

THE HARTFORD EDUCATOR DISABILITY

INCOME PROTECTION PLAN

PLATINUM & BRONZE PLANS



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THE BENEFITS OF YOUR EDUCATOR DISABILITY INCOME PROTECTION PLAN



Educator Disability insurance can offer an affordable way for protecting your livelihood (and the people closest to you, who depend on it).

Nearly 66% of Americans surveyed, when asked how much they had in emergency savings, said they didn't have more than five months' worth should a disability or injury cause them to be unable to work.^[1] When faced with a sudden injury or disability, the loss of income combined with increased medical bills can prove devastating.

This plan, designed exclusively for the school market, can soften the already traumatic blow, offering flexibility so the plan can specifically suit the needs of you and your family. It is a combination of Short- and Long-Term Disability insurance; it's one plan that covers all bases.

Your Educator Disability Income Plan:

- Can replace a portion of your income when you are disabled due to a covered illness or injury.
- Is available to you at affordable group rates.
- Allows you to pay premiums through the conveniences of payroll deduction.
- Protects you 24 hours a day, 7 days a week.

In enrolling in your Educator Disability Income Plan, you can take advantage of the opportunity your employer has given you to protect your paycheck.

HIGHLIGHTS OF YOUR EDUCATOR DISABILITY INCOME PROTECTION PLAN

ELIGIBILITY AND ENROLLMENT

You are eligible for this plan if:

- You are actively employed; and
- You work at least 20 hours per week.

Your eligibility date is the later of:

- The date the plan goes into effect; or
- The date after you complete the waiting period.

You can enroll in coverage:

- On or before the date you are eligible; or
- Within 60 days of the date you are first eligible.

If you don't enroll within 60 days of the date you are first eligible, you can only enroll during an annual enrollment.

BENEFIT AMOUNT

You may elect an amount in multiples of \$100, starting at a minimum of \$200 through a maximum of \$10,000. You may not elect an amount in excess of 66 ⅔ percent of your Pre-Disability Earnings.

ELIMINATION PERIOD

The elimination period is the number of days in a row from when you first miss work due to a covered illness or injury to when a benefit can be paid.

Your employers' plan may let you choose how long your elimination period will be.

If the elimination period is 30 days or less, and you are confined in a hospital for more than 24 hours, benefits will be payable on the first day of hospital confinement. You will not have to complete the remainder of the elimination period.

MAXIMUM BENEFIT DURATION

The longest period of time benefits are paid is called the maximum benefit duration. This is based on how old you are when your claim begins. Your employers' plan may let you choose how your maximum benefit duration will be.

Your plan options are displayed below:

PLATINUM PLAN:

Schedule of benefits caused by **INJURY** or **SICKNESS**:

Age at Disability	Duration of Benefits
Less than age 60	To age 65, but not less than 5 years.
Ages 60 through 64	60 months.
Ages 65 through 69	To age 70, but not less than 1 year.
Ages 70+	1 year.

BRONZE PLAN:

Schedule of benefits caused by **INJURY**:

Age at Disability	Duration of Benefits
Less than age 60	To age 65, but not less than 5 years.
Ages 60 through 64	60 months.
Ages 65 through 69	To age 70, but not less than 1 year.
Ages 70+	1 year.

Schedule of benefits caused by **SICKNESS**:

Age at Disability	Duration of Benefits
Less than age 66	24 months.
Age 66 less than 67	21 months.
Age 67 less than 68	18 months.
Age 68 less than 69	15 months.
Age 69+	12 months.





FIRST DAY HOSPITAL

This benefit waives the elimination period when you are hospitalized for 24 hours or more due to covered illness or injury. You will begin receiving benefits on the first day of disability but must have elected any one of the following elimination periods to be eligible.

- 7 Days;
- 14 Days; or
- 30 Days.

PREGNANCY

The plan handles pregnancy or complications of pregnancy the same as any other illness or injury.



RETURN TO WORK INCENTIVE

No employee wants to be out of work any longer than is necessary. This plan supports efforts to stay at work and return to work as soon as possible.

During the first 12 months, this plan does not reduce your benefit by offsetting your work earnings unless:

- The gross plan benefit, plus your work earnings equal to 100% of your pre-disability earnings.

Only then will the plan benefit amount be reduced so you don't receive more than 100% of your pre-disability earnings.

THE HARTFORD'S ABILITY ASSIST

Once you are covered, you are eligible for services to provide assistance with child/elder care, substance abuse, family relationships and more. In addition, LTD claimants and their immediate family members receive confidential services to assist them with the unique emotional, financial and legal issues that may result from a disability.

SURVIVOR BENEFIT

This benefit pays your eligible survivor a lump sum that equals 3x the gross disability payment. This benefit is paid if, on the date of your death:

- You were receiving or were entitled to received payments under the plan; and
- You have a surviving spouse or surviving child(ren).

FAMILY CARE BENEFIT

The benefit is available to help a claimant if:

- You are a participant in an approved Vocational Rehabilitation program with The Hartford; and
- You have a dependent family member.

The maximum monthly family care credit allowed for each qualifying child or family member is:

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- \$350 during the 12 months of rehabilitation program and \$175 thereafter; and
- Not to exceed \$2,500 in a calendar year.

TRAVEL ASSISTANCE PROGRAM

Available 24/7, this program provides assistance to employees and their dependents who travel 100 miles from their home for 90 days or less. Services include pre-trip information, emergency medical assistance and emergency personal services.

VOCATIONAL REHABILITATION

This plan supports your efforts to stay at work and return to work. Vocational Rehabilitation Consultants work with you to create a plan based on your needs. Once approved, this vocational rehabilitation plan can:

- Vocational training;
- Alternative treatment plans such as:
 - support groups;
 - physical therapy;
 - occupational therapy;
 - speech therapy;
- Workplace modification to the extent not otherwise provided;
- Job placement;
- Transitional work; and
- Similar services.

WORKSITE MODIFICATION

If a worksite modification will enable you to remain at work or return to work, a designated carrier professional will assist in identifying what is needed.

Benefits paid for such worksite modification shall not exceed the greater of:

- \$1,000; or
- 2x your Gross Monthly Benefit.

CONVERSION

When you end your employment, your coverage under the plan will end. You may be eligible to purchase insurance under the plan's group conversion policy. To be eligible, you must have been insured under your employer's group Educator Disability Income Protection plan for at least 12 consecutive months.

RECURRENT DISABILITY

If you recover, return to work and then go back out of work again for the same or related illness or injury, this is called a recurrent disability.

Sometimes, this can be treated as a part of the prior claim. If so, you would not have to complete another elimination period. Your plan certificate can give you more details about when this occurs.

BENEFIT LIMITATIONS

You can receive monthly payments for Long-Term Disabilities resulting from mental illness, alcoholism and substance abuse for a total of 24 months for all disability periods during your lifetime.

Any period that you are confined in a hospital or other facility licensed to provide medical care for mental illness, alcoholism or substance abuse does not count toward the 24-month lifetime limit.

OFFSETTING OTHER INCOME BENEFITS

During the first **12 months**, the gross benefit amount will be reduced only by the amount of income you receive during a paid leave approved by your employer, such as:

- Unemployment benefits; or
- Other employer-based disability insurance coverage.

After **12 months**, more offsets may be subtracted from your gross plan benefit payment in addition to the income mentioned above.

*Regardless of the offsets, when you qualify for plan benefits, you are guaranteed to received the minimum benefit of **25%**.*

WHAT IS DEFINITION OF DISABILITY?

Disability is defined as The Hartford's contract with your employer. Typically, disability means that you cannot perform one or more of the essential duties of your occupation due to injury, sickness, pregnancy or other medical conditions covered by the insurance, and as a result, your current monthly earnings are 80% or less of your pre-disability earnings.

Once you have been disabled for 24 Months, you must be prevented from performing one or more essential duties of any occupation, and as a result, your monthly earnings are 66 ⅔% or less of your pre-disability earnings.

PRE-EXISTING CONDITION EXCLUSION

The pre-existing condition exclusion applies to:

- Your initial coverage; and
- Any increase in coverage.

In the 3 months before the effective date of your plan (initial coverage) or 3 months before the date you increased your benefits (increase in coverage):

- You had medical treatment, took prescribed drugs or medicines; or
- You saw or talked with a medical provider; or
- You had care or services, including tests or procedures to diagnose; or
- You had symptoms that a prudent person would see or talk with a medical provider.

For initial coverage, this means:

There is no coverage for claims caused by, contributed to by or resulting from a pre-existing condition until 12 months after your initial plan effective date.

For increases in coverage, this means:

There is no coverage for claims caused by, contributed to by or resulting from a pre-existing condition until 12 months after the effective date of your coverage increase.

CONTINUITY OF COVERAGE

You may have coverage for pre-existing conditions under this plan if you meet all of the following:

- You are actively at work and become insured by The Hartford on the date the plan becomes effective; and
- You are actively at work and insured under the employer's prior plan on the day before the The Hartford plan becomes effective.

This is called continuity of coverage. In this case, The Hartford will give you credit for time toward the pre-existing condition rule accrued while under the prior carrier's plan.

You will have coverage for the pre-existing condition. Payments will be determined solely by The Hartford plan.

The amount of benefit payable will be the lesser of:

- The monthly benefit paid under prior policy; or
- The monthly benefit provided by this policy.

Continuity of coverage applies only once, on the original effective date of the group. It does not apply to new hires or re-enrollments.



PROVISIONS OF YOUR EDUCATOR DISABILITY INCOME PROTECTION PLAN

GENERAL EXCLUSIONS

The policy does not cover, and The Hartford will not pay a benefit for any Disability:

- Unless you are under the regular care of a physician;
- That is caused or contributed to by war or act of war (declared or not);
- Caused by your commission of or attempt to commit a felony;
- Caused or contributed to by your being engaged in an illegal occupation;
- Caused or contributed to by an intentionally self-inflicted injury;
- Pre-existing condition; or
- Occupational sickness or injury.

The Hartford will not pay a benefit during the time you are incarcerated.

TERMINATION PROVISIONS

Your coverage under this plan will end if:

- This group plan ends or is discontinued;
- You voluntarily stop your coverage.
- You are no longer eligible for coverage.
- You do not make the required payment or contribution.
- Your active employment stops, except as stated in the covered layoff or leave of absences provisions in your certificate and/or policy.



This plan highlight summary is provided to help you understand your insurance coverage from The Hartford. If the terms of this plan highlight summary or your certificate differ from the policy, the policy will govern. Disability insurance plans contain exclusions and limitations. Not all Disability services are covered. See plan documents for a complete description of benefits, exclusions, limitations and conditions of coverage. Plan features and availability may vary by location and are subject to change. Information is believed to be accurate as of the production date; however, it is subject to change.

^[1] Forbes.com. "What Savings? Most Americans Don't Have Enough Cash for a Financial Emergency". 2012.

Educator Disability Income Protection plans are offered and underwritten by The Hartford Financial Group.