

# The Howard County Public School System

## Long Term Disability Benefit Highlights



- Eligibility:** Active full-time employees who work 30 hours per week on a regularly scheduled basis for The Howard County Public School System.
- Eligibility Waiting Period:** If you are working for the employer on the policy effective date there is no waiting period. If you start working for the employer after the policy effective date, you will become eligible on the first of the month following your date of hire.
- Elimination Period:** 90 days. This is the period of time that you must be disabled before benefits will begin.
- Benefit Percentage / Maximum & Minimum Monthly Benefit:** You have a choice of choosing a plan which can replace 25%, 40% or 50% of your monthly income loss to a maximum of \$6,500.
- Conversion Privilege:** A Conversion Privilege lets you convert your LTD coverage to another group disability plan should you leave The Howard County Public School System. If you have been in The Howard County Public School System's LTD plan for at least 12 months and apply for conversion within 31 days of termination, you can purchase coverage at rates that are generally lower than normal individual rates.
- Benefit Duration:** As long as you remain totally disabled, LTD benefit payments will continue according to the following schedule:

Age When Totally Disabled	Benefits Payable
Prior to age 63	To normal retirement age* or 48 months if greater
Age 63	42 months
Age 64	36 months
Age 65	30 months
Age 66	27 months
Age 67	24 months
Age 68	21 months
Age 69 and over	18 months

\*Normal Retirement Age means the Social Security Normal Retirement Age as stated in the 1983 revision of the United States Social Security Act.

**Cost of Living Adjustment:** Lesser of 3% or ½ the percentage change in the CPI-W. 5 adjustments.

**Offsets:** Benefit payments will be reduced *only* by the amount of other income benefits you receive from Workers' Compensation while disabled. Benefit payments *are not* reduced by disability benefits you receive under Social Security or the Maryland State Retirement and Pension System.

## **Plan Definitions:**

- Own Occupation - Disability or Disabled:** Disability or disabled means that, during the elimination period and for the next 24 months, you are prevented by accidental bodily injury, sickness, mental illness substance abuse or pregnancy from performing one or more of the essential duties of your occupation, and as a result, your current monthly earnings are no more than 80% of your pre-disability earnings. After that, you must be prevented from performing one or more of the essential duties of any occupation.
- Look-back Period:** Benefits are not payable for care received during the 12 months preceding the date your plan goes into effect.
- Treatment-free Period:** Benefits may be paid if you received no treatment for 12 consecutive months from the date coverage begins.
- Insured Period:** Benefits may be paid if your disability begins on or after the last day of a 24 month period during which you've been insured
- Monthly Income Loss:** means your earnings before you became disabled (known as your pre-disability earnings) minus your current monthly earnings.
- Pre-disability Earnings:** means your monthly rate of basic earnings in effect on the day before you became disabled.
- Monthly Rate of Basic Earnings:** means your regular monthly rate of pay from The Howard County Public School System just prior to the date you become disabled, excluding commissions, bonuses, overtime pay or any other fringe benefit or extra compensation.
- Current Monthly Earnings:** means the monthly earnings you receive from The Howard County Public School System and any other employment while disabled. It includes the amount of pay for another or modified job position, which may be offered to you by your employer or other employer, if you refuse this offer.
- Your Occupation:** means your occupation as it is recognized in the general workplace; it doesn't mean the specific job you are performing for at a specific employer at a specific location.
- Any Occupation:** means an occupation for which you are qualified by education, training or experience and that has the earnings potential greater than the amount equal to the lesser of 60% of your pre-disability earnings and the maximum monthly benefit.
- Benefit Cost:** The cost of your LTD coverage is provided on the enclosed personalized enrollment form. Below are the pay period rates per \$100 of covered benefit for review.

<b>Age</b>	<b>Under 30</b>	<b>30-34</b>	<b>35-39</b>	<b>40-44</b>	<b>45-49</b>	<b>50-54</b>	<b>55-59</b>	<b>60-69</b>
<b>Rate for 25% Plan</b>	\$0.081	\$0.132	\$0.165	\$0.264	\$0.403	\$0.614	\$0.799	\$0.799
<b>Rate for 40% Plan</b>	\$0.086	\$0.139	\$0.185	\$0.29	\$0.436	\$0.66	\$0.865	\$0.865
<b>Rate for 50% Plan</b>	\$0.099	\$0.158	\$0.205	\$0.323	\$0.488	\$0.739	\$0.964	\$0.964

This Benefit Highlights Sheet and the accompanying Brochure and Enrollment Form explain the general purposes of the insurance described, but in no way change or affect the policy as actually issued. In the event of any discrepancy between any of these documents and the policy, the terms of the policy apply. Complete coverage information is in the certificate of insurance booklet issued to each insured individual. Please read it carefully and keep it in a safe place with your other important papers.

---

Underwritten by:  
Hartford Life and Accident Insurance Company  
200 Hopmeadow Street  
Simsbury, CT 06089