



Benefit Summary Highlights for
Arlington Independent School District

Disability Insurance
Effective September 1, 2013

Eligibility:	All active full time employees working 20 hours per week or more.
Purpose:	Disability insurance provides income replacement benefits for you and your family in the event you are unable to work due to an accident or sickness.

Maximizing Income Protection

- Employees can choose from a selection of features they feel best match their financial needs.
- Employees can choose their Monthly Benefit Amount in \$100 increments, from \$200 to \$7,500 (not to exceed 66 2/3% of monthly earnings).
 - Employees can choose from among six accident/sickness Benefit Waiting Periods. *A benefit waiting period is the period of time in which an employee must be continuously disabled.*
 - *If you are hospital confined due to sickness or injury, benefits will begin on the 1st day for the 0/7, 14/14, 30/30 elimination periods.*

	Accident	Sickness
	0 Days	7 Days
	14 Days	14 Days
	30 Days	30 Days
	60 Days	60 Days
	90 Days	90 Days
	180 Days	180 Days

Maximum Benefit Period:	Age at Disability Maximum Duration of Benefits Less than age 60 To age 65, but not less than 5 years Age 60 through 64 5 years Age 65 through 69 To age 70, but not less than 1 year Age 70 and over 1 year
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Own Occupation Period:	24 Months
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Limitations & Exclusions:	<ul style="list-style-type: none"> • Benefits for Mental/Nervous/Substance Abuse/Subjective Illnesses are limited to 2 years. • There is a 3/12 pre-existing conditions clause. This is a look back period to see if you were treatment-free for a 3-month period prior to the effective date of your coverage. If you weren't treatment-free, the pre-existing condition is excluded from coverage if you're disabled within 12-months of first becoming insured. Pre-ex applies in the following situations; <ul style="list-style-type: none"> ○ An Increase in benefit ○ A decrease in the Elimination Period ○ An Increase in the Maximum Benefit Period ○ Late Applicants
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Plan Features:	Definition of Disability—Covers total and partial disability. 12 Month Return-to-Work Incentive—This benefit gives an employee the opportunity to return-to-work part time earning some income plus receives LTD benefits allowing them to receive up to 100% income replacement during the first 12 months. Approved Rehabilitation Program— During the employee's active participation in an Aetna Approved Rehab Program, Aetna will pay an additional 10% of monthly benefit after all applicable reductions for other income benefits but not more than \$500 per month. This incentive will be paid up to 6 consecutive months for each period of disability. Survivor Benefit—Pays a lump sum equal to 3 times the non-integrated LTD benefit. Waiver of Premium—Payment of premium will be waived for LTD coverage after receiving benefit payments for 90 days. Minimum Benefit— 10% Gross Disability Benefit or \$100 Employee Assistance Program— Unlimited telephonic plus 3 face to face consultations for you and your immediate household members. Worksite Modification Benefit – This benefit allows Aetna to pay for expenses of worksite modifications that result in a disabled employee's return to work. Cost: <i>The cost for this benefit is paid by the Employee.</i>
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The information above highlights some of the features of the Group Policy, but it is not intended to be a detailed description of coverage. If you become insured, you will receive a Certificate of Coverage that will contain more detailed information about the controlling terms and provisions of coverage.



Non-Discrimination Notice

Only applicable to Members/Claimants

Aetna complies with applicable Federal civil rights laws and does not discriminate, exclude or treat people differently based on their race, color, national origin, sex, age, or disability.

Aetna provides free aids/services to people with disabilities and to people who need language assistance.

If you need help in your language, you can email us at TranslationGI@AETNA.com. Be sure to include your name and claim number. You'll also need to tell us what information you'd like our help with. If you can't email, you can call us at the number in our letters to you. We don't charge you for this help.

If you believe we have failed to provide these services or otherwise discriminated based on a protected class noted above, you can also file a grievance with the Civil Rights Coordinator by contacting:

Civil Rights Coordinator,

P.O. Box 14462, Lexington, KY 40512 (CA HMO customers: PO Box 24030 Fresno, CA 93779),

1-800-648-7817, TTY: 711,

Fax: 859-425-3379 (CA HMO customers: 860-262-7705), CRCoordinator@aetna.com.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, or at 1-800-368-1019, 800-537-7697 (TDD).

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Availability of Language Assistance Services

TTY: 711

If you need help in your language, you can email us at TranslationGI@AETNA.com. Be sure to include your name and claim number. You'll also need to tell us what information you'd like our help with. If you can't email, you can call us at the number in our letters to you. We don't charge you for this help. (English)

Si necesita ayuda en su propio idioma, puede enviarnos un correo electrónico a TranslationGI@AETNA.com. No se olvide de incluir su nombre y número de reclamo. También debe especificar el asunto por el cual necesita nuestra ayuda. Si no puede enviarnos un correo electrónico, llámenos al número que figura en la correspondencia que le mandamos. Esta asistencia se brinda sin costo. (Spanish)

如果您需要以您的語言取得幫助，可以寄電子郵件給我們 TranslationGI@AETNA.com。請務必註明您的姓名和理賠號碼。您還需要告知我們您希望我們提供幫助的相關資訊。如果您無法寄電子郵件，則可致電聯絡我們，電話號碼列於我們寄給您的信函中。為您提供此幫助，我們不會向您收費。(Chinese)

Si vous avez besoin d'aide dans votre langue, vous pouvez nous écrire à TranslationGI@AETNA.com. N'oubliez pas d'inclure votre nom et numéro de réclamation. Vous devrez également nous indiquer en quoi nous pouvons vous aider. Si vous ne pouvez pas nous écrire par e-mail, vous pouvez nous rejoindre au numéro indiqué dans nos correspondances. Nous vous offrons cette assistance, sans frais. (French)

Kung kailangan mo ng tulong sa iyong wika, maaari kang mag-email sa amin sa TranslationGI@AETNA.com. Siguruhing isama ang iyong pangalan at numero ng paghahabol. Kakailanganin mo ring sabihin sa amin kung anong impormasyon ang kakailanganin mo ng tulong mula sa amin. Kung hindi ka makapag-email, matatawagan mo kami sa numerong nakalagay sa mga sulat namin sa iyo. Hindi ka namin sisingilin para sa tulong na ito. (Tagalog)

Wenn Sie in Ihrer Sprache Hilfe benötigen, so können Sie uns eine Mail an TranslationGI@AETNA.com schicken. Bitte geben Sie dabei Ihren Namen und Ihre Antragsnummer an und erklären Sie auch, bezüglich welcher Informationen Sie von uns Hilfe erhalten möchten. Falls Sie uns nicht mailen können, rufen Sie uns einfach unter der in unseren Briefen an Sie angegebenen Telefonnummer an. Diese Hilfe ist für Sie mit keinen Kosten verbunden. (German)

إذا احتجت المساعدة في لغتك الخاصة، بإمكانك إرسال بريد إلكتروني على TranslationGI@AETNA.com. تأكد من إدراج اسمك ورقم المطالبة. كما عليك إطلاعنا على المعلومات التي تود مساعدتنا فيما يتعلق بها. إذا كنت لا تستطيع إرسال بريد إلكتروني، بإمكانك الاتصال بنا من خلال الأرقام الموجودة في الرسائل المرسلة إليك. إننا لا نحتسب أية رسوم عن هذه المساعدة. (Arabic)

Si ou bezwen asistans nan lang ou, ou kapab voye nou yon imèl bay TranslationGI@AETNA.com. Tanpri sonje byen pou mete ladan non ou ak nimewo reklamasyon ou. Epitou, ou pral bezwen di nou avèk ki enfòmasyon nou kapab ede ou. Si ou pa kapab voye yon imèl, ou kapab rele nou nan nimewo telefòn lan nou te ekri nan lèt la nou te voye ba ou. Nou pa chaje ou okenn lajan lè nou ede ou. (French Creole)

Per assistenza con la tua lingua, puoi contattarci tramite e-mail all'indirizzo TranslationGI@AETNA.com. Includi il tuo nome e il numero della richiesta. Dovrai anche indicare quali sono le informazioni per le quali richiedi assistenza. Se non puoi inviare e-mail, puoi contattarci telefonicamente al numero che troverai nelle nostre lettere di comunicazione. Il nostro servizio di assistenza è gratuito. (Italian)

特定の言語でのヘルプについては、TranslationGI@AETNA.com までお問い合わせください。お名前とクレーム番号を記載してください。また、どの情報に関するヘルプをお望みなのかも指定してください。Eメールできない場合は、弊社からの手紙に記載されている電話番号にお問い合わせください。かかるヘルプの手料はございません。(Japanese)

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اگر به زبان خودتان به کمک و راهنمایی نیاز دارید، می توانید به آدرس TranslationGI@AETNA.com برای ما ایمیل بفرستید. حتماً نام و شماره ادعای خود را منظور کنید. همچنین لازم است به ما بگویید که در مورد چه اطلاعاتی به کمک و راهنمایی ما نیاز دارید. اگر نمی توانید ایمیل بفرستید، می توانید با شماره ای که در نامه های ما قید شده با ما تماس بگیرید. ما هزینه ای را برای این کمک و راهنمایی از شما مطالبه نمی کنیم.(Persian)

Jeśli potrzebujesz pomocy w swoim języku, możesz wysłać e-mail na adres TranslationGI@AETNA.com. Pamiętaj, aby podać swoje imię i nazwisko oraz numer roszczenia. Należy również wyszczególnić informacje, w sprawie których potrzebujesz naszej pomocy. Jeśli nie możesz wysłać e-maila, możesz kontaktować się z nami telefonicznie pod numerem podanym w naszych listach do Ciebie. Nie pobieramy opłat za tę pomoc. (Polish)

Se necessitar de ajuda no seu idioma, envie-nos um email para TranslationGI@AETNA.com. Não se esqueça de incluir o seu nome e número de queixa. Também terá que nos explicar que tipo de ajuda precisa da nossa parte. Se não poder enviar por email, poderá telefonar-nos para o número fornecido na correspondência enviada por nós. Não cobramos por esta ajuda. (Portuguese)

Если вам необходима помощь на вашем языке, вы можете послать нам электронное письмо по адресу TranslationGI@AETNA.com. Пожалуйста, укажите в письме номер вашей заявки, а также существо вопроса, в решении которого вам необходима помощь. Если у вас отсутствует возможность отправить электронную почту, позвоните, пожалуйста, по телефону, указанному в наших почтовых отправлениях. Помощь будет предоставлена вам бесплатно. (Russian)

Nếu quý vị cần được trợ giúp bằng ngôn ngữ của quý vị, quý vị có thể gửi email cho chúng tôi đến TranslationGI@AETNA.com. Xin ghi nhớ là cần nêu tên và số yêu cầu bảo hiểm của quý vị. Quý vị cũng sẽ cần cho chúng tôi biết quý vị muốn chúng tôi hỗ trợ thông tin gì. Nếu quý vị không thể gửi email, quý vị có thể gọi cho chúng tôi theo số điện thoại nêu trong các bức thư mà chúng tôi gửi cho quý vị. Chúng tôi không tính phí quý vị cho sự trợ giúp này. (Vietnamese)