



Plan Highlights

Liberty Independent School District

Who is eligible?

All active full-time employees

When do my benefits begin?

You may select from the following elimination period options:

- Option 1:** 0 days for injury, 3 days for illness *
- Option 2:** 14 days for injury, 14 days for illness*
- Option 3:** 30 days for injury, 30 days for illness *
- Option 4:** 60 days for injury, 60 days for illness
- Option 5:** 90 days for injury, 90 days for illness
- Option 6:** 180 days for injury, 180 days for illness

**If you are hospital confined as an inpatient for disability and have selected an elimination period of 30 days or less, benefits begin immediately. Inpatient means an individual who is physically confined for an overnight stay, as a registered bed patient in a hospital or institution, as defined in the policy or plan.*

What is the benefit amount?

You may elect a monthly benefit in increments of \$100 from a minimum of \$200, up to a maximum benefit of \$8,000, not to exceed 60% of your covered salary. If at any time the monthly benefit you have chosen exceeds 60% of your covered salary, your benefit amount will be reduced to the highest increment for which you are eligible.

Will my benefits ever be reduced?

After 12 months of benefit payments, the amount of benefit you receive or are eligible to receive from various sources will reduce your benefit amount. However, in no event will the benefit payable be less than 10% of the disability benefit you elect.

How long will I receive benefits?

Benefits due to Sickness or Injury will not extend beyond the longer of: Social Security Normal Retirement Age or Duration of

Age when Disability Begins	Maximum Duration of Benefits
Less than Age 60	To Age 65
60	5 Years
61	4 Years
62	3.5 Years
63	3 Years
64	2.5 Years
65	2 Years
66	21 Months
67	18 Months
68	15 Months
69 and over	12 Months

What features are included in my plan?

- Mental/Nervous Illness Limitation: 24 months
- Own Occupation: 24 months
- Pre-Existing Condition Limitation: 3/12
- Substance Abuse Limitation: 24 months
- Survivor Benefit: 3 times gross monthly benefit
- Work Incentive
- Worksite Modification

These Plan Highlights are a brief description of the key features of the OneAmerica insurance plan. The availability of the benefits and features described may vary by state. It is neither a certificate of insurance nor evidence of coverage. This information is provided as a Benefit Outline. It is not a part of the insurance policy and does not change or extend AUL's liability under the group Policy. Employers may receive either a group Policy or a Certificate of Insurance containing a detailed description of the insurance coverage and exclusions under the group Policy. If there are discrepancies between this information and the group Policy, the Policy will prevail.

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