

# Educator Income Protection Plan

Disabilities may occur more often than you think. If you can't earn a paycheck due to disability, your savings might not be enough to cover household expenses plus healthcare and recovery costs that can continue for months.

The Educator Income Protection Plan from Chubb is coverage that pays you cash benefits if you cannot work. The plan gives you the flexibility to choose the right level of coverage to suit your needs and provides a robust set of benefits to help you through a difficult time.



## Benefits and Features Summary

<b>Eligibility</b>	Employees actively at work for at least 15 hours per week.						
<b>Monthly Benefit Amount</b>	You can elect to purchase one of the following percentage of earnings as your benefit amount: <table border="1" style="width: 100%; text-align: center;"> <tr> <td>40%</td> <td>50%</td> <td>60%</td> </tr> </table>	40%	50%	60%			
40%	50%	60%					
<b>Guaranteed Minimum Benefit</b>	The greater of 10% of the employee's monthly earnings or \$100						
<b>Elimination Period - Injury/Sickness</b>	You can elect one of the following elimination periods under this plan: <table border="1" style="width: 100%; text-align: center;"> <tr> <td>7/7*</td> <td>14/14*</td> <td>30/30*</td> <td>60/60</td> <td>90/90</td> <td>180/180</td> </tr> </table> <p>*1st day hospital included</p>	7/7*	14/14*	30/30*	60/60	90/90	180/180
7/7*	14/14*	30/30*	60/60	90/90	180/180		
<b>Duration of Benefits</b>	Social Security Normal Retirement Age						
<b>Pre-Existing Condition Waiver*</b>	During the initial enrollment period the pre-existing condition limitation will be waived for the first 90 days						

\* Benefits are subject to a 3/12 pre-existing condition limitation (see below for additional information)

# Definitions and Provisions

## Actively at Work

You must be at work with your employer on your regularly scheduled workday. On that day, you must be performing all of your regular duties in the usual way and for your usual number of hours. If school is not in session due to normal vacation or school break(s), actively at work shall mean you are able to report for work with your employer, performing all of the regular duties of your occupation in the usual way for your usual number of hours as if school was in session.

## Enrollment - Current Employees

Coverage is available to you without answering any medical questions or providing evidence of insurability. You may enroll on or before the enrollment deadline. After the initial enrollment period, you can apply only during an annual enrollment period.

**New Hires:** Coverage is available to you without answering any medical questions or providing evidence of insurability. You may apply for coverage within 60 days after your eligibility date. If you do not apply within 60 days after your eligibility date, you can apply only during an annual enrollment period. Benefits may be subject to the pre-existing condition limitation.

## Elimination Period

The elimination period is the length of time you must be continuously disabled before you can receive benefits. If you elect an elimination period of 30 days or less, if you are confined to a hospital due to a disability, the elimination period will be waived, and benefits will be payable from the first day of hospitalization.

## Continuity of Coverage

If you were insured under your district's prior plan and not receiving benefits the day before this policy is effective, there will not be a loss in coverage and you will get credit for your prior carrier's coverage.

## Pre-Existing Condition Waiver

Benefits under this provision are payable for no more than 90 days of benefit from the date of disability. After 90 days, benefits are subject to a 3/12 pre-existing condition limitation. This applies to new hires and/or newly eligible employees only.

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## Benefit Duration

Age of Disability	Maximum Period of Payment
Less than age 62	To Social Security Normal Retirement Age
62	60 months
63	48 months
64	42 months
65	36 months
66	30 months
67	24 months
68	18 months
69 or above	12 months

# Additional Plan Benefits

## Survivor Benefit<sup>2</sup>

In the event of your death, your beneficiary will receive a lump sum death benefit equal to three months of your gross disability payment.

## Child/Family Member Care Expense Benefit<sup>1</sup>

If you are disabled and participating in a vocational rehabilitation plan, you will be eligible for an additional expense benefit payment of \$250 per child/family member not to exceed \$1,000 per month.

## Education Expense Benefit<sup>1</sup>

In addition to your monthly disability payment, you will receive a monthly education expense benefit in the amount of \$200 for each eligible student, limited to a combined monthly maximum of \$1,000.

## Exclusions and Limitations<sup>‡</sup>

Pre-existing Condition Limitation – You have a pre-existing condition if you received medical treatment, consultation, care or services including diagnostic measures, or took prescribed drugs or medicines in the 3 months just prior to your effective date of coverage and the disability begins in the first 12 months after your effective date of coverage. Late entrants and participants increasing coverage will be subject to a 3/12 pre-existing condition limitation.

Benefits will not be paid for disabilities caused by, contributed to by, or resulting from: 1) occupational sickness or injury; 2) commission or attempt to commit a felony; 3) intentionally self-inflicted harm; 4) active participation in a riot, insurrection or terrorist activity; 5) war; 6) incarceration; 7) loss of professional or occupational license, or certification.

Maximum Period of Payment for all disabilities due to mental illness is 24 months for each disability. Maximum Period of Payment for all disabilities due to alcoholism or drug abuse is 24 months for each disability.

## Rates

Duration of Benefit	Social Security Normal Retirement Age					
	Elimination Period					
	7/7*	14/14*	30/30*	60/60	90/90	180/180
Age	Per \$100 Monthly Benefit					
<20	\$1.92	\$1.68	\$1.24	\$1.01	\$0.77	\$0.53
20-29	\$1.98	\$1.75	\$1.31	\$1.04	\$0.79	\$0.55
30-39	\$2.29	\$2.07	\$1.61	\$1.21	\$0.91	\$0.63
40-49	\$2.51	\$2.27	\$1.81	\$1.32	\$1.00	\$0.69
50-59	\$3.07	\$2.82	\$2.34	\$1.62	\$1.22	\$0.84
60-69	\$3.26	\$3.00	\$2.52	\$1.72	\$1.30	\$0.89
70+	\$3.39	\$3.13	\$2.64	\$1.78	\$1.35	\$0.93

\*Includes first day hospital benefits

<sup>1</sup> 90 day waiting period

<sup>2</sup> 180 day waiting period



### Questions?

Contact the FBS Benefits CareLine via the QR code or (833) 453-1680.

<sup>‡</sup> Please refer to your Certificate of Insurance at <https://www.mybenefitshub.com/templeisd> for a complete listing of available benefits, limitations and exclusions. Underwritten by ACE Property & Casualty Company, a Chubb company.