

Brazosport Independent School District (TX)

Summary of Benefits Short Term Disability Insurance



Effective Date	September 1, 2024
Eligibility	All Active Full Time and Part Time Employees electing the 15 day plan working a minimum of 20 Hours per week.
Voluntary STD Benefit	<p>60.0% of your weekly Earnings to a maximum of \$2,500 per week.</p> <p>Minimum Benefit: \$25</p> <p>Earnings are defined in the UnitedHealthcare contract with your employer.</p>
Elimination Period	<p>Short Term Disability Insurance benefit begins on the 15th day after your accident or 15th day of sickness.</p> <p>The Elimination Period will be waived and benefits will begin immediately if You are Hospital Confined because of Your Disability</p>
Benefit Duration	Up to 11 weeks
Lump Sum Survivor Benefit	Lesser of \$3,000 or 3 weeks Gross
Offsets	As described later in this summary, your weekly Short Term Disability benefit may be reduced by other income you receive.
Other limitations to enrollment	<p>If you enroll during this enrollment period, your coverage is provided to you on a guaranteed basis - no medical information is required. If you enroll after this enrollment period, (or any time after you first become eligible), evidence of insurability will be required for all coverage amounts. Subject to any preexisting condition limitations.</p> <p>You must be Actively at Work with your employer on the day your coverage takes effect.</p> <p>This coverage, like most group benefit Insurance, requires that a certain percentage of eligible employees participate. If that group participation minimum is not met, the insurance coverage that you have elected may not be in effect.</p>

Important Details

This Summary of Benefits sheet is an overview of the Short Term Disability Insurance being offered and is provided for illustrative purposes only and is not a contract. It in no way changes or affects the policy as actually issued. Only the insurance policy issued to the policyholder (your employer) can fully describe all of the provisions, terms, conditions, limitations and exclusions of your insurance coverage. In the event of any difference between the Summary of Benefits sheet and the insurance policy, the terms of the insurance policy apply.

Once a group policy is issued to your employer, a certificate of coverage will be available to explain your benefits in detail.

Exclusions:

You cannot receive Short Term Disability Insurance benefit payments for disabilities that are caused or contributed to by*:

- War or act of war (declared or not)
- The commission of, or attempt to commit a felony
- An intentionally self-inflicted injury
- Any case where your being engaged in an illegal occupation was a contributing cause to your disability
- Sickness or injury for which Workers' Compensation benefits are paid, or may be paid, if duly claimed
- Any injury sustained as a result of doing any work for pay or profit for another employer

You must be under the regular care of a physician to receive benefits.*

Your benefit payments **will be reduced** by other income you receive or are eligible to receive due to your disability, including but not limited to*:

- Social Security Disability Insurance
- Workers' Compensation
- Other employer-based insurance coverage you may have
- Unemployment benefits
- Settlements or judgments for income loss
- Retirement benefits that your employer fully or partially pays for (such as a pension plan)
- Employer's sick leave or salary continuation plan.
- Loss of time or lost wages from no-fault motor vehicle insurance plan.

** Some state variations may apply*

UnitedHealthcare Life and Disability products are provided by UnitedHealthcare Insurance Company, and certain products in California by Unimerica Life Insurance Company. Texas Coverage is provided on Form LASD-POL-TX (05/03), Form UHCLD-POL 2/2008-TX, or UICLD-POL-TX 4/5.

UnitedHealthcare Insurance Company is located in Hartford, CT; Unimerica Insurance Company and Unimerica Life Insurance Company in Milwaukee, WI.

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Voluntary STD Benefit	60.0% of your weekly Earnings to a maximum of \$2,500 per week. Minimum Benefit: \$25 Earnings are defined in the UnitedHealthcare contract with your employer.
Elimination Period	Short Term Disability Insurance benefit begins on the 31st day after your accident or 31st day of sickness. The Elimination Period will be waived and benefits will begin immediately if You are Hospital Confined because of Your Disability
Benefit Duration	Up to 9 weeks
Lump Sum Survivor Benefit	Lesser of \$3,000 or 3 weeks Gross
Offsets	As described later in this summary, your weekly Short Term Disability benefit may be reduced by other income you receive.
Other limitations to enrollment	<p>If you enroll during this enrollment period, your coverage is provided to you on a guaranteed basis - no medical information is required. If you enroll after this enrollment period, (or any time after you first become eligible), evidence of insurability will be required for all coverage amounts. Subject to any preexisting condition limitations.</p> <p>You must be Actively at Work with your employer on the day your coverage takes effect.</p> <p>This coverage, like most group benefit Insurance, requires that a certain percentage of eligible employees participate. If that group participation minimum is not met, the insurance coverage that you have elected may not be in effect.</p>

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- Settlements or judgments for income loss
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Premium Calculation Sheet

Rates Effective September 1, 2024



Eligibility: All Active Full Time and Part Time Employees electing the 15 day plan working a minimum of 20 Hours

Employee Voluntary Short Term Disability - Current Semi-Monthly Cost by Age Band

Current Monthly Rates per \$10:		0.492	0.492	0.492	0.492	0.352	0.272	0.332	0.432	0.472	0.492
Annual Earnings	Weekly Benefit	Age <25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65+
\$20,000	\$230.77	5.68	5.68	5.68	5.68	4.06	3.14	3.83	4.98	5.45	5.68
\$25,000	\$288.46	7.10	7.10	7.10	7.10	5.08	3.92	4.79	6.23	6.81	7.10
\$30,000	\$346.15	8.52	8.52	8.52	8.52	6.09	4.71	5.75	7.48	8.17	8.52
\$35,000	\$403.85	9.93	9.93	9.93	9.93	7.11	5.49	6.70	8.72	9.53	9.93
\$40,000	\$461.54	11.35	11.35	11.35	11.35	8.12	6.28	7.66	9.97	10.89	11.35
\$45,000	\$519.23	12.77	12.77	12.77	12.77	9.14	7.06	8.62	11.22	12.25	12.77
\$50,000	\$576.92	14.19	14.19	14.19	14.19	10.15	7.85	9.58	12.46	13.62	14.19
\$55,000	\$634.62	15.61	15.61	15.61	15.61	11.17	8.63	10.53	13.71	14.98	15.61
\$60,000	\$692.31	17.03	17.03	17.03	17.03	12.18	9.42	11.49	14.95	16.34	17.03
\$65,000	\$750.00	18.45	18.45	18.45	18.45	13.20	10.20	12.45	16.20	17.70	18.45
\$70,000	\$807.69	19.87	19.87	19.87	19.87	14.22	10.98	13.41	17.45	19.06	19.87
\$75,000	\$865.38	21.29	21.29	21.29	21.29	15.23	11.77	14.37	18.69	20.42	21.29
\$80,000	\$923.08	22.71	22.71	22.71	22.71	16.25	12.55	15.32	19.94	21.78	22.71
\$85,000	\$980.77	24.13	24.13	24.13	24.13	17.26	13.34	16.28	21.18	23.15	24.13
\$90,000	\$1,038.46	25.55	25.55	25.55	25.55	18.28	14.12	17.24	22.43	24.51	25.55
\$95,000	\$1,096.15	26.97	26.97	26.97	26.97	19.29	14.91	18.20	23.68	25.87	26.97
\$100,000	\$1,153.85	28.38	28.38	28.38	28.38	20.31	15.69	19.15	24.92	27.23	28.38

If your annual earnings are not shown above, use the formula below to calculate the cost of coverage:

$$\frac{\$ \text{Annual Earnings}}{52} = \$ \text{Weekly Earnings} \times 60.0\% = \$ \text{Weekly Benefit}$$

(\$2,500 Benefit Maximum)

Covered Weekly Benefit used below is the lesser of the calculated Weekly Benefit or the Benefit Maximum

$$\frac{\$ \text{Covered Weekly Benefit}}{\text{Rate}} \div 10 = \$ \text{Monthly Cost} \times 12 \div 24 = \$ \text{Semi-Monthly Cost}$$

Rates shown are current as of the effective date and are subject to change over time.

Costs shown are estimates only. Your actual payroll deduction may be slightly higher or lower from those provided here.

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Eligibility: All Active Full Time and Part Time Employees electing the 30 day plan working a minimum of 20 Hours

Employee Voluntary Short Term Disability - Current Semi-Monthly Cost by Age Band

Current Monthly Rates per \$10:		0.372	0.372	0.372	0.372	0.252	0.312	0.318	0.326	0.352	0.366
Annual Earnings	Weekly Benefit	Age <25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65+
\$20,000	\$230.77	4.29	4.29	4.29	4.29	2.91	3.60	3.67	3.76	4.06	4.22
\$25,000	\$288.46	5.37	5.37	5.37	5.37	3.63	4.50	4.59	4.70	5.08	5.28
\$30,000	\$346.15	6.44	6.44	6.44	6.44	4.36	5.40	5.50	5.64	6.09	6.33
\$35,000	\$403.85	7.51	7.51	7.51	7.51	5.09	6.30	6.42	6.58	7.11	7.39
\$40,000	\$461.54	8.58	8.58	8.58	8.58	5.82	7.20	7.34	7.52	8.12	8.45
\$45,000	\$519.23	9.66	9.66	9.66	9.66	6.54	8.10	8.26	8.46	9.14	9.50
\$50,000	\$576.92	10.73	10.73	10.73	10.73	7.27	9.00	9.17	9.40	10.15	10.56
\$55,000	\$634.62	11.80	11.80	11.80	11.80	8.00	9.90	10.09	10.34	11.17	11.61
\$60,000	\$692.31	12.88	12.88	12.88	12.88	8.72	10.80	11.01	11.28	12.18	12.67
\$65,000	\$750.00	13.95	13.95	13.95	13.95	9.45	11.70	11.93	12.23	13.20	13.73
\$70,000	\$807.69	15.02	15.02	15.02	15.02	10.18	12.60	12.84	13.17	14.22	14.78
\$75,000	\$865.38	16.10	16.10	16.10	16.10	10.90	13.50	13.76	14.11	15.23	15.84
\$80,000	\$923.08	17.17	17.17	17.17	17.17	11.63	14.40	14.68	15.05	16.25	16.89
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(Benefit % Weekly Benefit)
(\$2,500 Benefit Maximum)

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