



Offered by Life Insurance Company of North America, a Cigna company

## Employer-Paid LONG-TERM DISABILITY INSURANCE

### SUMMARY OF BENEFITS

Prepared for: Puyallup School District

**If you had an unexpected illness or injury and were unable to work, how long would you be able to pay your bills? Long-term disability pays a portion of your salary if you're unable to work due to a covered disability.**

#### Who Is Eligible For Coverage?:

You: All active Employees of the Employer regularly working the who are citizens or permanent resident aliens of the United States living and working in the United States, classified as:

Administration and Principals regularly working a minimum of 1 hour per day.

Puyallup Education Association Members regularly working a minimum of 2 hours per day.

Bus Drivers regularly working a minimum of 2 hours per day.

Custodians regularly working a minimum of 2 hours per day.

Puyallup Interpreters Association Members regularly working a minimum of 1 hour per day.

Unrepresented Specialist regularly working a minimum of 1 hour per day.

Puyallup Association of Educational Office Professional Members regularly working a minimum of 2 hours per day.

Security Employees regularly working a minimum of 2 hours per day.

If you are hired from the 1st day of the month through the 15th day of the month: The first of the month following the date you become eligible.

If you are hired from the 16th day of the month through the last day of the month: The first of the second month following the date you become eligible.

#### Available Coverage:

Gross Monthly Benefit <sup>1</sup>	Maximum Gross Monthly Benefit	Benefit Waiting Period	Maximum Benefit Period
60% of your monthly covered earnings	\$5,000	90 Days	Please refer to the "How Long Benefits Last" section below for more details.

#### Additional Features

**Family Survivor Benefit** – If you die while receiving benefits, we will pay a survivor benefit to your lawful spouse\*, eligible children, or estate. The plan will continue to pay a monthly benefit for 3 months.

#### Important Definitions and Policy Provisions:

**Disability** - Disability" or "Disabled" means if solely because of a covered injury or sickness, you are unable to perform the material duties of your regular occupation or you are unable to earn 80% or more of your covered earnings from working in your regular occupation. We will require proof of earnings and continued disability.

**Covered Earnings** - "Covered Earnings" means your wages or salary, not including overtime pay, bonuses, commissions, and other extra compensation.

**When Benefits Begin** - You must be continuously Disabled for 90 Days before benefits will be paid for a covered Disability.

**How Long Benefits Last** - Once you qualify for benefits under this plan, you continue to receive them until the end of the benefit or until you no longer qualify for benefits, whichever occurs first. Should you remain Disabled, your benefits continue according to the later of your Social Security Normal Retirement Age, or the following schedule, depending on your age at the time you become Disabled.

Age at Disability	Age 62 or younger	63	64	65	66	67	68	69+
Duration of Payments (months)	To age 65 or the date the 42nd monthly benefit is payable, if later.	36	30	24	21	18	15	12

**When Coverage Takes Effect** - Your coverage takes effect on the later of the policy's effective date, the date you become eligible, the date we receive your completed enrollment form, or the date you authorize any necessary payroll deductions. If you're not actively at work on the date your coverage would otherwise take effect, your coverage will take effect on the date you return to work. If you have to submit evidence of good health, your coverage takes effect on the date we agree, in writing, to cover you.

### Benefit Reductions, Conditions, Limitations and Exclusions:

**\*Domestic Partner** - For purposes of this summary, wherever the term spouse appears it shall also include domestic partner/partner to a civil union. Your domestic partner is eligible for insurance if you have not been married to any person within the last 12 months and if he or she meets specific criteria stated in the group policy. Additional information is available from your benefit service representative.

**Effects of Other Income Benefits** - This plan is structured to prevent your total benefits and post-disability earnings from equaling or exceeding pre-disability earnings. Therefore, we reduce this plan's benefits by an amount equal to any Social Security retirement and/or disability benefits payable to you, your dependents, or a qualified third party on behalf of you or your dependents. Your disability benefits will not be reduced by any Social Security disability benefits you are not receiving as long as you cooperate fully in efforts to obtain them and agree to repay any overpayment when and if you do receive them. Disability benefits will be reduced by amounts received through other government programs, sick pay, employer funded retirement benefits, workers' compensation, franchise/group insurance, auto no-fault, and damages for wage loss. For details, see your outline of coverage, policy certificate, or your employer's summary plan description.

**Earnings While Disabled** - During the first 24 months that benefits are payable, benefits will be reduced if benefits plus income from employment exceeds 100% of pre-disability Covered Earnings. After that, benefits will be reduced by 50% of earnings from employment.

**Limited Benefit Period** - Disabilities caused by or contributed to by any one or more of the following conditions are subject to a lifetime limit of 24 months for outpatient treatment: Anxiety-disorders, delusional (paranoid) or depressive disorders, eating disorders, mental illness, somatoform disorders (including psychosomatic illnesses), Alcoholism, drug addiction or abuse. Benefits are payable during periods of hospital confinement for these conditions for hospitalizations lasting more than 14 consecutive days that occur before the 24-month lifetime outpatient limit is exhausted.

**Pre-existing Condition Limitation** - Benefits are not payable for medical conditions for which you incurred expenses, took prescription drugs, received medical treatment, care or services (including diagnostic measures), or for which a reasonable person would have consulted a physician during the 3 months just prior to the most recent effective date of insurance. Benefits are not payable for any disability resulting from a pre-existing condition unless the disability occurs after you have been insured under this plan for at least 12 months after your most recent effective date of insurance.

**Termination of Disability Benefits** - Your benefits will terminate when your Disability ceases, when your benefit duration period is exceeded, you earn more than your allowable Covered Earnings, or the date you refuse to participate in rehabilitation services.

**Exclusions** - This plan does not pay benefits for a Disability which results, directly or indirectly, from any of the following: • Suicide, attempted suicide, or intentionally self-inflicted injury while sane or insane. • war or any act of war, whether or not declared. • active participation in a riot; • commission of a felony; • the revocation, restriction or non-renewal of an Employee's license, permit or certification necessary to perform the duties of his or her occupation unless due solely to Injury or Sickness otherwise covered by the Policy. • any cosmetic surgery or surgical procedure that is not Medically Necessary.

*In addition, the plan does not pay disability benefits any period of Disability during which you are incarcerated in a penal or corrections institution.*

- 1 Your benefit amount will be reduced by any amounts payable to you by any of the sources listed under the "Effects of Other Income Benefits" section.
- 2 Costs are subject to change.

Terms and conditions of coverage for Long Term Disability insurance are set forth in Group Policy No. LK 965445. This is not intended as a complete description of the insurance coverage offered. This is not a contract. Complete coverage details, including premiums, are contained in the Policy Certificate. If there are any differences between this summary and the group policy, the information in the group policy takes precedence. Product availability and/or features may vary by state.

Please keep this material as a reference. Insurance coverage is issued on group policy form number: Policy Form TL-004700. Coverage is underwritten by Life Insurance Company of North America, 1601 Chestnut St. Philadelphia, PA 19192.

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