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**Arlington Independent School District  
Policy # 124821**

Please read carefully the following description of your Unum Educator Select Income Protection Plan insurance.

**Your Plan**

***Eligibility***

You are eligible for disability coverage if you are an active employee in the United States working a minimum of 20 hours per week. The date you are eligible for coverage is the later of: the plan effective date; or the day after you complete the waiting period.

***Guarantee Issue***

**Employees in an eligible group on or before your School's policy effective date\*:** Coverage is available to you without answering any medical questions or providing evidence of insurability. You may enroll on or before your School's policy effective date. After the initial enrollment period, you can apply only during an annual enrollment period.

Benefits are subject to the pre-existing condition exclusion referenced later in this document.

Please see your Plan Administrator for your eligibility date.

**Employees in an eligible group after your School's policy effective date\*:** Coverage is available to you without answering any medical questions or providing evidence of insurability. You may apply for coverage within 60 days after your eligibility date. If you do not apply within 60 days after your eligibility date, you can apply only during an annual enrollment period.

Benefits are subject to the pre-existing condition exclusion referenced later in this document.

Please see your Plan Administrator for your eligibility date.

**\*Your Plan Administrator will provide you with this date.**

***Benefit Amount***

You may purchase a monthly benefit in \$100 units, starting at a minimum of \$200, up to 66 2/3% of your monthly earnings rounded to the nearest \$100, but not to exceed a monthly maximum benefit of \$7,500. Please see your Plan Administrator for the definition of monthly earnings.

The total benefit payable to you on a monthly basis (including all benefits provided under this plan) will not exceed 100% of your monthly earnings unless the excess amount is payable as a Cost of Living Adjustment.—However, if you are participating in Unum's Rehabilitation and Return to Work Assistance program, the total benefit payable to you on a monthly basis (including all benefits provided under this plan) will not exceed 110% of your monthly earnings (unless the excess amount is payable as a Cost of Living Adjustment).

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**Your disability benefit will be reduced by deductible sources of income and any earnings you have while disabled.** Your gross disability payment will be reduced immediately by such items as disability income or other amounts you receive or are entitled to receive from sabbatical or assault leave plans and the amount of earnings you receive from an extended sick leave plan as described in Louisiana Revised Statutes or any other act or law with similar intent.

After you have received monthly disability payments for 12 months, your gross disability payment will be reduced by such items as additional deductible sources of income you receive or are entitled to receive under: state compulsory benefit laws; automobile liability insurance; legal judgments and settlements; certain retirement plans; salary continuation or sick leave plans; other group or association disability programs or insurance; and amounts you or your family receive or are entitled to receive from Social Security or similar governmental programs.

Regardless of deductible sources of income, an employee who qualifies for disability benefits is guaranteed to receive a minimum benefit amount of 25% of the gross disability payment.

### ***Continuity of Coverage***

If you are actively at work at the time you convert to Unum's plan and become disabled due to a pre-existing condition, benefits may be payable if you were:

- in active employment and insured under the plan on its effective date; and
- insured by the prior plan at the time of change.

To receive a payment, you must satisfy the pre-existing condition under the Unum policy or the prior carrier's policy. If you satisfy Unum's pre-existing condition provision, payments will be determined by the Unum policy.

If you only satisfy the pre-existing condition provision for the prior carrier's policy, the claim will be administered according to the Unum policy. However, the payments will be the lesser of the benefit payable under the terms of the prior plan or the benefit under the Unum plan. The elimination period will be the shorter of the elimination period under the prior plan or the elimination period under the Unum plan. Benefits will end on the earlier of the end of the maximum period of payment under the Unum plan or the date benefits would have ended under the prior plan.

### ***Definition of Disability***

You are disabled when Unum determines that:

- you are limited from performing the material and substantial duties of your regular occupation due to your sickness or injury;
- you have a 20% or more loss in indexed monthly earnings due to the same sickness or injury; and
- during the elimination period you are unable to perform any of the material and substantial duties of your regular occupation.

After benefits have been paid for 24 months, you are disabled when Unum determines that due to the same sickness or injury, you are unable to perform the duties of any gainful occupation for which you are reasonably fitted by education, training or experience.

You must be under the regular care of a physician in order to be considered disabled.

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**Gainful Occupation**

Gainful occupation means an occupation that is or can be expected to provide you with an income within 12 months of your return to work, that exceeds 80% of your indexed monthly earnings if you are working or 60% of your indexed monthly earnings if you are not working.

**Return to Work/  
Work Incentive Benefit**

Unum supports efforts that enable a disabled employee to remain on the job or return to work as soon as possible. If you are disabled but working part time with monthly disability earnings of 20% or more of your indexed monthly earnings, during the first 12 months, the monthly benefit will not be reduced by any earnings until the gross disability payment plus your disability earnings, exceeds 100% of your indexed monthly earnings. The monthly benefit will then be reduced by that amount.

**Elimination Period**

The Elimination Period is the length of time of continuous disability, due to sickness or injury, which must be satisfied before you are eligible to receive benefits.

**You may choose an Elimination Period (injury/sickness) of 0/7, 14/14, 30/30, 60/60, 90/90 or 180/180 days.**

If, because of your disability, you are hospital confined as an inpatient, benefits begin on the first day of inpatient confinement. Inpatient means that you are confined to a hospital room due to your sickness or injury for 23 or more consecutive hours. (Applies to Elimination Periods of 30 days or less.)

**Benefit Duration**

Your duration of benefits is based on your age when the disability occurs.

**Plan: ADEA II:** Your duration of benefits is based on the following table:

<u>Age at Disability</u>	<u>Maximum Duration of Benefits</u>
Less than age 60	To age 65, but not less than 5 years
Age 60 through 64	5 years
Age 65 through 69	To age 70, but not less than 1 year
Age 70 and over	1 year

**Federal Income Taxation**

The taxability of benefits depends on how premium was taxed during the plan year in which you become disabled. If you paid 100% of the premium for the plan year with **post-tax** dollars, your benefits **will not** be taxed. If premium for the plan year is paid with **pre-tax** dollars, your benefits **will** be taxed. If premium for the plan year is paid partially with post-tax dollars and partially with pre-tax dollars, or if you and your Employer share in the cost, then a portion of your benefits will be taxed.

**Additional Benefits**

**Worksite Modification**

If a worksite modification will enable you to remain at work or return to work, a designated Unum professional will assist in identifying what's needed. A written agreement must be signed by you, your employer and Unum, and we will reimburse your employer for the greater of \$1,000 or the equivalent of two months of your disability benefit.

**Rehabilitation and Return to Work Assistance**

Unum has a vocational Rehabilitation and Return to Work Assistance program available to assist you in returning to work. We will make the final determination of your eligibility for participation in the program, and will

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provide you with a written Rehabilitation and Return to Work Assistance plan developed specifically for you. This program may include, but is not limited to the following benefits:

- coordination with your Employer to assist your return to work;
- adaptive equipment or job accommodations to allow you to work;
- vocational evaluation to determine how your disability may impact your employment options;
- job placement services;
- resume preparation;
- job seeking skills training; or
- education and retraining expenses for a new occupation.

If you are participating in a Rehabilitation and Return to Work Assistance program, we will also pay an additional disability benefit of 10% of your gross disability payment to a maximum of \$1,000 per month. In addition, we will make monthly payments to you for 3 months following the date your disability ends, if we determine you are no longer disabled while:

- you are participating in a Rehabilitation and Return to Work Assistance program; and
- you are not able to find employment.

***Dependent Care Expense Benefit***

If you are disabled and participating in Unum's Rehabilitation and Return to Work Assistance program, Unum will pay a Dependent Care Expense Benefit when you are disabled and you provide satisfactory proof that you:

- are incurring expenses to provide care for a child under the age of 15;
- and/or start incurring expenses to provide care for a child age 15 or older or a family member who needs personal care assistance.

The payment will be \$350 per month per dependent, to a maximum of \$1,000 per month for all dependent care expenses combined.

***Waiver of Premium***

After you have received disability payments under the plan for 90 consecutive days, from that point forward you will not be required to pay premiums as long as you are receiving disability benefits.

***Conversion***

If you are covered under your group's disability plan for 12 consecutive months and you end employment, you may be eligible to convert your disability coverage to coverage under Unum's group conversion policy. The conversion coverage may not be the same coverage offered under your employer's group plan and there are certain times that you may not convert your coverage. Please see your certificate booklet for details.

***Work/Life Balance Employee Assistance Program<sup>1</sup>***

Work-life balance is a comprehensive resource providing access to professional assistance for a wide range of personal and work-related issues. The service is available to you and your family members twenty-four hours a day, 365 days a year, and provides resources to help employees find solutions to everyday issues such as financing a car or selecting child care, as well as more serious problems such as alcohol or drug addiction, divorce, or relationship problems.

Services include: toll-free phone access to master's-level consultants, up to three face-to-face sessions to help with more serious issues; and online resources. There is no additional charge for utilizing the program. Participation is confidential and strictly voluntary, and employees do not have to have filed a disability claim or be receiving benefits to use the program.

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However, if you become disabled and are receiving benefits, Unum's On Claim Support can provide additional resources including: coaching on how to communicate effectively with medical personnel, conducting consumer research for medical equipment and supplies, assessing emotional needs and locating counseling resources.

***Worldwide  
Emergency Travel  
Assistance Services<sup>2</sup>***

Whether your travel is for business or pleasure, our worldwide emergency travel assistance program is there to help you when an unexpected emergency occurs. With one phone call anytime of the day or night, you, your spouse and dependent children can get immediate assistance anywhere in the world<sup>3</sup>. Emergency travel assistance is available to you when you travel to any foreign country, including neighboring Canada or Mexico. It is also available anywhere in the United States for those traveling more than 100 miles from home. Your spouse and dependent children do not have to be traveling with you to be eligible. However, spouses traveling on business for their employer are not covered by this program.

***Survivor Benefit***

Unum will pay your eligible survivor a lump sum benefit equal to 3 months of your gross disability payment.

This benefit will be paid if, on the date of your death, your disability had continued for 180 or more consecutive days, and you were receiving or were entitled to receive payments under the plan. If you have no eligible survivors, payment will be made to your estate, unless there is none. In that case, no payment will be made. However, we will first apply the survivor benefit to any overpayment which may exist on your claim.

You may receive your survivor benefit prior to your death if you are receiving monthly payments and your physician certifies in writing that you have been diagnosed as terminally ill and your life expectancy has been reduced to less than 12 months. This benefit is only payable once and if you elect to receive this benefit, no survivor benefit will be payable to your eligible survivor upon your death. (Note this "Accelerated Survivor Benefit" is not available in Connecticut.)

***Limitations/Exclusions/  
Termination of Coverage***

***Pre-existing Condition  
Exclusion***

Benefits will not be paid for disabilities caused by, contributed to by, or resulting from a pre-existing condition. You have a pre-existing condition if:

- you received medical treatment, consultation, care or services including diagnostic measures, or took prescribed drugs or medicines in the 3 months just prior to your effective date of coverage; and
  - the disability begins in the first 12 months after your effective date of coverage.
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***Instances When Benefits Would Not Be Paid***

Benefits will not be paid for disabilities caused by, contributed to by, or resulting from:

- intentionally self-inflicted injuries;
- active participation in a riot;
- commission of a crime for which you have been convicted;
- loss of professional license, occupational license or certification;
- pre-existing conditions (see definition).
- an **occupational injury or sickness** (this will not apply to a partner or sole proprietor who cannot be covered by law under Workers' Compensation or any similar law);

Unum will not cover a disability due to war, declared or undeclared, or any act of war.

Unum will not pay a benefit for any period of disability during which you are incarcerated.

***Mental Illness/Self-Reported Symptoms***

The lifetime cumulative maximum benefit period for all disabilities due to mental illness and disabilities based primarily on self-reported symptoms is 24 months. Only 24 months of benefits will be paid for any combination of such disabilities even if the disabilities are not continuous and/or are not related. Payments would continue beyond 24 months only if you are confined to a hospital or institution as a result of the disability.

***Termination of Coverage***

Your coverage under the policy ends on the earliest of the following:

- The date the policy or plan is cancelled;
- The date you no longer are in an eligible group;
- The date your eligible group is no longer covered;
- The last day of the period for which you made any required contributions;
- The later of the last day you are in active employment except as provided under the covered layoff or leave of absence provision; or if applicable, the last day of your contract with your Employer but not beyond the end of your Employer's current school contract year.

Unum will provide coverage for a payable claim which occurs while you are covered under the policy or plan.

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## **Next Steps**

### ***How to Apply/ Effective Date of Coverage***

**Employees in an eligible group on or before your School's policy effective date\*:** Coverage is available to you without answering any medical questions or providing evidence of insurability. You may enroll on or before your School's policy effective date. After the initial enrollment period, you can apply only during an annual enrollment period.

Benefits are subject to the pre-existing condition exclusion referenced later in this document.

Please see your Plan Administrator for your eligibility date.

**Employees in an eligible group after your School's policy effective date\*:** Coverage is available to you without answering any medical questions or providing evidence of insurability. You may apply for coverage within 60 days after your eligibility date. If you do not apply within 60 days after your eligibility date, you can apply only during an annual enrollment period.

Benefits are subject to the pre-existing condition exclusion referenced later in this document.

**\*Your Plan Administrator will provide you with this date.**

### ***Delayed Effective Date of Coverage***

If you are absent from work due to injury, sickness, temporary layoff or leave of absence, your coverage will not take effect until you return to active employment. Please contact your Plan Administrator after you return to active employment for when your coverage will begin.

### ***Questions***

If you should have any questions about your coverage or how to enroll, please contact your Plan Administrator.

This plan highlight is a summary provided to help you understand your insurance coverage from Unum. Some provisions may vary or not be available in all states. Please refer to your certificate booklet for your complete plan description. If the terms of this plan highlight summary or your certificate differ from your policy, the policy will govern. For complete details of coverage, please refer to policy form number C.FP-1, et al.

<sup>1,2</sup> Work-life balance employee assistance program and On-Claim Support services are provided by Ceridian Corporation. Worldwide emergency travel assistance services are provided by Assist America, Inc. Services are available with selected Unum insurance offerings. Exclusions, limitations and prior notice requirements may apply, and service features, terms and eligibility criteria are subject to change. The services are not valid after termination of coverage and may be withdrawn at any time. Please contact your Unum representative for full details.

<sup>3</sup> All Worldwide emergency travel assistance must be arranged by Assist America, which pays for all services it provides. Medical expenses such as prescriptions or physician, lab or medical facility fees are paid by the employee or the employee's health insurance.



# ARLINGTON INDEPENDENT SCHOOL DISTRICT

*Costs below are based on a **Monthly** payroll deduction  
(Employer billing mode is based on **12 Payments** per year)*

Product: Educator Select Income Protection Plan			ADEA II Duration of Benefits					
			Elimination Period (Days)					
Injury (Days)			0*	14*	30*	60	90	180
Sickness (Days)			7*	14*	30*	60	90	180
Annual Earnings	Monthly Earnings	Maximum Monthly Benefit						
3600	300	200	9.02	7.20	5.94	4.06	3.52	2.72
5400	450	300	13.53	10.80	8.91	6.09	5.28	4.08
7200	600	400	18.04	14.40	11.88	8.12	7.04	5.44
9000	750	500	22.55	18.00	14.85	10.15	8.80	6.80
10800	900	600	27.06	21.60	17.82	12.18	10.56	8.16
12600	1050	700	31.57	25.20	20.79	14.21	12.32	9.52
14400	1200	800	36.08	28.80	23.76	16.24	14.08	10.88
16200	1350	900	40.59	32.40	26.73	18.27	15.84	12.24
18000	1500	1000	45.10	36.00	29.70	20.30	17.60	13.60
19800	1650	1100	49.61	39.60	32.67	22.33	19.36	14.96
21600	1800	1200	54.12	43.20	35.64	24.36	21.12	16.32
23400	1950	1300	58.63	46.80	38.61	26.39	22.88	17.68
25200	2100	1400	63.14	50.40	41.58	28.42	24.64	19.04
27000	2250	1500	67.65	54.00	44.55	30.45	26.40	20.40
28800	2400	1600	72.16	57.60	47.52	32.48	28.16	21.76
30600	2550	1700	76.67	61.20	50.49	34.51	29.92	23.12
32400	2700	1800	81.18	64.80	53.46	36.54	31.68	24.48
34200	2850	1900	85.69	68.40	56.43	38.57	33.44	25.84
36000	3000	2000	90.20	72.00	59.40	40.60	35.20	27.20
37800	3150	2100	94.71	75.60	62.37	42.63	36.96	28.56
39600	3300	2200	99.22	79.20	65.34	44.66	38.72	29.92
41400	3450	2300	103.73	82.80	68.31	46.69	40.48	31.28
43200	3600	2400	108.24	86.40	71.28	48.72	42.24	32.64
45000	3750	2500	112.75	90.00	74.25	50.75	44.00	34.00
46800	3900	2600	117.26	93.60	77.22	52.78	45.76	35.36
48600	4050	2700	121.77	97.20	80.19	54.81	47.52	36.72
50400	4200	2800	126.28	100.80	83.16	56.84	49.28	38.08
52200	4350	2900	130.79	104.40	86.13	58.87	51.04	39.44
54000	4500	3000	135.30	108.00	89.10	60.90	52.80	40.80
55800	4650	3100	139.81	111.60	92.07	62.93	54.56	42.16
57600	4800	3200	144.32	115.20	95.04	64.96	56.32	43.52
59400	4950	3300	148.83	118.80	98.01	66.99	58.08	44.88
61200	5100	3400	153.34	122.40	100.98	69.02	59.84	46.24
63000	5250	3500	157.85	126.00	103.95	71.05	61.60	47.60
64800	5400	3600	162.36	129.60	106.92	73.08	63.36	48.96
66600	5550	3700	166.87	133.20	109.89	75.11	65.12	50.32
68400	5700	3800	171.38	136.80	112.86	77.14	66.88	51.68
70200	5850	3900	175.89	140.40	115.83	79.17	68.64	53.04
72000	6000	4000	180.40	144.00	118.80	81.20	70.40	54.40
73800	6150	4100	184.91	147.60	121.77	83.23	72.16	55.76
75600	6300	4200	189.42	151.20	124.74	85.26	73.92	57.12
77400	6450	4300	193.93	154.80	127.71	87.29	75.68	58.48
79200	6600	4400	198.44	158.40	130.68	89.32	77.44	59.84
81000	6750	4500	202.95	162.00	133.65	91.35	79.20	61.20
82800	6900	4600	207.46	165.60	136.62	93.38	80.96	62.56
84600	7050	4700	211.97	169.20	139.59	95.41	82.72	63.92
86400	7200	4800	216.48	172.80	142.56	97.44	84.48	65.28
88200	7350	4900	220.99	176.40	145.53	99.47	86.24	66.64
90000	7500	5000	225.50	180.00	148.50	101.50	88.00	68.00
91800	7650	5100	230.01	183.60	151.47	103.53	89.76	69.36
93600	7800	5200	234.52	187.20	154.44	105.56	91.52	70.72



# ARLINGTON INDEPENDENT SCHOOL DISTRICT

*Costs below are based on a **Monthly** payroll deduction  
(Employer billing mode is based on **12 Payments** per year)*

<b>Product:</b> Educator Select Income Protection Plan			<b>Plan A</b>					
			<b>ADEA II Duration of Benefits</b>					
			<b>Elimination Period (Days)</b>					
<b>Injury (Days)</b>			0*	14*	30*	60	90	180
<b>Sickness (Days)</b>			7*	14*	30*	60	90	180
Annual Earnings	Monthly Earnings	Maximum Monthly Benefit						
95400	7950	<b>5300</b>	239.03	190.80	157.41	107.59	93.28	72.08
97200	8100	<b>5400</b>	243.54	194.40	160.38	109.62	95.04	73.44
99000	8250	<b>5500</b>	248.05	198.00	163.35	111.65	96.80	74.80
100800	8400	<b>5600</b>	252.56	201.60	166.32	113.68	98.56	76.16
102600	8550	<b>5700</b>	257.07	205.20	169.29	115.71	100.32	77.52
104400	8700	<b>5800</b>	261.58	208.80	172.26	117.74	102.08	78.88
106200	8850	<b>5900</b>	266.09	212.40	175.23	119.77	103.84	80.24
108000	9000	<b>6000</b>	270.60	216.00	178.20	121.80	105.60	81.60
109800	9150	<b>6100</b>	275.11	219.60	181.17	123.83	107.36	82.96
111600	9300	<b>6200</b>	279.62	223.20	184.14	125.86	109.12	84.32
113400	9450	<b>6300</b>	284.13	226.80	187.11	127.89	110.88	85.68
115200	9600	<b>6400</b>	288.64	230.40	190.08	129.92	112.64	87.04
117000	9750	<b>6500</b>	293.15	234.00	193.05	131.95	114.40	88.40
118800	9900	<b>6600</b>	297.66	237.60	196.02	133.98	116.16	89.76
120600	10050	<b>6700</b>	302.17	241.20	198.99	136.01	117.92	91.12
122400	10200	<b>6800</b>	306.68	244.80	201.96	138.04	119.68	92.48
124200	10350	<b>6900</b>	311.19	248.40	204.93	140.07	121.44	93.84
126000	10500	<b>7000</b>	315.70	252.00	207.90	142.10	123.20	95.20
127800	10650	<b>7100</b>	320.21	255.60	210.87	144.13	124.96	96.56
129600	10800	<b>7200</b>	324.72	259.20	213.84	146.16	126.72	97.92
131400	10950	<b>7300</b>	329.23	262.80	216.81	148.19	128.48	99.28
133200	11100	<b>7400</b>	333.74	266.40	219.78	150.22	130.24	100.64
135000	11250	<b>7500</b>	338.25	270.00	222.75	152.25	132.00	102.00

REF #: 1525070

*\* If, because of your disability, you are hospital confined as an inpatient, benefits begin on the first day of inpatient confinement.*

*Find your Annual/Monthly Earnings above to determine your Maximum Monthly Benefit. If your Annual/Monthly Earnings are not shown, use the next lower Annual/Monthly Earnings and corresponding Maximum Monthly Benefit. Or, you may refer to the Plan Highlights to calculate your Maximum Monthly Benefit based on your earnings.*



# ARLINGTON INDEPENDENT SCHOOL DISTRICT

*Costs below are based on a **Monthly** payroll deduction  
(Employer billing mode is based on **18 Payments** per year)*

Product: Educator Select Income Protection Plan			ADEA II Duration of Benefits					
			Elimination Period (Days)					
Injury (Days)			0*	14*	30*	60	90	180
Sickness (Days)			7*	14*	30*	60	90	180
Annual Earnings	Monthly Earnings	Maximum Monthly Benefit						
3600	300	200	6.01	4.80	3.96	2.71	2.35	1.81
5400	450	300	9.02	7.20	5.94	4.06	3.52	2.72
7200	600	400	12.03	9.60	7.92	5.41	4.69	3.63
9000	750	500	15.03	12.00	9.90	6.77	5.87	4.53
10800	900	600	18.04	14.40	11.88	8.12	7.04	5.44
12600	1050	700	21.05	16.80	13.86	9.47	8.21	6.35
14400	1200	800	24.05	19.20	15.84	10.83	9.39	7.25
16200	1350	900	27.06	21.60	17.82	12.18	10.56	8.16
18000	1500	1000	30.07	24.00	19.80	13.53	11.73	9.07
19800	1650	1100	33.07	26.40	21.78	14.89	12.91	9.97
21600	1800	1200	36.08	28.80	23.76	16.24	14.08	10.88
23400	1950	1300	39.09	31.20	25.74	17.59	15.25	11.79
25200	2100	1400	42.09	33.60	27.72	18.95	16.43	12.69
27000	2250	1500	45.10	36.00	29.70	20.30	17.60	13.60
28800	2400	1600	48.11	38.40	31.68	21.65	18.77	14.51
30600	2550	1700	51.11	40.80	33.66	23.01	19.95	15.41
32400	2700	1800	54.12	43.20	35.64	24.36	21.12	16.32
34200	2850	1900	57.13	45.60	37.62	25.71	22.29	17.23
36000	3000	2000	60.13	48.00	39.60	27.07	23.47	18.13
37800	3150	2100	63.14	50.40	41.58	28.42	24.64	19.04
39600	3300	2200	66.15	52.80	43.56	29.77	25.81	19.95
41400	3450	2300	69.15	55.20	45.54	31.13	26.99	20.85
43200	3600	2400	72.16	57.60	47.52	32.48	28.16	21.76
45000	3750	2500	75.17	60.00	49.50	33.83	29.33	22.67
46800	3900	2600	78.17	62.40	51.48	35.19	30.51	23.57
48600	4050	2700	81.18	64.80	53.46	36.54	31.68	24.48
50400	4200	2800	84.19	67.20	55.44	37.89	32.85	25.39
52200	4350	2900	87.19	69.60	57.42	39.25	34.03	26.29
54000	4500	3000	90.20	72.00	59.40	40.60	35.20	27.20
55800	4650	3100	93.21	74.40	61.38	41.95	36.37	28.11
57600	4800	3200	96.21	76.80	63.36	43.31	37.55	29.01
59400	4950	3300	99.22	79.20	65.34	44.66	38.72	29.92
61200	5100	3400	102.23	81.60	67.32	46.01	39.89	30.83
63000	5250	3500	105.23	84.00	69.30	47.37	41.07	31.73
64800	5400	3600	108.24	86.40	71.28	48.72	42.24	32.64
66600	5550	3700	111.25	88.80	73.26	50.07	43.41	33.55
68400	5700	3800	114.25	91.20	75.24	51.43	44.59	34.45
70200	5850	3900	117.26	93.60	77.22	52.78	45.76	35.36
72000	6000	4000	120.27	96.00	79.20	54.13	46.93	36.27
73800	6150	4100	123.27	98.40	81.18	55.49	48.11	37.17
75600	6300	4200	126.28	100.80	83.16	56.84	49.28	38.08
77400	6450	4300	129.29	103.20	85.14	58.19	50.45	38.99
79200	6600	4400	132.29	105.60	87.12	59.55	51.63	39.89
81000	6750	4500	135.30	108.00	89.10	60.90	52.80	40.80
82800	6900	4600	138.31	110.40	91.08	62.25	53.97	41.71
84600	7050	4700	141.31	112.80	93.06	63.61	55.15	42.61
86400	7200	4800	144.32	115.20	95.04	64.96	56.32	43.52
88200	7350	4900	147.33	117.60	97.02	66.31	57.49	44.43
90000	7500	5000	150.33	120.00	99.00	67.67	58.67	45.33
91800	7650	5100	153.34	122.40	100.98	69.02	59.84	46.24
93600	7800	5200	156.35	124.80	102.96	70.37	61.01	47.15



# ARLINGTON INDEPENDENT SCHOOL DISTRICT

*Costs below are based on a **Monthly** payroll deduction  
(Employer billing mode is based on **18 Payments** per year)*

<b>Product:</b> Educator Select Income Protection Plan			<b>Plan A</b>					
			<b>ADEA II Duration of Benefits</b>					
			<b>Elimination Period (Days)</b>					
<b>Injury (Days)</b>			0*	14*	30*	60	90	180
<b>Sickness (Days)</b>			7*	14*	30*	60	90	180
Annual Earnings	Monthly Earnings	Maximum Monthly Benefit						
95400	7950	<b>5300</b>	159.35	127.20	104.94	71.73	62.19	48.05
97200	8100	<b>5400</b>	162.36	129.60	106.92	73.08	63.36	48.96
99000	8250	<b>5500</b>	165.37	132.00	108.90	74.43	64.53	49.87
100800	8400	<b>5600</b>	168.37	134.40	110.88	75.79	65.71	50.77
102600	8550	<b>5700</b>	171.38	136.80	112.86	77.14	66.88	51.68
104400	8700	<b>5800</b>	174.39	139.20	114.84	78.49	68.05	52.59
106200	8850	<b>5900</b>	177.39	141.60	116.82	79.85	69.23	53.49
108000	9000	<b>6000</b>	180.40	144.00	118.80	81.20	70.40	54.40
109800	9150	<b>6100</b>	183.41	146.40	120.78	82.55	71.57	55.31
111600	9300	<b>6200</b>	186.41	148.80	122.76	83.91	72.75	56.21
113400	9450	<b>6300</b>	189.42	151.20	124.74	85.26	73.92	57.12
115200	9600	<b>6400</b>	192.43	153.60	126.72	86.61	75.09	58.03
117000	9750	<b>6500</b>	195.43	156.00	128.70	87.97	76.27	58.93
118800	9900	<b>6600</b>	198.44	158.40	130.68	89.32	77.44	59.84
120600	10050	<b>6700</b>	201.45	160.80	132.66	90.67	78.61	60.75
122400	10200	<b>6800</b>	204.45	163.20	134.64	92.03	79.79	61.65
124200	10350	<b>6900</b>	207.46	165.60	136.62	93.38	80.96	62.56
126000	10500	<b>7000</b>	210.47	168.00	138.60	94.73	82.13	63.47
127800	10650	<b>7100</b>	213.47	170.40	140.58	96.09	83.31	64.37
129600	10800	<b>7200</b>	216.48	172.80	142.56	97.44	84.48	65.28
131400	10950	<b>7300</b>	219.49	175.20	144.54	98.79	85.65	66.19
133200	11100	<b>7400</b>	222.49	177.60	146.52	100.15	86.83	67.09
135000	11250	<b>7500</b>	225.50	180.00	148.50	101.50	88.00	68.00

REF #: 1525071

*\* If, because of your disability, you are hospital confined as an inpatient, benefits begin on the first day of inpatient confinement.*

*Find your Annual/Monthly Earnings above to determine your Maximum Monthly Benefit. If your Annual/Monthly Earnings are not shown, use the next lower Annual/Monthly Earnings and corresponding Maximum Monthly Benefit. Or, you may refer to the Plan Highlights to calculate your Maximum Monthly Benefit based on your earnings.*



# ARLINGTON INDEPENDENT SCHOOL DISTRICT

*Costs below are based on a **Monthly** payroll deduction  
(Employer billing mode is based on **26 Payments** per year)*

<b>Product:</b> Educator Select Income Protection Plan			<b>ADEA II Duration of Benefits</b>					
			<b>Elimination Period (Days)</b>					
<b>Injury (Days)</b>			0*	14*	30*	60	90	180
<b>Sickness (Days)</b>			7*	14*	30*	60	90	180
Annual Earnings	Monthly Earnings	Maximum Monthly Benefit						
3600	300	200	4.16	3.32	2.74	1.87	1.62	1.26
5400	450	300	6.24	4.98	4.11	2.81	2.44	1.88
7200	600	400	8.33	6.65	5.48	3.75	3.25	2.51
9000	750	500	10.41	8.31	6.85	4.68	4.06	3.14
10800	900	600	12.49	9.97	8.22	5.62	4.87	3.77
12600	1050	700	14.57	11.63	9.60	6.56	5.69	4.39
14400	1200	800	16.65	13.29	10.97	7.50	6.50	5.02
16200	1350	900	18.73	14.95	12.34	8.43	7.31	5.65
18000	1500	1000	20.82	16.62	13.71	9.37	8.12	6.28
19800	1650	1100	22.90	18.28	15.08	10.31	8.94	6.90
21600	1800	1200	24.98	19.94	16.45	11.24	9.75	7.53
23400	1950	1300	27.06	21.60	17.82	12.18	10.56	8.16
25200	2100	1400	29.14	23.26	19.19	13.12	11.37	8.79
27000	2250	1500	31.22	24.92	20.56	14.05	12.18	9.42
28800	2400	1600	33.30	26.58	21.93	14.99	13.00	10.04
30600	2550	1700	35.39	28.25	23.30	15.93	13.81	10.67
32400	2700	1800	37.47	29.91	24.67	16.86	14.62	11.30
34200	2850	1900	39.55	31.57	26.04	17.80	15.43	11.93
36000	3000	2000	41.63	33.23	27.42	18.74	16.25	12.55
37800	3150	2100	43.71	34.89	28.79	19.68	17.06	13.18
39600	3300	2200	45.79	36.55	30.16	20.61	17.87	13.81
41400	3450	2300	47.88	38.22	31.53	21.55	18.68	14.44
43200	3600	2400	49.96	39.88	32.90	22.49	19.50	15.06
45000	3750	2500	52.04	41.54	34.27	23.42	20.31	15.69
46800	3900	2600	54.12	43.20	35.64	24.36	21.12	16.32
48600	4050	2700	56.20	44.86	37.01	25.30	21.93	16.95
50400	4200	2800	58.28	46.52	38.38	26.23	22.74	17.58
52200	4350	2900	60.36	48.18	39.75	27.17	23.56	18.20
54000	4500	3000	62.45	49.85	41.12	28.11	24.37	18.83
55800	4650	3100	64.53	51.51	42.49	29.04	25.18	19.46
57600	4800	3200	66.61	53.17	43.86	29.98	25.99	20.09
59400	4950	3300	68.69	54.83	45.24	30.92	26.81	20.71
61200	5100	3400	70.77	56.49	46.61	31.86	27.62	21.34
63000	5250	3500	72.85	58.15	47.98	32.79	28.43	21.97
64800	5400	3600	74.94	59.82	49.35	33.73	29.24	22.60
66600	5550	3700	77.02	61.48	50.72	34.67	30.06	23.22
68400	5700	3800	79.10	63.14	52.09	35.60	30.87	23.85
70200	5850	3900	81.18	64.80	53.46	36.54	31.68	24.48
72000	6000	4000	83.26	66.46	54.83	37.48	32.49	25.11
73800	6150	4100	85.34	68.12	56.20	38.41	33.30	25.74
75600	6300	4200	87.42	69.78	57.57	39.35	34.12	26.36
77400	6450	4300	89.51	71.45	58.94	40.29	34.93	26.99
79200	6600	4400	91.59	73.11	60.31	41.22	35.74	27.62
81000	6750	4500	93.67	74.77	61.68	42.16	36.55	28.25
82800	6900	4600	95.75	76.43	63.06	43.10	37.37	28.87
84600	7050	4700	97.83	78.09	64.43	44.04	38.18	29.50
86400	7200	4800	99.91	79.75	65.80	44.97	38.99	30.13
88200	7350	4900	102.00	81.42	67.17	45.91	39.80	30.76
90000	7500	5000	104.08	83.08	68.54	46.85	40.62	31.38
91800	7650	5100	106.16	84.74	69.91	47.78	41.43	32.01
93600	7800	5200	108.24	86.40	71.28	48.72	42.24	32.64



# ARLINGTON INDEPENDENT SCHOOL DISTRICT

*Costs below are based on a **Monthly** payroll deduction  
(Employer billing mode is based on **26 Payments** per year)*

<b>Product:</b> Educator Select Income Protection Plan			<b>Plan A</b>					
			<b>ADEA II Duration of Benefits</b>					
			<b>Elimination Period (Days)</b>					
<b>Injury (Days)</b>			0*	14*	30*	60	90	180
<b>Sickness (Days)</b>			7*	14*	30*	60	90	180
Annual Earnings	Monthly Earnings	Maximum Monthly Benefit						
95400	7950	<b>5300</b>	110.32	88.06	72.65	49.66	43.05	33.27
97200	8100	<b>5400</b>	112.40	89.72	74.02	50.59	43.86	33.90
99000	8250	<b>5500</b>	114.48	91.38	75.39	51.53	44.68	34.52
100800	8400	<b>5600</b>	116.57	93.05	76.76	52.47	45.49	35.15
102600	8550	<b>5700</b>	118.65	94.71	78.13	53.40	46.30	35.78
104400	8700	<b>5800</b>	120.73	96.37	79.50	54.34	47.11	36.41
106200	8850	<b>5900</b>	122.81	98.03	80.88	55.28	47.93	37.03
108000	9000	<b>6000</b>	124.89	99.69	82.25	56.22	48.74	37.66
109800	9150	<b>6100</b>	126.97	101.35	83.62	57.15	49.55	38.29
111600	9300	<b>6200</b>	129.06	103.02	84.99	58.09	50.36	38.92
113400	9450	<b>6300</b>	131.14	104.68	86.36	59.03	51.18	39.54
115200	9600	<b>6400</b>	133.22	106.34	87.73	59.96	51.99	40.17
117000	9750	<b>6500</b>	135.30	108.00	89.10	60.90	52.80	40.80
118800	9900	<b>6600</b>	137.38	109.66	90.47	61.84	53.61	41.43
120600	10050	<b>6700</b>	139.46	111.32	91.84	62.77	54.42	42.06
122400	10200	<b>6800</b>	141.54	112.98	93.21	63.71	55.24	42.68
124200	10350	<b>6900</b>	143.63	114.65	94.58	64.65	56.05	43.31
126000	10500	<b>7000</b>	145.71	116.31	95.95	65.58	56.86	43.94
127800	10650	<b>7100</b>	147.79	117.97	97.32	66.52	57.67	44.57
129600	10800	<b>7200</b>	149.87	119.63	98.70	67.46	58.49	45.19
131400	10950	<b>7300</b>	151.95	121.29	100.07	68.40	59.30	45.82
133200	11100	<b>7400</b>	154.03	122.95	101.44	69.33	60.11	46.45
135000	11250	<b>7500</b>	156.12	124.62	102.81	70.27	60.92	47.08

REF #: 1525070

*\* If, because of your disability, you are hospital confined as an inpatient, benefits begin on the first day of inpatient confinement.*

*Find your Annual/Monthly Earnings above to determine your Maximum Monthly Benefit. If your Annual/Monthly Earnings are not shown, use the next lower Annual/Monthly Earnings and corresponding Maximum Monthly Benefit. Or, you may refer to the Plan Highlights to calculate your Maximum Monthly Benefit based on your earnings.*