

Humana Short-Term Disability Plan

Effective Date: September 1, 2017

Why Income Protection?

If you are suddenly unable to work because of a disability, how will you continue to meet your financial obligations without a paycheck?

Counting on Social Security to provide disability benefits?

Social Security's definition of disability requires that the impairment must be expected to result in death or to last at least 12 months, or must have lasted at least 12 months. Also, Social Security disability benefits usually have a five-month waiting period.

Covered by workers' compensation?

Workers' compensation provides benefits only for occupational-related injuries or illnesses. About two-thirds of the disabling injuries suffered by American workers in 2002 occurred off the job.*

Think your savings will get you through a disability?

Experts recommend a minimum savings of three months' salary to prepare for a sudden loss of income. However, most people simply aren't saving enough money to last more than a few weeks without a regular income. For some, the financial impact of even one missed paycheck can be devastating.

Will you have to turn to family or friends to help support you?

Chances are, if you are not saving enough, your loved ones are not either.

Plan Features

- 24 hour coverage
- Payable in addition to sick leave
- Does not offset for other sources of income
- Benefits are paid directly to you and are tax free
- No change in premium due to age
- Guarantee Issue for new participants
- Portable before age 70 at the same rate.
- Pre-existing Conditions Benefits (covered 12 months after policy effective date)
- Waiver of Premium after the completion of 90 days of Disability.

Accident & Sickness protection

On or off the job, 24 hour a day coverage. Income is provided when you are disabled due to a sickness or as a result of an accident. Benefits begin on the first day if you are disabled due to an accident. Benefits begin on the eighth day if you are disabled due to sickness.

**Injury Facts, 2003 Edition, National Safety Council*

You can choose to insure up to 70% of your gross monthly income, up to a maximum of \$2,000.00 per month. Income will be provided for the benefit period you choose up to 12 months.

Eligibility

These benefit plans are optional and all full-time employees between age 18 and 70 may apply. The disability benefit is for employees only. Guarantee Issue coverage is available for new participants.

Pre-existing Conditions

Humana will not cover pre-existing conditions for one year after coverage becomes effective. Pre-existing conditions mean:

- (1) an Injury or Sickness which a Physician has treated or for which a Physician has advised treatment within 12 months prior to the Certificate Date.
- (2) a normal pregnancy, where conception occurs prior to the Effective Date, whether or not it was disclosed on the Enrollment Form.

Disability Due to Pregnancy

Benefits for disability related to pregnancy are covered provided conception occurs after the effective date of the policy, not the date the application was signed.

Portability

Employees leaving the employment of Rowan Salisbury Schools can maintain coverage provided they are under age 70 and have been insured under the plan for at least six continuous months.

Survivor Benefit

A Survivor Benefit will be paid to a Covered Employee's Eligible Survivor if:

1. Proof of Death is received for a Covered Employee
 2. The Employee was receiving, or was eligible to receive a Monthly Benefit due to a Covered Disability for at least one month immediately prior to his/her death.
- The Survivor Benefit will not be paid if there are no Eligible Survivors.

Amount Payable to An Eligible Survivor

If the above conditions are met, an Eligible Survivor will receive a lump sum in an amount equal to three times the Monthly Benefit amount payable in the month immediately preceding the death of the Covered Employee.

Only one lump sum will be paid regardless of the number of Eligible Survivors. If there is more than one Eligible Survivor, the lump sum will be paid in equal shares to such persons.

Accidental Death Benefit

If you sustain an Injury that results in your death within 90 days of a covered accident, we will pay the Accidental Death and Dismemberment Benefit Amount of \$5,000. The sum will be paid to your Eligible Survivor. If there are no Eligible Survivors then such sum will be paid in accordance with the Facility of Payment Provision.

Accidental Dismemberment and Loss of Sight Benefit

We will pay you the Accidental Death and Dismemberment Benefit if while you are insured under this policy, you sustain an Injury that results in one of the losses listed below:

1. loss of the sight of both eyes entirely, irrecoverably, and non-correctable; or
2. permanent loss of both hands by severance at or above the wrist joint, or both feet at or above the ankle joint; or
3. permanent loss of one hand by severance at or above the wrist joint and permanent loss of one foot by severance at or above the ankle joint.

We will pay one-half of the Accidental Death and Dismemberment Benefit Amount shown in the INSURANCE SCHEDULE if you sustain an Injury which, within 90 days results in the:

1. loss of the sight of one eye entirely, irrecoverably and non-correctable; or
2. severance of one hand at or above the wrists joint or one foot at or above the ankle joint.

Limits on Payments of Benefits

No combination of losses other than the ones shown above can be used to increase the total amount We will pay for all losses. If you sustain more than one of the above losses as the result of one Injury, the total amount We will pay will not exceed the Accidental Death and Dismemberment Benefit Amount.

Limits and Exclusions

This Benefit is not payable if a loss results from:

- suicide, attempted suicide or intentionally self-inflicted injury, whether sane or insane;
- injury intentionally inflicted by any person (This does not apply when the Covered Person is an innocent bystander not part of an altercation.);
- substance abuse (This does not exclude a loss brought about by the use of drugs prescribed by and used as ordered by a Doctor.);
- war or act of war, whether declared or undeclared;
- service in the armed forces of any country or organization or in units auxiliary thereto;
- bacterial infection, unless the infection is caused by an Accident;
- committing or attempting to commit an assault or felony;
- resisting or fleeing from arrest;
- active participation in a riot or civil disorder;
- parachute jumping or sky diving;
- travel in or on any kind of aircraft, unless as a fare paying passenger on a commercial airline, passenger on a private airline charter or as a passenger on a privately owned and operated airplane that seats more than 10 passengers;
- intoxication; or
- racing a self-propelled vehicle on a racetrack, on a public road or at any other place

Monthly Benefit	Ninethly Rates		
	3-Month Benefit Duration	6-Month Benefit Duration	12-Month Benefit Duration
\$300	\$10.67	\$14.67	\$18.67
\$400	\$14.01	\$19.34	\$24.67
\$500	\$17.33	\$24.00	\$30.67
\$600	\$20.67	\$28.67	\$36.67
\$700	\$24.01	\$33.34	\$42.67
\$800	\$27.33	\$38.00	\$48.67
\$900	\$30.67	\$42.67	\$54.67
\$1,000	\$34.01	\$47.34	\$60.67
\$1,100	\$37.33	\$52.00	\$66.67
\$1,200	\$40.67	\$56.67	\$72.67
\$1,300	\$44.01	\$61.34	\$78.67
\$1,400	\$47.33	\$66.00	\$84.67
\$1,500	\$50.67	\$70.67	\$90.67
\$1,600	\$54.01	\$75.34	\$96.67
\$1,700	\$57.33	\$80.00	\$102.67
\$1,800	\$60.67	\$84.67	\$108.67
\$1,900	\$64.01	\$89.34	\$114.67
\$2,000	\$67.33	\$94.00	\$120.67

This is a brief description of the important features of your policy. This is not an insurance contract; therefore, it is important that you read your policy carefully.



**Product underwritten by
Kanawha Insurance Company**

For questions or concerns regarding your Humana Short Term Disability Plan:

Customer Service Phone Number: 1-855-448-6982.

Claims Email Address: vbclaimssubmission@humana.com

Claims Fax Number: 502-405-7107

Claims Mailing Address:

Humana

Att: WVB Claims

PO BOX 13068

Green Bay, WI 54307-3068