



Standard Insurance Company
Your Choice Voluntary Long Term Disability Coverage Highlights
 Reorganized School District #4 AKA Blue Springs R-IV School District

Voluntary Long Term Disability (LTD) Insurance

Long Term Disability insurance is designed to pay a monthly benefit to you in the event you cannot work because of a covered illness or injury. This benefit replaces a portion of your income, thus helping you to meet your financial commitments in a time of need. Standard Insurance Company (The Standard) has developed this document to provide you with information about the optional coverage you may select through Reorganized School District #4 AKA Blue Springs R-IV School District.

Eligibility Requirements

- | | |
|-----------------|---|
| Policy | <ul style="list-style-type: none"> • A minimum number of eligible employees must apply and qualify for the proposed plan before Your Choice Voluntary LTD coverage can become effective |
| Employee | <ul style="list-style-type: none"> • A regular employee of Reorganized School District #4 AKA Blue Springs R-IV School District and actively working at least 30 hours each week OR a regular bus driver of Reorganized School District #4 AKA Blue Springs R-IV School District and actively working at least 28 hours each week • A citizen or resident of the United States or Canada • Temporary and seasonal employees, full-time members of the armed forces, leased employees and independent contractors are not eligible |
| Premium | <ul style="list-style-type: none"> • You pay 100 percent of the premium for this coverage through easy payroll deduction |

Benefit Amount

- | | |
|-------------------------------------|---|
| Benefit Amount | You may select a monthly benefit amount in \$100 increments, based on the tables and guidelines presented in the Rates section of these Coverage Highlights. The monthly benefit amount must not exceed 60 percent of your monthly predisability earnings. The minimum monthly amount you may elect is \$100. |
| Plan Maximum Monthly Benefit | The lesser of \$20,833 or 60 percent of your predisability earnings |
| Plan Minimum Monthly Benefit | \$100 |

Note:

- If you do not apply for this coverage within 31 days after becoming eligible, and later decide to do so, you must wait until your employer holds an annual enrollment.
- Reinstatements are subject to medical underwriting approval. To submit a medical history statement online, visit: www.standard.com/mhs

Disability Needs Calculator

Your family has a unique set of circumstances and financial demands. To help you figure out the amount of Disability insurance you may need if you become unable to work, The Standard has created a Disability Needs Calculator found at: <http://www.standard.com/calculators/dineeds.html>

Employee Coverage Effective Date

To become insured, you must satisfy the eligibility requirements listed above, serve an eligibility waiting period, receive medical underwriting approval (if applicable), and be actively at work (able to perform all normal duties of your job) on the day before the scheduled effective date of insurance. If you are not actively at work on the day before the scheduled effective date of insurance, your insurance will not become effective until the day after you complete one full day of active work as an eligible employee.

Please contact your human resources representative for more information regarding the requirements that must be satisfied for your insurance to become effective.

Understanding Your Plan Design

Benefit Waiting Period The benefit waiting period is the period of time that you must be continuously disabled before benefits become payable. Benefits are not payable during the benefit waiting period. The benefit waiting period options associated with your plan include:

<u>Accidental Injury</u>	<u>Other Disabilities</u>
14 days	14 days
30 days	30 days
90 days	90 days

Own Occupation Definition of Disability For the benefit waiting period and the first 24 months for which LTD benefits are paid, you are considered disabled when you are unable as a result of physical disease, injury, pregnancy or mental disorder to perform with reasonable continuity the material duties of your own occupation **AND** are suffering a loss of at least 20 percent of your indexed predisability earnings when working in your own occupation. You are not disabled merely because your right to perform your own occupation is restricted, including a restriction or loss of license.

Any Occupation Definition of Disability After the own occupation period of disability, you will be considered disabled if you are unable as a result of physical disease, injury, pregnancy or mental disorder to perform with reasonable continuity the material duties of any occupation.

Deductible Income Deductible income is income you receive or are eligible to receive while LTD benefits are payable. Deductible income includes, but is not limited to:

- Sick pay, annual or personal leave pay, severance pay or other forms of salary continuation (including donated amounts) paid
- Benefits under any workers' compensation law or similar law
- Amounts under unemployment compensation law
- Social Security disability or retirement benefits, including benefits for your spouse and children
- Disability benefits from any other group insurance
- Disability or retirement benefits under your employer's retirement plan
- Benefits under any state disability income benefit law or similar law
- Earnings or compensation included in predisability earnings which you receive or are eligible to receive while LTD benefits are payable
- Earnings from work activity while you are disabled, plus the earnings you could receive if you worked as much as your disability allows
- Amounts due from or on behalf of a third party because of your disability, whether by judgment, settlement or other method
- Any amount you receive by compromise, settlement or other method as a result of a claim for any of the above

Understanding Your Plan Design (Continued)

Maximum Benefit Period

The maximum periods for which benefits are payable are shown in the tables below:
 If you become disabled before age 66, LTD benefits may continue during disability for 2 years. If you become disabled at age 66 or older, the benefit duration is determined by your age when disability begins:

<u>Age</u>	<u>Maximum Benefit Period</u>
66	1 year 9 months
67	1 year 6 months
68	1 year 3 months
69+	1 year

If you become disabled before age 62, LTD benefits may continue during disability until age 65 or to the Social Security Normal Retirement Age (SSNRA) or 3 years 6 months, whichever is longer. If you become disabled at age 62 or older, the benefit duration is determined by the age when disability begins:

<u>Age</u>	<u>Maximum Benefit Period</u>
62	To SSNRA, or 3 years 6 months, whichever is longer
63	To SSNRA, or 3 years, whichever is longer
64	To SSNRA, or 2 years 6 months, whichever is longer
65	2 years
66	1 year 9 months
67	1 year 6 months
68	1 year 3 months
69+	1 year

Benefit Calculation

Example

You select the amount of your LTD benefit when you enroll for coverage in the plan. The dollar amount selected must be a multiple of \$100, from a minimum of \$200 to a maximum of the lesser of \$20,833 or 60 percent of your predisability earnings. This amount is then reduced by deductible income you receive, or are eligible to receive, while LTD benefits are payable. As an example, if your monthly predisability earnings are \$4,500, you may select any dollar amount (in \$100 increments) between \$200 and \$2,700 (60 percent of predisability earnings). In the example below, assume you elected the maximum benefit amount of \$2,700, and you now receive a monthly Social Security disability benefit of \$1,200 and a monthly retirement benefit of \$900. Your monthly LTD benefit would be calculated as follows:

Insured predisability earnings	\$4,500
Maximum benefit percentage	X 60%
Maximum benefit amount	<u>\$2,700</u>
Less Social Security disability benefit	-\$1,200
Less retirement benefit	<u>-\$900</u>
Amount of LTD benefit	\$600

Additional Features

Please see your human resources representative for additional information about the features and benefits below.

24 Hour Coverage	24-hour LTD plans provide coverage for disabilities occurring on or off the job.
Rehabilitation Plan	If you are participating in an approved Rehabilitation Plan, The Standard may include payment of some of the expenses you incur in connection with the plan including but not limited to: training and education expenses, family (child and elder) care expenses, job related expenses and job search expenses.
Reasonable Accommodation Expense Benefit	If your employer makes an approved work-site modification that enables you to return to work while disabled, The Standard will reimburse your employer up to a pre-approved amount for some or all of the cost of the modification.
Rehabilitation Incentive Benefit	If you agree to participate in a rehabilitation plan that prepares you to return to work (plan must be approved by The Standard), you may be eligible to receive an additional benefit equal to 10 percent of your predisability earnings. When added to any other amount you receive from The Standard, your total benefit cannot exceed the maximum benefit allowed by the policy.
Employee Assistance Program	Includes an Employee Assistance Program and WorkLife Services to offer support, guidance and resources to help you and your household members resolve personal issues.
Survivors Benefit	If you die while LTD benefits are payable, and on the date you die you have been continuously disabled for at least 180 days, a survivors benefit equal to three time your unreduced LTD benefit may be payable (any survivors benefit payable will first be applied to any overpayment of your claim due to The Standard).
First Day Hospital Benefit	If you are hospital confined for at least 4 hours and admitted to the hospital during the benefit waiting period, the following will apply; the remainder of your benefit waiting period will be waived, LTD benefits will become payable on the first day you are hospital confined, and your maximum benefit period will begin on the date your LTD benefits are payable. You are eligible for this benefit only if your elected benefit waiting period is less than 45 days.
Family Care Expense Benefit	Applies when a disabled employee has returned to work and continues to receive LTD benefits. For 12 months, a portion of expenses (up to \$250 per dependent or \$500 per family, per month) is deducted from the amount of your work earnings.

Exclusions

Subject to state variations, you are not covered for a disability caused or contributed to by any of the following:

- Your committing or attempting to commit an assault or felony, or your active participation in a violent disorder or riot
- An intentionally self-inflicted injury
- War or any act of war (declared or undeclared, and any substantial armed conflict between organized forces of a military nature)
- The loss of your professional or occupational license or certification
- If applicable, with respect to insurance increases, you are not covered for the insurance increase if your disability is caused or contributed by a preexisting condition or the medical or surgical treatment of a preexisting condition unless on the date you become disabled, you have been continuously insured under the group policy for the specified exclusion and limitation period, and you have been actively at work for at least one full day after the end of the specified exclusion and limitation period

Preexisting Condition Provision

Preexisting Condition For the first 90 days of disability, we will pay benefits even if you have a condition subject to the preexisting condition limitation. After 90 days, we will continue benefits only for conditions for which the preexisting condition exclusion or limitation does not apply. Benefit amounts subject to the preexisting condition exclusion will be excluded from payment.

A preexisting condition is a mental or physical condition:

- For which you or a reasonably prudent person would have consulted a physician or other licensed medical professional; received medical treatment, services or advice; undergone diagnostic procedures, including self-administered procedures; or taken prescribed drugs or medications
- Which, as a result of any medical examination, including routine examination, was discovered or suspected

Preexisting Condition Period The 90-day period just before your insurance becomes effective or any insurance increases become effective

Specified Exclusion and Limitation Period 12 months

Limitations

LTD benefits are not payable for any period when you are:

- Not under the ongoing care of a physician in the appropriate specialty as determined by The Standard
- Not participating in good faith in a plan, program or course of medical treatment or vocational training or education approved by The Standard, unless your disability prevents you from participating
- Confined for any reason in a penal or correctional institution
- Able to work and earn at least 20 percent of your indexed predisability earnings, but you elect not to work during the first 24 months after the end of the benefit waiting period the responsibility to work is limited to work in your own occupation; thereafter, the responsibility to work includes work in any occupation

In addition, payment of LTD benefits is limited in duration:

- If you reside outside the United States or Canada
- If applicable, if your disability is caused or contributed by a preexisting condition or the medical or surgical treatment of a preexisting condition unless on the date you become disabled, you have been continuously insured under the group policy for the specified exclusion and limitation period, and you have been actively at work for at least one full day after the end of the specified exclusion and limitation period
- If your disability is caused or contributed to by mental disorders, substance abuse or the environment, chronic fatigue conditions, chronic pain conditions, carpal tunnel or repetitive motion syndrome or temporomandibular joint disorder or craniomandibular joint disorder

When Benefits End

LTD benefits end automatically on the earliest of:

- The date you are no longer disabled
- The date your maximum benefit period ends
- The date you die
- The date benefits become payable under any other LTD disability insurance plan under which you become insured through employment during a period of temporary recovery
- The date you fail to provide proof of continued disability and entitlement to benefits

When Insurance Ends

Insurance ends automatically on the earliest of the following:

- The last day of the last period for which you make a premium contribution (except if premiums are waived while disabled)
- The date your employment terminates
- The date the group policy terminates
- The date you cease to meet the eligibility requirements (coverage may continue for limited periods under certain circumstances)
- If applicable, the date your employer ceases to participate under the group policy

Group Insurance Certificate

If coverage becomes effective, and you become insured, you will receive a group insurance certificate containing a detailed description of the insurance coverage including the definitions, exclusions, limitations, reductions and terminating events. The controlling provisions will be in the group policy. Neither the information presented in this summary nor the certificate modifies the group policy or the insurance coverage in any way.

Rates

Employees can select a monthly LTD benefit ranging from a minimum of \$200 to a maximum amount based on how much they earn. Referencing the appropriate attached charts, follow these steps to find the monthly cost for your desired level of monthly LTD benefit and benefit waiting period:

- Find the maximum LTD benefit by locating the amount of your earnings in either the annual earnings or Monthly Earnings column. The LTD benefit amount shown associated with these earnings is the maximum amount you can receive. If your earnings fall between two amounts, you must select the lower amount.
- Select the desired monthly LTD benefit between the minimum of \$200 and the determined maximum amount, making sure not to exceed the maximum for your earnings.
- In the same row, select the desired benefit waiting period to see the monthly cost for that selection.

If you have questions regarding how to determine your monthly LTD benefit, the benefit waiting period, or the premium payment of your desired benefit, please contact your human resources representative.

Maximum Benefit Period: 2 Years

Annual Earnings	Monthly Earnings	Monthly Disability Benefit	Accident/Sickness Benefit Waiting Period Cost per Month		
			14/14	30/30	90/90
2,000	167	100	2.48	1.91	0.66
4,000	333	200	4.96	3.82	1.32
6,000	500	300	7.44	5.73	1.98
8,000	667	400	9.92	7.64	2.64
10,000	833	500	12.40	9.55	3.30
12,000	1000	600	14.88	11.46	3.96
14,000	1167	700	17.36	13.37	4.62
16,000	1333	800	19.84	15.28	5.28
18,000	1500	900	22.32	17.19	5.94
20,000	1667	1,000	24.80	19.10	6.60
22,000	1833	1,100	27.28	21.01	7.26
24,000	2000	1,200	29.76	22.92	7.92
26,000	2167	1,300	32.24	24.83	8.58
28,000	2333	1,400	34.72	26.74	9.24
30,000	2500	1,500	37.20	28.65	9.90
32,000	2667	1,600	39.68	30.56	10.56
34,000	2833	1,700	42.16	32.47	11.22
36,000	3000	1,800	44.64	34.38	11.88
38,000	3167	1,900	47.12	36.29	12.54
40,000	3333	2,000	49.60	38.20	13.20
42,000	3500	2,100	52.08	40.11	13.86
44,000	3667	2,200	54.56	42.02	14.52
46,000	3833	2,300	57.04	43.93	15.18
48,000	4000	2,400	59.52	45.84	15.84
50,000	4167	2,500	62.00	47.75	16.50
52,000	4333	2,600	64.48	49.66	17.16
54,000	4500	2,700	66.96	51.57	17.82
56,000	4667	2,800	69.44	53.48	18.48
58,000	4833	2,900	71.92	55.39	19.14
60,000	5000	3,000	74.40	57.30	19.80
62,000	5167	3,100	76.88	59.21	20.46
64,000	5333	3,200	79.36	61.12	21.12
66,000	5500	3,300	81.84	63.03	21.78
68,000	5667	3,400	84.32	64.94	22.44
70,000	5833	3,500	86.80	66.85	23.10
72,000	6000	3,600	89.28	68.76	23.76
74,000	6167	3,700	91.76	70.67	24.42
76,000	6333	3,800	94.24	72.58	25.08
78,000	6500	3,900	96.72	74.49	25.74
80,000	6667	4,000	99.20	76.40	26.40

Maximum Benefit Period: 2 Years (Continued)

Annual Earnings	Monthly Earnings	Monthly Disability Benefit	Accident/Sickness Benefit Waiting Period Cost per Month		
			14/14	30/30	90/90
82,000	6833	4,100	101.68	78.31	27.06
84,000	7000	4,200	104.16	80.22	27.72
86,000	7167	4,300	106.64	82.13	28.38
88,000	7333	4,400	109.12	84.04	29.04
90,000	7500	4,500	111.60	85.95	29.70
92,000	7667	4,600	114.08	87.86	30.36
94,000	7833	4,700	116.56	89.77	31.02
96,000	8000	4,800	119.04	91.68	31.68
98,000	8167	4,900	121.52	93.59	32.34
100,000	8333	5,000	124.00	95.50	33.00
102,000	8500	5,100	126.48	97.41	33.66
104,000	8667	5,200	128.96	99.32	34.32
106,000	8833	5,300	131.44	101.23	34.98
108,000	9000	5,400	133.92	103.14	35.64
110,000	9167	5,500	136.40	105.05	36.30
112,000	9333	5,600	138.88	106.96	36.96
114,000	9500	5,700	141.36	108.87	37.62
116,000	9667	5,800	143.84	110.78	38.28
118,000	9833	5,900	146.32	112.69	38.94
120,000	10000	6,000	148.80	114.60	39.60
122,000	10167	6,100	151.28	116.51	40.26
124,000	10333	6,200	153.76	118.42	40.92
126,000	10500	6,300	156.24	120.33	41.58
128,000	10667	6,400	158.72	122.24	42.24
130,000	10833	6,500	161.20	124.15	42.90
132,000	11000	6,600	163.68	126.06	43.56
134,000	11167	6,700	166.16	127.97	44.22
136,000	11333	6,800	168.64	129.88	44.88
138,000	11500	6,900	171.12	131.79	45.54
140,000	11667	7,000	173.60	133.70	46.20
142,000	11833	7,100	176.08	135.61	46.86
144,000	12000	7,200	178.56	137.52	47.52
146,000	12167	7,300	181.04	139.43	48.18
148,000	12333	7,400	183.52	141.34	48.84
150,000	12500	7,500	186.00	143.25	49.50
152,000	12667	7,600	188.48	145.16	50.16
154,000	12833	7,700	190.96	147.07	50.82
156,000	13000	7,800	193.44	148.98	51.48
158,000	13167	7,900	195.92	150.89	52.14
160,000	13333	8,000	198.40	152.80	52.80

Maximum Benefit Period: 2 Years (Continued)

Annual Earnings	Monthly Earnings	Monthly Disability Benefit	Accident/Sickness Benefit Waiting Period Cost per Month		
			14/14	30/30	90/90
162,000	13500	8,100	200.88	154.71	53.46
164,000	13667	8,200	203.36	156.62	54.12
166,000	13834	8,300	205.84	158.53	54.78
168,000	14001	8,400	208.32	160.44	55.44
170,000	14168	8,500	210.80	162.35	56.10
172,000	14335	8,600	213.28	164.26	56.76
174,000	14502	8,700	215.76	166.17	57.42
176,000	14669	8,800	218.24	168.08	58.08
178,000	14836	8,900	220.72	169.99	58.74
180,000	15003	9,000	223.20	171.90	59.40
182,000	15170	9,100	225.68	173.81	60.06
184,000	15337	9,200	228.16	175.72	60.72
186,000	15504	9,300	230.64	177.63	61.38
188,000	15671	9,400	233.12	179.54	62.04
190,000	15838	9,500	235.60	181.45	62.70
192,000	16005	9,600	238.08	183.36	63.36
194,000	16172	9,700	240.56	185.27	64.02
196,000	16339	9,800	243.04	187.18	64.68
198,000	16506	9,900	245.52	189.09	65.34
200,000	16673	10,000	248.00	191.00	66.00
202,000	16840	10,100	250.48	192.91	66.66
204,000	17007	10,200	252.96	194.82	67.32
206,000	17174	10,300	255.44	196.73	67.98
208,000	17341	10,400	257.92	198.64	68.64
210,000	17508	10,500	260.40	200.55	69.30
212,000	17675	10,600	262.88	202.46	69.96
214,000	17842	10,700	265.36	204.37	70.62
216,000	18009	10,800	267.84	206.28	71.28
218,000	18176	10,900	270.32	208.19	71.94
220,000	18343	11,000	272.80	210.10	72.60
222,000	18510	11,100	275.28	212.01	73.26
224,000	18677	11,200	277.76	213.92	73.92
226,000	18844	11,300	280.24	215.83	74.58
228,000	19011	11,400	282.72	217.74	75.24
230,000	19178	11,500	285.20	219.65	75.90
232,000	19345	11,600	287.68	221.56	76.56
234,000	19512	11,700	290.16	223.47	77.22
236,000	19679	11,800	292.64	225.38	77.88
238,000	19846	11,900	295.12	227.29	78.54

Maximum Benefit Period: 2 Years (Continued)

Annual Earnings	Monthly Earnings	Monthly Disability Benefit	Accident/Sickness Benefit Waiting Period Cost per Month		
			14/14	30/30	90/90
240,000	20013	12,000	297.60	229.20	79.20
242,000	20180	12,100	300.08	231.11	79.86
244,000	20347	12,200	302.56	233.02	80.52
246,000	20514	12,300	305.04	234.93	81.18
248,000	20681	12,400	307.52	236.84	81.84
250,000	20848	12,500	310.00	238.75	82.50

Maximum Benefit Period: SSNRA

Annual Earnings	Monthly Earnings	Monthly Disability Benefit	Accident/Sickness Benefit Waiting Period Cost per Month		
			14/14	30/30	90/90
2,000	167	100	3.30	2.81	1.28
4,000	333	200	6.60	5.62	2.56
6,000	500	300	9.90	8.43	3.84
8,000	667	400	13.20	11.24	5.12
10,000	833	500	16.50	14.05	6.40
12,000	1000	600	19.80	16.86	7.68
14,000	1167	700	23.10	19.67	8.96
16,000	1333	800	26.40	22.48	10.24
18,000	1500	900	29.70	25.29	11.52
20,000	1667	1,000	33.00	28.10	12.80
22,000	1833	1,100	36.30	30.91	14.08
24,000	2000	1,200	39.60	33.72	15.36
26,000	2167	1,300	42.90	36.53	16.64
28,000	2333	1,400	46.20	39.34	17.92
30,000	2500	1,500	49.50	42.15	19.20
32,000	2667	1,600	52.80	44.96	20.48
34,000	2833	1,700	56.10	47.77	21.76
36,000	3000	1,800	59.40	50.58	23.04
38,000	3167	1,900	62.70	53.39	24.32
40,000	3333	2,000	66.00	56.20	25.60
42,000	3500	2,100	69.30	59.01	26.88
44,000	3667	2,200	72.60	61.82	28.16
46,000	3833	2,300	75.90	64.63	29.44
48,000	4000	2,400	79.20	67.44	30.72
50,000	4167	2,500	82.50	70.25	32.00
52,000	4333	2,600	85.80	73.06	33.28
54,000	4500	2,700	89.10	75.87	34.56
56,000	4667	2,800	92.40	78.68	35.84
58,000	4833	2,900	95.70	81.49	37.12
60,000	5000	3,000	99.00	84.30	38.40
62,000	5167	3,100	102.30	87.11	39.68
64,000	5333	3,200	105.60	89.92	40.96
66,000	5500	3,300	108.90	92.73	42.24
68,000	5667	3,400	112.20	95.54	43.52
70,000	5833	3,500	115.50	98.35	44.80
72,000	6000	3,600	118.80	101.16	46.08
74,000	6167	3,700	122.10	103.97	47.36
76,000	6333	3,800	125.40	106.78	48.64
78,000	6500	3,900	128.70	109.59	49.92
80,000	6667	4,000	132.00	112.40	51.20

Maximum Benefit Period: SSRA (Continued)

Annual Earnings	Monthly Earnings	Monthly Disability Benefit	Accident/Sickness Benefit Waiting Period Cost per Month		
			14/14	30/30	90/90
82,000	6833	4,100	135.30	115.21	52.48
84,000	7000	4,200	138.60	118.02	53.76
86,000	7167	4,300	141.90	120.83	55.04
88,000	7333	4,400	145.20	123.64	56.32
90,000	7500	4,500	148.50	126.45	57.60
92,000	7667	4,600	151.80	129.26	58.88
94,000	7833	4,700	155.10	132.07	60.16
96,000	8000	4,800	158.40	134.88	61.44
98,000	8167	4,900	161.70	137.69	62.72
100,000	8333	5,000	165.00	140.50	64.00
102,000	8500	5,100	168.30	143.31	65.28
104,000	8667	5,200	171.60	146.12	66.56
106,000	8833	5,300	174.90	148.93	67.84
108,000	9000	5,400	178.20	151.74	69.12
110,000	9167	5,500	181.50	154.55	70.40
112,000	9333	5,600	184.80	157.36	71.68
114,000	9500	5,700	188.10	160.17	72.96
116,000	9667	5,800	191.40	162.98	74.24
118,000	9833	5,900	194.70	165.79	75.52
120,000	10000	6,000	198.00	168.60	76.80
122,000	10167	6,100	201.30	171.41	78.08
124,000	10333	6,200	204.60	174.22	79.36
126,000	10500	6,300	207.90	177.03	80.64
128,000	10667	6,400	211.20	179.84	81.92
130,000	10833	6,500	214.50	182.65	83.20
132,000	11000	6,600	217.80	185.46	84.48
134,000	11167	6,700	221.10	188.27	85.76
136,000	11333	6,800	224.40	191.08	87.04
138,000	11500	6,900	227.70	193.89	88.32
140,000	11667	7,000	231.00	196.70	89.60
142,000	11833	7,100	234.30	199.51	90.88
144,000	12000	7,200	237.60	202.32	92.16
146,000	12167	7,300	240.90	205.13	93.44
148,000	12333	7,400	244.20	207.94	94.72
150,000	12500	7,500	247.50	210.75	96.00
152,000	12667	7,600	250.80	213.56	97.28
154,000	12833	7,700	254.10	216.37	98.56
156,000	13000	7,800	257.40	219.18	99.84
158,000	13167	7,900	260.70	221.99	101.12
160,000	13333	8,000	264.00	224.80	102.40

Maximum Benefit Period: SSNRA (Continued)

Annual Earnings	Monthly Earnings	Monthly Disability Benefit	Accident/Sickness Benefit Waiting Period Cost per Month		
			14/14	30/30	90/90
162,000	13500	8,100	267.30	227.61	103.68
164,000	13667	8,200	270.60	230.42	104.96
166,000	13834	8,300	273.90	233.23	106.24
168,000	14001	8,400	277.20	236.04	107.52
170,000	14168	8,500	280.50	238.85	108.80
172,000	14335	8,600	283.80	241.66	110.08
174,000	14502	8,700	287.10	244.47	111.36
176,000	14669	8,800	290.40	247.28	112.64
178,000	14836	8,900	293.70	250.09	113.92
180,000	15003	9,000	297.00	252.90	115.20
182,000	15170	9,100	300.30	255.71	116.48
184,000	15337	9,200	303.60	258.52	117.76
186,000	15504	9,300	306.90	261.33	119.04
188,000	15671	9,400	310.20	264.14	120.32
190,000	15838	9,500	313.50	266.95	121.60
192,000	16005	9,600	316.80	269.76	122.88
194,000	16172	9,700	320.10	272.57	124.16
196,000	16339	9,800	323.40	275.38	125.44
198,000	16506	9,900	326.70	278.19	126.72
200,000	16673	10,000	330.00	281.00	128.00
202,000	16840	10,100	333.30	283.81	129.28
204,000	17007	10,200	336.60	286.62	130.56
206,000	17174	10,300	339.90	289.43	131.84
208,000	17341	10,400	343.20	292.24	133.12
210,000	17508	10,500	346.50	295.05	134.40
212,000	17675	10,600	349.80	297.86	135.68
214,000	17842	10,700	353.10	300.67	136.96
216,000	18009	10,800	356.40	303.48	138.24
218,000	18176	10,900	359.70	306.29	139.52
220,000	18343	11,000	363.00	309.10	140.80
222,000	18510	11,100	366.30	311.91	142.08
224,000	18677	11,200	369.60	314.72	143.36
226,000	18844	11,300	372.90	317.53	144.64
228,000	19011	11,400	376.20	320.34	145.92
230,000	19178	11,500	379.50	323.15	147.20
232,000	19345	11,600	382.80	325.96	148.48
234,000	19512	11,700	386.10	328.77	149.76
236,000	19679	11,800	389.40	331.58	151.04
238,000	19846	11,900	392.70	334.39	152.32

Maximum Benefit Period: SSNRA (Continued)

Annual Earnings	Monthly Earnings	Monthly Disability Benefit	Accident/Sickness Benefit Waiting Period Cost per Month		
			14/14	30/30	90/90
240,000	20013	12,000	396.00	337.20	153.60
242,000	20180	12,100	399.30	340.01	154.88
244,000	20347	12,200	402.60	342.82	156.16
246,000	20514	12,300	405.90	345.63	157.44
248,000	20681	12,400	409.20	348.44	158.72
250,000	20848	12,500	412.50	351.25	160.00



Standard Insurance Company

For more than 100 years we have been dedicated to our core purpose: to help people achieve financial well-being and peace of mind. We have earned a national reputation for quality products and superior service by always striving to do what is right for our customers.

Headquartered in Portland, Oregon, The Standard is a nationally recognized provider of group Disability, Life, Dental and Vision insurance and Individual Disability insurance. We provide insurance to more than 24,800 groups, covering over 8 million employees nationwide.* Our first group policy, written in 1951 and still in force today, stands as a testament to our commitment to building long-term relationships.

To learn more about products from The Standard, Contact your human resources department or visit us at **www.standard.com**.

* As of June 30, 2013, based on internal data developed by Standard Insurance Company.

Standard Insurance Company
1100 SW Sixth Avenue
Portland OR 97204

GP190-LTD/S399