

SCHEDULE OF BENEFITS

Employer(s):	Mount Pleasant Public Schools
Plan Number:	6691
Original Plan Effective Date:	June 1, 2009
Benefits Revised Date:	November 1, 2021
Eligible Class:	Class 01: Administrators and Administrative Assistants
Employer Premium Contribution:	100%
Elimination Period:	Length of accumulated sick leave, or 30 calendar days of Disability accumulated in any twelve (12) consecutive months, whichever is later. The last three (3) sick days or days of Disability must be consecutive and due to the same or a related cause; OR Three (3) consecutive days of Disability occurring during a school year in which the Elimination Period was previously satisfied
Minimum Hourly Work Requirement:	30 hours per week
Waiting Period:	None
Evidence of Insurability:	Required for Late Enrollees, Increases and amounts exceeding the Guarantee Issue
Employee Eligibility Date:	Upon completion of the Waiting Period
Minimum Participation Requirement:	100%
Leaves and Sabbaticals:	Coverage with premium payment while on FMLA leave; Coverage with premium payment while on 12 month Paid or Unpaid Leave of Absence
Definition of Disability:	Zero Day
Own Occupation Period:	24 months from the end of the Elimination Period
Any Occupation Period:	From the end of the Own Occupation Period to the end of the Maximum Benefit Period.
Recurrent Disability:	6 months
Predisability Earnings:	Base pay plus pay for extracurricular activities
Maximum Monthly Covered Salary:	\$11,250
LTD Benefit Percentage:	66-2/3%
Maximum Monthly Benefit:	\$7,500

Guarantee Issue: \$7,500

Minimum Monthly Benefit: 10% of monthly salary

Maximum Benefit Period:

Age at Disablement	Benefit Duration
61 or younger	to age 65
62	3-1/2 years
63	3 years
64	2-1/2 years
65	2 years
66	1-3/4 years
67	1-1/2 years
68	1-1/4 years
69 or older	1 year

All Sources Threshold: 70%

All Sources Period: Duration of benefits

Social Security Integration: Full Family

Freeze Type: Social Security Freeze

Mental Disorder Limitation: 24 Months unless hospital confined

Substance Abuse Limitation: 24 Months unless hospital confined

Claim Payment Method: Monthly

Cost of Living Adjustment: Included

Medical Premium Expense Benefit: Included – Benefit payable to the Employer

Rehabilitation Benefit: Included

Survivor Benefit: Included