for Accident								
Annual Earnings	Monthly Earnings	Monthly Disability Benefit	Accident/Sickness Benefit Waiting Period Cost per Month					
			0/7	14/14	30/30	60/60	90/90	180/180
3,600	300	200	4.14	3.26	2.64	2.34	1.98	1.46
5,400	450	300	6.21	4.89	3.96	3.51	2.97	2.19
7,200	600	400	8.28	6.52	5.28	4.68	3.96	2.92
9,000	750	500	10.35	8.15	6.60	5.85	4.95	3.65
10,800	900	600	12.42	9.78	7.92	7.02	5.94	4.38
12,600	1,050	700	14.49	11.41	9.24	8.19	6.93	5.11
14,400	1,200	800	16.56	13.04	10.56	9.36	7.92	5.84
16,200	1,350	900	18.63	14.67	11.88	10.53	8.91	6.57
18,000	1,500	1,000	20.70	16.30	13.20	11.70	9.90	7.30
19,800	1,650	1,100	22.77	17.93	14.52	12.87	10.89	8.03
21,600	1,800	1,200	24.84	19.56	15.84	14.04	11.88	8.76
23,400	1,950	1,300	26.91	21.19	17.16	15.21	12.87	9.49
25,200	2,100	1,400	28.98	22.82	18.48	16.38	13.86	10.22
27,000	2,250	1,500	31.05	24.45	19.80	17.55	14.85	10.95
28,800	2,400	1,600	33.12	26.08	21.12	18.72	15.84	11.68
30,600	2,550	1,700	35.19	27.71	22.44	19.89	16.83	12.41
32,400	2,700	1,800	37.26	29.34	23.76	21.06	17.82	13.14
34,200	2,850	1,900	39.33	30.97	25.08	22.23	18.81	13.87
36,000	3,000	2,000	41.40	32.60	26.40	23.40	19.80	14.60
37,800	3,150	2,100	43.47	34.23	27.72	24.57	20.79	15.33
39,600	3,300	2,200	45.54	35.86	29.04	25.74	21.78	16.06
41,400	3,450	2,300	47.61	37.49	30.36	26.91	22.77	16.79
43,200	3,600	2,400	49.68	39.12	31.68	28.08	23.76	17.52
45,000	3,750	2,500	51.75	40.75	33.00	29.25	24.75	18.25
46,800	3,900	2,600	53.82	42.38	34.32	30.42	25.74	18.98
48,600	4,050	2,700	55.89	44.01	35.64	31.59	26.73	19.71
50,400	4,200	2,800	57.96	45.64	36.96	32.76	27.72	20.44
52,200	4,350	2,900	60.03	47.27	38.28	33.93	28.71	21.17
54,000	4,500	3,000	62.10	48.90	39.60	35.10	29.70	21.90
55,800	4,650	3,100	64.17	50.53	40.92	36.27	30.69	22.63
57,600	4,800	3,200	66.24	52.16	42.24	37.44	31.68	23.36
59,400	4,950	3,300	68.31	53.79	43.56	38.61	32.67	24.09
61,200	5,100	3,400	70.38	55.42	44.88	39.78	33.66	24.82
63,000	5,250	3,500	72.45	57.05	46.20	40.95	34.65	25.55
64,800	5,400	3,600	74.52	58.68	47.52	42.12	35.64	26.28
66,600	5,550	3,700	76.59	60.31	48.84	43.29	36.63	27.01
68,400	5,700	3,800	78.66	61.94	50.16	44.46	37.62	27.74
70,200	5,850	3,900	80.73	63.57	51.48	45.63	38.61	28.47
72,000	6,000	4,000	82.80	65.20	52.80	46.80	39.60	29.20

**Maximum Benefit Period: Option B – Three Years for Sickness and To Age 65 for Accident
(Continued)**

Annual Earnings	Monthly Earnings	Monthly Disability Benefit	Accident/Sickness Benefit Waiting Period Cost per Month					
			0/7	14/14	30/30	60/60	90/90	180/180
73,800	6,150	4,100	84.87	66.83	54.12	47.97	40.59	29.93
75,600	6,300	4,200	86.94	68.46	55.44	49.14	41.58	30.66
77,400	6,450	4,300	89.01	70.09	56.76	50.31	42.57	31.39
79,200	6,600	4,400	91.08	71.72	58.08	51.48	43.56	32.12
81,000	6,750	4,500	93.15	73.35	59.40	52.65	44.55	32.85
82,800	6,900	4,600	95.22	74.98	60.72	53.82	45.54	33.58
84,600	7,050	4,700	97.29	76.61	62.04	54.99	46.53	34.31
86,400	7,200	4,800	99.36	78.24	63.36	56.16	47.52	35.04
88,200	7,350	4,900	101.43	79.87	64.68	57.33	48.51	35.77
90,000	7,500	5,000	103.50	81.50	66.00	58.50	49.50	36.50
91,800	7,650	5,100	105.57	83.13	67.32	59.67	50.49	37.23
93,600	7,800	5,200	107.64	84.76	68.64	60.84	51.48	37.96
95,400	7,950	5,300	109.71	86.39	69.96	62.01	52.47	38.69
97,200	8,100	5,400	111.78	88.02	71.28	63.18	53.46	39.42
99,000	8,250	5,500	113.85	89.65	72.60	64.35	54.45	40.15
100,800	8,400	5,600	115.92	91.28	73.92	65.52	55.44	40.88
102,600	8,550	5,700	117.99	92.91	75.24	66.69	56.43	41.61
104,400	8,700	5,800	120.06	94.54	76.56	67.86	57.42	42.34
106,200	8,850	5,900	122.13	96.17	77.88	69.03	58.41	43.07
108,000	9,000	6,000	124.20	97.80	79.20	70.20	59.40	43.80
109,800	9,150	6,100	126.27	99.43	80.52	71.37	60.39	44.53
111,600	9,300	6,200	128.34	101.06	81.84	72.54	61.38	45.26
113,400	9,450	6,300	130.41	102.69	83.16	73.71	62.37	45.99
115,200	9,600	6,400	132.48	104.32	84.48	74.88	63.36	46.72
117,000	9,750	6,500	134.55	105.95	85.80	76.05	64.35	47.45
118,800	9,900	6,600	136.62	107.58	87.12	77.22	65.34	48.18
120,600	10,050	6,700	138.69	109.21	88.44	78.39	66.33	48.91
122,400	10,200	6,800	140.76	110.84	89.76	79.56	67.32	49.64
124,200	10,350	6,900	142.83	112.47	91.08	80.73	68.31	50.37
126,000	10,500	7,000	144.90	114.10	92.40	81.90	69.30	51.10
127,800	10,650	7,100	146.97	115.73	93.72	83.07	70.29	51.83
129,600	10,800	7,200	149.04	117.36	95.04	84.24	71.28	52.56
131,400	10,950	7,300	151.11	118.99	96.36	85.41	72.27	53.29
133,200	11,100	7,400	153.18	120.62	97.68	86.58	73.26	54.02
135,000	11,250	7,500	155.25	122.25	99.00	87.75	74.25	54.75
136,800	11,400	7,600	157.32	123.88	100.32	88.92	75.24	55.48
138,600	11,550	7,700	159.39	125.51	101.64	90.09	76.23	56.21
140,400	11,700	7,800	161.46	127.14	102.96	91.26	77.22	56.94
142,200	11,850	7,900	163.53	128.77	104.28	92.43	78.21	57.67
144,000	12,000	8,000	165.60	130.40	105.60	93.60	79.20	58.40

Standard Insurance Company | 1100 SW Sixth Avenue, Portland, OR 97204 | [standard.com](https://www.standard.com)

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GP190-LTD/399, GP899-LTD, GP899-LTD, GP411-LTD, GP608-LTD, GP012021-LTD, GPNY0500-LTD

Educator Options Voluntary Long Term Disability - EE
SI **14494-764172**
(7/25)