



Short & Long Term Disability Income Protection Insurance Highlights

Massachusetts Teachers Association - Policy # 570975

Please read carefully the following description of your **voluntary** Unum Short and Long Term Disability Income Protection insurance plan. For a copy of the Plan Certificate, visit www.mtabenefits.com.

Eligibility

You are eligible for coverage under these plans if you are: (a) a member of the Massachusetts Teachers Association; and (b) employed by a School Department in the Commonwealth of Massachusetts; (c) which allows your premium to be remitted, post-tax, on a salary reduction basis or via bank draft; (d) you are actively working 18.5 hours or more per week.

You may choose the following Income Protection Plans:

- **Short Term Disability (STD)** – 60% of your weekly covered salary and/or
- **Long Term Disability (LTD)** – 60% of your monthly covered salary.

Should you decide not to enroll, you will be unable to join the plan(s) until the next annual enrollment period as defined by MTA.

All currently insured members and new enrollees may choose to purchase either of the income protection plans offered during this open enrollment. However, any increase to current coverage amounts are subject to a pre-existing condition provision.

Elimination Period

The Elimination Period (EP) is the length of time of continuous disability which must be satisfied before you are eligible to receive benefits.

- **STD** – You have two **STD EP options; 14 days or 30 days**. STD benefits would begin after your selected elimination period if your disability is the result of an injury or sickness that occurs while you are covered under the plan.
- **LTD** – **LTD benefits would begin after 180 days** if your disability is the result of an injury or sickness that occurs while you are covered under the plan.

NOTE: Under this plan, you can satisfy the elimination period, as long as you have a 20% or more loss in your pre-disability earnings and you are limited from performing the material and substantial duties of your regular occupation.

Benefit Amount

If you meet the definition of disability, you would be eligible to receive a benefit of:

- **STD:** 60% of your basic weekly earnings, to a maximum of \$1,750 per week
- **LTD:** 60% of your basic monthly earnings, to a maximum of \$7,500 per month

Benefit Duration

STD: If you meet the definition of disability you may receive a benefit for 22 or 24 weeks (from benefit commencement date). Your employer will continue to deduct premiums up to 22 or 24 weeks, provided you continue to meet the definition of disability and you are receiving weekly benefits.

LTD: Your duration of benefits is based on your age when the disability occurs. Your LTD benefits are payable for the period during which you continue to meet the definition of disability up to age 65, but not less than 5 years. If your disability occurs at or after age 61, benefits would be paid for a reduced period of time.

Definition of Disability

You are disabled when Unum determines that:

STD & LTD:

- You are limited from performing the material and substantial duties of your regular occupation due to your sickness or injury; and
- You have a 20% or more loss in weekly and/or monthly earnings due to the same sickness or injury.

AND ...

- After LTD benefits have been paid for 24 months, you are disabled when

Unum determines that due to the same sickness or injury, you are unable to perform the duties of any gainful occupation for which you are reasonably fitted by education, training or experience.

**Gainful Occupation
LTD ONLY**

Gainful occupation means an occupation that is or can be expected to provide you with an income within 12 months of your return to work that exceeds:

- 80% of your indexed monthly earnings, if you are working
- 60% of your indexed monthly earnings, if you are not working

**Maternity Coverage
STD**

The standard benefit for both a normal vaginal delivery and cesarean section is 6 weeks. Should you work to the date of the delivery, the elimination period and maternity benefit are satisfied at the same time. Therefore, you may only collect a 4-week benefit with the Enhanced plan or a 2-week benefit with the standard plan. Complications of maternity could extend benefits. Benefits are payable upon a medical and a pre-existing condition review.

**Waiver of Premium
LTD ONLY**

You will not be required to pay LTD premiums as long as you are receiving LTD benefits.

**Pre-existing Condition
Exclusion for
STD & LTD**

These plans do not cover a disability that is caused by or is a result of a pre-existing condition. You have a pre-existing condition if:

- The disability begins in the first 12 months after your effective date of coverage; and
- You received medical treatment, consultation, care or services including diagnostic measures, or took prescribed drugs or medicines in the 12 months just prior to your effective date of coverage; or
- You had symptoms for which an ordinarily prudent person would have consulted a health care provider in the 12 months just prior to your effective date of coverage.

**Mental and Nervous
and Self-Reported
Disabilities – LTD ONLY**

Long Term Disabilities due to a sickness or injury which are primarily based on self-reported symptoms have a limited payment period of 12 months. Long Term Disabilities due to mental illness have a limited payment period of 24 months per lifetime. Mental and nervous benefits would continue beyond 24 months only if you are institutionalized or hospitalized as a result of the disability.

Benefit Offsets

Your disability benefit may be reduced by deductible sources of income and any earnings you have while disabled. Deductible sources of income may include disability income or other amounts you receive or are entitled to receive under: workers compensation; automobile liability insurance; legal judgments and settlements; certain retirement plans; other group insurance; and amounts you or your family receive or are entitled to receive from Social Security or similar governmental programs.

How to Apply

To apply for coverage, complete and return your enrollment form to the address on the form.

**Effective Date of
Coverage**

Please check your confirmation letter for your effective date of coverage.

**Delayed Effective Date
of Coverage**

Insurance will be delayed if you are not in active employment because of an injury, sickness, temporary layoff, or leave of absence on the date that insurance would otherwise become effective. If a leave of absence begins following your effective date of coverage, you may be required to re-elect coverage upon your return to active employment.

This plan highlight is a summary provided to help you understand your insurance coverage from Unum. Please refer to your certificate booklet for your complete plan description. If the terms of this plan highlight summary or your certificate differ from your policy, the policy will govern.

The policies or their provisions may vary or be unavailable in some states. The policies have exclusions and limitations which may affect any benefits payable. See the actual policy or your Unum representative for specific provisions and details of availability.

Underwritten by: **Unum Life Insurance Company of America**, 2211 Congress Street, Portland, Maine 04122, www.unum.com

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