

Group Long Term Disability Insurance Benefit Summary

Group #: 009005, Oxford Area School District

Policy: Madison National Life Insurance Company, Inc., 6328 **Original Effective**

Date: 7/1/2003

Class #	Class Title and Eligibility (Minimum Hour Requirement)	Maximum Annual Covered Salary / Maximum Monthly Benefit	Benefit	Elimination Period
01	Superintendent, Administrators and District Management Team (600 hours per year)	\$204,996 / \$11,389	66-2/3%	30 consecutive calendar days
02	Teachers (600 hours per year)	\$12,996 / \$722	66-2/3%	30 consecutive calendar days
03	Secretaries, Clerical, Aides and Directors (600 hours per year)	\$12,996 / \$722	66-2/3%	30 consecutive calendar days
04	Confidential Secretaries (600 hours per year)	\$75,000 / \$4,167	66-2/3%	30 consecutive calendar days
05	Custodial and Maintenance (600 hours per year)	\$14,796 / \$822	66-2/3%	30 consecutive calendar days

Eligibility/Effective Date of Individual Coverage	Classes 01-02, 04: Date of Hire Classes 03, 05: Upon completion of 90 days
Employer Contribution	100%
Participation Requirement	100%
Benefit Duration	Class 01: To age 65, 12 month minimum Classes 02-05: Sickness: 2 year maximum; Accident: 5 year maximum
Definition of Disability	Total
Cumulative Elimination Period	10 Working Days
Minimum Monthly Benefit	\$50.00
Calculation Method	Standard - Non-Contract Day
Pre-Disability Earnings Definition	Base Pay
Pre-Existing Conditions Exclusion	None

Terminations & Continuation of Coverage	Coverage may continue, with payment of premiums during: -FMLA -Paid Sabbatical: 1 year -Unpaid Sabbatical: 1 year -Paid Leave: 1 year
Contract Employee Termination or Retirement	Coverage terminates at the earlier of retirement or expiration of the current contract year. If you terminate mid-contract, coverage terminates the date you last worked.
Non Contract Employee Termination	Coverage terminates on the date you last worked
Own Occupation	24 months following the end of the Elimination Period
Sick Pay Coordination	Disability benefit is offset by sick pay
Recurrent Disability	6 months
Limitations (Mental/Substance Abuse)	24 months per Occurrence unless hospital confined
Deductible Income (SS Integration)	Full Family/Social Security Freeze

This summary of benefits is meant to be an overview of the Policy only. Please refer to the Certificate for a full explanation of your plan's benefits, exclusions, limitations, and reductions. Should there be any discrepancy between this outline and the Certificate, the Certificate will prevail.