



Welcome to your
employee benefits.

Williamsburg-James City County
Public Schools

Standard Insurance Company



Act Now to Help Protect What Matters Most



The life you're building for yourself and your family is precious. Every financial decision, every first step, every milestone — these are the things that matter. Think of insurance as a financial safety net that can help protect you when life doesn't go as planned. Enrolling in coverage now is a small thing you can do to help make sure you and your loved ones keep moving forward.

In this guide, you'll find details about your group insurance options from Standard Insurance Company (The Standard) and the forms you need to start the application process.



Protection from the Unexpected

Even with medical insurance, a serious illness or accident – or even a routine stay in the hospital – can be a drain on your finances. The following types of insurance pay a benefit to help you pay the bills. Use the payment however you like to cover out-of-pocket medical costs and other living expenses.

Accident insurance pays a lump sum directly to you so you can help cover out-of-pocket expenses as you or a family member recuperates after an accident.

Critical Illness insurance helps you manage expenses during a serious illness, such as a heart attack, stroke or cancer. Use the benefit, paid to you in a lump sum, for deductibles, copays, rent or groceries as you or a family member recovers.

Hospital Indemnity insurance can help you take care of the out-of-pocket costs of a stay in the hospital. It pays you a flat benefit regardless of any medical coverage you have.

Benefits You Can Apply for Now:

- Accident insurance
- Critical Illness insurance
- Hospital Indemnity insurance
- Short Term Disability insurance
- Long Term Disability insurance



Protection for Your Paycheck

Your most valuable asset is your ability to earn an income. Disability insurance provides partial income replacement if you can't work because of a qualifying disability caused by an illness, injury or pregnancy. The benefit payments can help with bills that continue even when you can't work, like your mortgage or rent — expenses medical insurance won't cover.

Short Term Disability insurance pays a weekly benefit to help you keep your finances on track when you're out of work because of a disability.

Long Term Disability insurance pays a monthly benefit if you experience a disability that lasts for several months or even years.

Ready to Apply? You'll Find the Form(s) Right Here

Once you've reviewed your options, the next step is to apply using the form(s) included at the end of this guide. Don't forget to turn in your forms before your enrollment period ends.

SI 16919-D-VA-763907 (5/25)

When you buy insurance through work, you have access to competitive group rates and the convenience of premiums deducted right from your paycheck.



Group Accident Insurance

Keep your finances on track when an accident happens.

Here's how Accident insurance works

1. You have an accident.	2. We pay you benefits.	3. You focus on getting better.
You submit a claim. Your health insurance covers some costs after you meet your deductible. But you still may have copays and a lot of out-of-pocket expenses.	Once we approve your claim, we'll pay you directly, not your medical providers. You decide how you spend the money.	With extra financial support from The Standard, you can focus on your recovery instead of worrying about expenses.

Here's what it does:

- Pays you directly, so you can choose how to spend the money.
- Take it with you if you leave your employer.
- Provides coverage without answering any medical questions.
- Gives you the option to cover your spouse and children.
- Pays an additional 25% of the total benefits paid if your child, 18 or under, is injured playing an organized sport that requires a registration form — no annual limit.
- If you sustain multiple fractures and/or dislocations in a covered accident, you'll receive payment for each of those injuries.
- Critical Care Unit Admission and Daily Critical Care Unit Confinement benefits pay in addition to the Hospital Admission and Daily Hospital Confinement benefits.
- Simplifies claim submission by paying some related benefits without additional documentation on select approved claims.
- Provides 24-hour coverage, including coverage for accidents that occur on and off the job.

This coverage from Standard Insurance Company (The Standard) can help you stress less about unexpected medical bills.

Our Accident insurance includes 70+ benefits for covered injuries and treatment.

Emergency Care Benefits	Benefit Amounts
Air ambulance	\$2,000
Blood, plasma and platelets - transfusion	\$600
Emergency dental - crown	\$350
Emergency dental - extraction	\$150
Emergency room	\$250
Ground ambulance	\$600
Initial physician's visit ¹	\$250
Major diagnostic exam	\$300
Urgent care visit	\$250
Outpatient X-ray	\$75

¹ Not payable if urgent care or emergency room visit benefits is payable.

Fracture Benefits Non-Surgical /Surgical	Benefit Amounts
Ankle, arm (shoulder to elbow), arm (elbow to wrist), collarbone, elbow, foot, hand, kneecap, lower jaw, shoulder blade, sternum, wrist	\$1,800/ \$3,600
Bones of face, coccyx, nose, vertebrae	\$1,200/ \$2,400
Finger, toe	\$240/ \$480
Hip	\$3,500/ \$7,000
Leg (hip to knee)	\$3,000/ \$6,000
Leg (knee to ankle), pelvis, vertebral column	\$3,200/ \$6,400
Rib	\$500/ \$1,000
Skull (depressed)	\$5,250/ \$10,500
Skull (non-depressed)	\$2,000/ \$4,000

Chip fracture (% of the non-surgical fracture amount)	25%
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Specific Injury Benefits	Benefit Amounts
Burns, 2nd degree, <15%	\$750
Burns, 2nd degree, >15%	\$1,750
Burns, 3rd degree, <15%	\$7,500
Burns, 3rd degree, >15%	\$15,000
Coma	\$20,000
Concussion	\$225
Eye injuries: removal of foreign body or surgical repair	\$350
Lacerations, <2"	\$100
Lacerations, 2" - 6"	\$400
Lacerations, >6"	\$800
Skin grafts (% of burn benefit)	50%

Surgical Benefits	Benefit Amounts
Knee cartilage, repair ²	\$1,000
Knee cartilage, exploratory ²	\$250
Tendon, ligament, rotator cuff, repair of one ³	\$1,000
Tendon, ligament, rotator cuff, repair of two or more ³	\$1,500
Tendon, ligament, rotator cuff, exploratory ³	\$425
Ruptured disc, repair	\$1,000
Abdominal/thoracic, exploratory ⁴	\$400
Abdominal/thoracic, laparoscopic ⁴	\$1,000
Abdominal/thoracic, open ⁴	\$2,250
Outpatient surgical facility	\$500

2 Once per covered accident, regardless of whether one or both knees require repair. If both exploratory and repair surgeries are performed, will pay repair benefit amount.

3 If two or more surgeries are required for the same covered accident, will pay the highest benefit amount.

4 If more than one surgery is required for the same covered accident, will pay the highest benefit amount.

Hospital Benefits	Benefit Amounts
Critical care unit admission	\$2,000
Daily rehab facility (per day)	\$200/up to 90 days
Daily critical care unit confinement (per day)	\$600/up to 15 days
Daily hospital confinement (per day)	\$450/up to 365 days
Hospital admission	\$1,500

Dislocation Benefits Non-Surgical /Surgical	Benefit Amounts
Ankle, collarbone (sternoclavicular), elbow, foot (except toes), hand (except fingers), lower jaw, shoulder, wrist	\$1,500/ \$3,000
Collarbone (acromio/separation)	\$1,100/ \$2,200
Finger, rib, toe	\$275/ \$550
Hip	\$3,850/ \$7,700
Knee (not knee cap)	\$2,400/ \$4,800
Spine	\$1,100/ \$2,200
Partial dislocation (% of non-surgical amount)	25%

Follow-Up Care Benefits	Benefit Amounts
Medical appliance (e.g., cane, wheelchair or brace)	\$200
Chiropractic care (per day)	\$60/ up to 6 days
Accident follow-up care (per day)	\$100/ up to 6 days
Hearing device	\$600
Prosthesis (one)	\$1,000
Prosthesis (two or more)	\$2,000
Therapy services (per day)	\$80/ up to 6 days

Additional Benefits	Benefit Amounts
Lodging (per day up to 30 days per accident)	\$200
Transportation (per day up to 30 days per accident)	\$200

Group Accident Insurance

Accidental Death & Dismemberment Benefits	Benefit Amounts
Accidental Death (you)	\$100,000
Accidental Death (spouse)	\$50,000
Accidental Death (child)	\$25,000

Repatriation Benefit	10%
Seat Belt Benefit	10%

Accidental Dismemberment Benefits (% of AD&D Benefit)	Benefit Amounts
Loss of two or more fingers or toes	5%
Loss of one finger or one toe	2%
Loss of both hands or both feet	30%
Loss of one hand or one foot	15%
Loss of one hand and one foot	30%
Loss of sight in both eyes or loss of hearing in both ears	30%
Loss of sight in one eye or loss of hearing in one ear	15%

Accidental Impairment Benefits (% of AD&D Benefit)	Benefit Amounts
Uniplegia	15%
Paraplegia	30%
Triplegia	30%
Hemiplegia	30%
Quadriplegia	50%

Value Added AD&D Benefits (% of AD&D Benefit)	Benefit Amounts
Common Carrier Benefit (e.g., bus or subway)	100%
Air Bag Benefit	10%
Helmet Benefit	10%

Here's what it would cost you:

Coverage for	Monthly Premium
You	\$10.96
You and your spouse	\$19.98
You and your children	\$28.30
You, your spouse and your children	\$42.95

See Accident insurance in action.

Ari was walking to their car on an icy morning. As they approached the car, their foot slipped on the ice, and they lost their balance. Instinctively, they extended their arm to break their fall. Unfortunately, the impact was too forceful, and they broke their wrist. Ari submitted documentation of their broken wrist to The Standard. In addition to receiving payment for their qualifying claim for a fractured wrist, The Standard automatically anticipated and sent payment for the following benefits, with no additional documentation required:

- Urgent care visit
- X-ray
- Follow-up visit



Their broken wrist required an additional follow-up visit with their doctor, three weeks after the first follow-up appointment. Ari submitted documentation for this second follow-up visit to The Standard to receive the benefit.

Important Details

Here's where you'll find the details about Accident Insurance.

Eligibility Requirements

To be eligible for this coverage, you must be 18 years old or older, a regular employee of Williamsburg-James City County Public Schools actively working in the United States at least 20 hours per week, and a citizen or resident of the United States.

Temporary and seasonal employees, full-time members of the armed forces, leased employees and independent contractors are not eligible.

You can also cover your children from birth through age 25. Your children cannot be insured by more than one employee. Your spouse or children must not be full-time member(s) of the armed forces. You cannot be insured as both an individual and a dependent.

A minimum number of eligible employees must apply and qualify for the proposed plan before coverage can become effective. If this requirement is not met, this plan will not become effective.

Your Effective Date

You must satisfy the eligibility requirements listed above, serve an eligibility waiting period, agree to pay premium, and be actively at work (able to perform all normal duties of your job) on the day before the scheduled effective date of insurance.

If you are not actively at work on the day before the scheduled effective date of insurance, your insurance will not become effective until the day after you complete one full day of active work as an eligible employee.

Exclusions

Benefits are not payable if an accident is caused by or contributed to any of the following:

- War or any act of war
- Suicide or other intentionally self-inflicted injury, while sane or insane
- Committing or attempting to commit an assault, felony or act of terrorism
- Active participation in a violent disorder or riot
- The voluntary use or consumption of any poison, chemical compound, drug or alcohol in excess of the legal limit in the state your accident occurred
- Sickness existing at the time of the accident, including any medical or surgical treatment or diagnostic procedure for a sickness

- Travel or flight in or on any aircraft, except as a fare-paying passenger on a commercial aircraft
- Engaging in high-risk sports or activities such as (but not limited to) bungee jumping, parachuting, base jumping, mixed martial arts or mountain climbing
- Practicing for, or participating in, any semiprofessional or professional competitive athletic contests for which any type of compensation or remuneration is received
- Routine eye exams and dental procedures other than a crown or extraction for a tooth or teeth as a result of a covered accident
- Riding in or driving any automobile in a race, stunt show or speed test
- Cosmetic surgery or other procedure to improve appearance, unless it is necessary to correct a deformity or restore bodily function after a covered accident
- An accident that occurs while you or your dependent is incarcerated in a jail or penal or correctional institution

When Your Insurance Ends

Your insurance ends if you notify your employer or policyholder to terminate your coverage, you stop making premium payments, your employment terminates, you cease meeting the member definition or the group policy terminates.

Child and spouse insurance ends when your insurance ends, they cease to meet the definition of child or spouse, you stop making premium payments for child or spouse insurance, spouse or child insurance is no longer offered under the group policy or the group policy terminates.

Group Insurance Certificate

If coverage becomes effective and you become insured, you may receive a group insurance certificate containing a detailed description of the insurance coverage, including the definitions, exclusions, limitations, reductions and terminating events. The controlling provisions will be in the group policy. The information present in this summary does not modify the group policy, certificate or the insurance coverage in any way.

**IMPORTANT NOTICE TO PERSONS ON MEDICARE:
THIS IS NOT MEDICARE SUPPLEMENT INSURANCE**

Some healthcare services paid for by Medicare may also trigger the payment of benefits from this policy.

This insurance pays a fixed dollar amount, regardless of your expenses, for each day you meet the policy conditions. It does not pay your Medicare deductibles or coinsurance and is not a substitute for Medicare Supplement insurance.

Medicare generally pays for most or all of these expenses.

Medicare pays extensive benefits for medically necessary services regardless of the reason you need them. These include:

- Hospitalization
- Physician services
- Hospice
- Outpatient prescription drugs if you are enrolled in Medicare Part D
- Other approved items and services

This policy must pay benefits without regard to other health benefit coverage to which you may be entitled under Medicare or other insurance.

Before you buy this insurance:

- Check the coverage in all health insurance policies you already have.
- For more information about Medicare and Medicare Supplement insurance, review the Guide to Health Insurance for People with Medicare, available from Standard Insurance Company.
- For help in understanding your health insurance, contact your state insurance department or state health insurance assistance program (SHIP).

This is a limited benefit policy that does not provide comprehensive health insurance coverage.

Group Accident insurance underwritten by Standard Insurance Company is provided under policy form numbers: GP0614-ACC, GP0614-ACC FLORIDA, GP0614-ACC 0323, GP0614-ACC PA.



Group Critical Illness Insurance

Plan for the Costs of a Serious Illness So You Can Focus on Getting Well.

1 You get a critical illness diagnosis

Your health insurance covers many of your treatment costs, but you still have a lot of expenses that your finances aren't ready for.

2 The Standard is there for you

The Standard helps shield your finances by paying benefits directly to you. And you get to decide how you spend that money.

3 Focus on getting better

With The Standard helping cover your out-of-pocket or everyday expenses, you get to concentrate on what's most important to you, getting better.

Here's what it does:

- **Pays you directly**, so you can choose how to spend the money
- **Goes with you** if you leave your employer
- **Provides coverage** without answering any medical questions
- **Covers children** at a 50% of your benefit amount at no additional cost
- Gives you the option to **cover your spouse**

This coverage from Standard Insurance Company (The Standard) helps fill the gap caused by out-of-pocket costs, creating a financial safety net for you and your family.

Here's how it works:

Cancer: Shayna beat cancer, but faced many costs she didn't expect. There were her medical plan's copays for doctor visits and what she owed for chemotherapy after meeting her deductible. She also bought hair prosthetics, paid for travel to specialists, and had alternative treatments. The benefits from Shayna's Critical Illness insurance helped cover the expenses. And, her plan also gave her access to Health Advocate™. Through this service, Shayna received the support of a personal guide who helped her make sense of her diagnosis and treatment options.

Here's an example of what this benefit could cover:

Example Of Out-Of-Pocket Expenses

Medical plan	\$1,400
Lost wages	\$5,000
Alternate treatments and diets not covered by medical plan	\$4,500
Total Out-Of-Pocket Expenses	\$10,900

Example Of Benefits

Critical Illness Benefit Option	\$20,000
Total Out-Of-Pocket Expenses	\$10,900
Remaining Out-Of-Pocket Expenses	\$0
Remaining Benefit For Other Expenses	\$9,100

These are the benefit options you may elect:

Coverage for...	Coverage Amount...
You	Flat amount of \$10,000, \$20,000 or \$30,000
Your spouse	Flat amount of \$10,000, \$20,000, or \$30,000, as long as it's not more than your coverage amount
Your children	Automatically covered at 50% of your coverage amount

See the Important Details section for more information, including requirements, exclusions and definitions.

Affordable Group Rates

Because you'll be buying this insurance through Williamsburg-James City County Public Schools, you'll have access to affordable group rates. You'll also have the convenience of having your premium deducted directly from your paycheck.

The monthly premiums you would pay for Critical Illness insurance benefits are below.

Employee Monthly Attained Age Premiums						
Coverage Amount	Employee's Age as of September 1					
	18-29	30-39	40-49	50-59	60-69	70+
\$10,000	\$2.34	\$4.07	\$9.25	\$20.13	\$38.03	\$98.21
\$20,000	\$4.68	\$8.13	\$18.50	\$40.26	\$76.05	\$196.43
\$30,000	\$7.02	\$12.20	\$27.76	\$60.39	\$114.08	\$294.64

Spouse Monthly Attained Age Premiums						
Coverage Amount	Employee's Age as of September 1					
	18-29	30-39	40-49	50-59	60-69	70+
\$10,000	\$2.34	\$4.07	\$9.25	\$20.13	\$38.03	\$98.21
\$20,000	\$4.68	\$8.13	\$18.50	\$40.26	\$76.05	\$196.43
\$30,000	\$7.02	\$12.20	\$27.76	\$60.39	\$114.08	\$294.64

With Critical Illness insurance, you can:

- **Protect your loved ones.** Cover your spouse up to \$30,000, as long as it's not more than your benefit amount. Your kids are automatically covered at 50 percent of the amount elected for yourself for the same critical illnesses that you are. Kids are also covered for 21 additional childhood diseases, including cystic fibrosis, Down syndrome, muscular dystrophy, spina bifida and cerebral palsy.
- **Receive additional benefits.** If you are diagnosed with a covered illness again after a treatment-free period of 6 months, you will receive 100 percent of the original benefit amount. If you are diagnosed with a different and subsequent covered illness after the diagnosis of the first critical illness, you will receive an additional Critical Illness insurance benefit.
- **Access a Health Advocate*.** Additional services available through Health Advocate, include access to specialists for a second opinion upon approval of a covered claim.
- **Update your coverage as needed.** As your life circumstances change, increase or decrease your coverage, in accordance with your employer's plan.

Covered Conditions

Receive 100 percent of your coverage amount for:

- Heart attack
- Stroke
- Cancer (cancer that has spread beyond initial tissue)
- End stage renal (kidney) failure
- Major organ failure
- Coma
- Paralysis of two or more limbs
- Loss of sight
- Occupational HIV
- Occupational Hepatitis
- ALS (Lou Gehrig's Disease)
- Advanced Alzheimer's Disease
- Advanced Multiple sclerosis
- Advanced Parkinson's disease
- Benign brain tumor
- Bone marrow transplant
- Loss of hearing
- Loss of speech

Receive 25 percent of your coverage amount for:

- Severe coronary artery disease with recommendation for bypass
- Cancer that has not spread beyond initial tissue, also known as Carcinoma in situ

* Health Advocacy services are provided through an arrangement with Health Advocate, a leading health advocacy and assistance company. Health Advocate is not affiliated with The Standard or any insurance or third-party provider, and does not replace health insurance coverage, provide medical care or recommend treatment.

Payment of benefits is subject to the terms and conditions of the group critical illness policy and insurance certificate. These plan documents are the final arbiter of coverages.

Diagnosis and recommendation must occur after your coverage becomes effective.

Please see your certificate for full medical definitions that guide eligibility for payment, which may differ slightly from commonly used terms.

Important Details

Here's where you'll find the details about Critical Illness Insurance.

Portability

This coverage is portable. That means that you may be able to continue your coverage through direct bill if your employment ends, the group policy terminates or your insurance ends because you no longer meet the eligibility requirements.

Eligibility Requirements

To be eligible for this coverage, you must be 18 years old or older, a regular employee of Williamsburg-James City County Public Schools, actively working in the United States at least 20 hours per week, and a citizen or resident of the United States.

Temporary and seasonal employees, full-time members of the armed forces, leased employees and independent contractors are not eligible.

You can choose to cover your spouse, 18 years old or older, a person to whom you are legally married. You can also cover your child(ren) from birth through age 25. Your child(ren) cannot be insured by more than one employee. Your spouse or child(ren) must not be full-time member(s) of the armed forces. You cannot be insured as both an individual and a dependent.

A minimum number of eligible employees must apply and qualify for the proposed plan before coverage can become effective. If this requirement is not met, this plan will not become effective.

Your Effective Date

You must satisfy the eligibility requirements listed above, serve an eligibility waiting period, agree to pay premium and be actively at work (able to perform all normal duties of your job) on the day before the scheduled effective date of insurance.

If you are not actively at work on the day before the scheduled effective date of insurance, your insurance will not become effective until the day after you complete one full day of active work as an eligible employee.

Please contact your human resources representative or plan administrator for more information regarding the requirements that must be satisfied for your insurance to become effective.

Annual Open Enrollment

You may enroll for coverage for you and your spouse up to the maximum amount if you enroll within 31 days after becoming eligible. However, if you do not enroll during this period or want to increase your coverage up to the maximum amount, you may do so during your employer's annual open enrollment period.

Family Status Change

In the event of a family status change, you and your spouse may enroll for coverage if you or your spouse enroll within 31 days of the change. Family status change include:

- Your marriage or divorce
- The birth of your child
- The adoption of a child
- The death of your dependent
- The commencement or termination of your spouse's employment
- A change in employment from full-time to part-time by your spouse
- A loss of critical illness insurance through your spouse's employment

Reoccurrence Benefit

If you or your dependents receive a benefit for a covered critical illness and are later diagnosed with the same critical illness, a one-time reoccurrence benefit will be paid if you or your dependents have:

- Been continuously insured under the group policy between the initial and subsequent diagnosis or recommendation
- Served a 6-month treatment-free period in connection with the critical illness during which you or your dependents did not:
 - Consult a physician or other licensed medical professional
 - Receive medical treatment, services or advice
 - Undergo diagnostic procedures, including self-administered procedures
 - Take prescribed drugs or medications

Exclusions

Benefits are not payable if a critical illness is caused or contributed to by any of the following:

- War or any act of war

- Attempted suicide or other intentionally self-inflicted injury, while sane or insane
- Committing or attempting to commit an assault, felony or act of terrorism
- Active participation in a violent disorder or riot
- The voluntary use or consumption of any poison, chemical compound, drug or alcohol in excess of the legal limit in the state the critical illness occurred, unless used or consumed according to the directions of a physician
- Elective surgery or other procedure which:
 - Does not promote the proper function of your or your dependent's body or prevent or treat sickness or injury
 - Is directed at improving your or your dependent's appearance, unless such surgery or procedure is necessary to correct a deformity resulting from a congenital abnormality or disfigurement

Note: This exclusion will not apply to a critical illness caused or contributed to by your or your dependent's donation of an organ or tissue.

When Your Insurance Ends

Your insurance ends if you notify your employer or policyholder to terminate your coverage, you stop making premium payments, your employment terminates, you cease meeting the member definition or the group policy terminates.

Child and spouse insurance ends when your insurance ends, they cease to meet the definition of child or spouse, you stop making premium payments for spouse insurance, spouse or child insurance is no longer offered under the group policy or the group policy terminates.

Group Insurance Certificate

If coverage becomes effective and you become insured, you may receive a group insurance certificate containing a detailed description of the insurance coverage, including the definitions, exclusions, limitations, reductions and terminating events. The controlling provisions will be in the group policy. The information present in this summary does not modify the group policy, certificate or the insurance coverage in any way.

IMPORTANT NOTICE TO PERSONS ON MEDICARE: THIS IS NOT MEDICARE SUPPLEMENT INSURANCE

Some healthcare services paid for by Medicare may also trigger the payment of benefits from this policy.

This insurance pays a fixed dollar amount, regardless of your expenses, if you meet the policy conditions, for one of the specific diseases or health conditions named in the policy. It does not pay your Medicare deductibles or coinsurance and is not a substitute for Medicare Supplement insurance.

Medicare generally pays for most or all of these expenses.

Medicare pays extensive benefits for medically necessary services regardless of the reason you need them. These include:

- Hospitalization
- Physician services
- Hospice
- Outpatient prescription drugs if you are enrolled in Medicare Part D
- Other approved items and services

This policy must pay benefits without regard to other health benefit coverage to which you may be entitled under Medicare or other insurance.

Before you buy this insurance:

- Check the coverage in all health insurance policies you already have.
- For more information about Medicare and Medicare Supplement insurance, review the Guide to Health Insurance for People with Medicare, available from Standard Insurance Company.
- For help in understanding your health insurance, contact your state insurance department or state health insurance assistance program (SHIP).

This is a limited benefit policy.

GP0614-CI, GP0614-CI FLORIDA, GP0614-CI FLL, GP0614-CI 1122, GP0614-CI MO, GP0614-CIw/GC0614-CI, GP0614-CI 042021, GP0614-CI PA, GP0614-CI AA

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Hospital Indemnity Insurance



IMPORTANT: This is a fixed indemnity policy, NOT health insurance

This fixed indemnity policy may pay you a limited dollar amount if you're sick or hospitalized. You're still responsible for paying the cost of your care.

- The payment you get isn't based on the size of your medical bill.
- There might be a limit on how much this policy will pay each year.
- This policy isn't a substitute for comprehensive health insurance.
- Since this policy isn't health insurance, it doesn't have to include most Federal consumer protections that apply to health insurance.

Looking for comprehensive health insurance?

- **Visit [HealthCare.gov](https://www.healthcare.gov) online** or call **1-800-318-2596** (TTY: 1-855-889-4325) to find health coverage options.
- To find out if you can get health insurance through your job, or a family member's job, contact the employer.

Questions about this policy?

- For questions or complaints about this policy, contact your State Department of Insurance. Find their number on the National Association of Insurance Commissioners' website ([naic.org](https://www.naic.org)) under "Insurance Departments."
- If you have this policy through your job, or a family member's job, contact the employer.

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Group Hospital Indemnity Insurance

Keep your finances on track when you're in the hospital.

1 You're admitted to the hospital.

Your health insurance covers many costs of your stay and treatment. But you still have a lot of expenses, including deductibles, copays, and other costs you couldn't predict.

2 We send you a check.

The Standard will send a check directly to you - not to your medical providers - upon approval of your claim. You decide how you spend the money.

3 You focus on recovering.

With The Standard helping you handle the costs of your hospital stay, you get to concentrate on what matters most - your health.

Here's what it does:

- **Pays you directly**, so you can choose how to spend the money
- **Goes with you** if you leave your employer
- **Provides coverage** without answering any medical questions
- Gives you the option to **cover your spouse and children**
- **Protects your HSA Account**
- Provides the convenience of having your **premium payments deducted directly from your paycheck**

This coverage from Standard Insurance Company (The Standard) can help protect your finances and provides you peace of mind.

Here's how it works:

Ruptured Ulcer: Kim is out of town on a business trip when she experiences abdominal pain and a racing heartbeat. Diagnosis: ruptured gastric ulcer. She is rushed to the hospital, admitted and taken into surgery. She ends up being hospitalized for 10 days, three of which are in a critical care unit. Kim's spouse leaves their two kids with their daycare provider and flies to be at her side. The family now faces additional costs for medical bills, travel, and childcare amounting to \$3,850.

Your Employer is giving you the following options to choose from. Here's what each plan would cover for this example:

Benefits Paid to You	Low	High
Hospital admission	\$1,000	\$2,000
Hospital confinement (10 days)	\$1,000	\$2,500
Critical care unit admission	Not Included	\$2,000
Critical care unit confinement (3 days)	\$300	\$750
Total paid to you	\$2,300	\$7,250

Here's what it would cost you:

Coverage for...	Monthly Premium for Low	Monthly Premium for High
You	\$12.79	\$28.99
You and your spouse	\$21.68	\$49.07
You and your children	\$17.88	\$40.67
You, your spouse and your children	\$32.02	\$72.72

Here's what it covers:

Benefits Paid to You	Low	High
Hospital Admission ¹	\$1,000 Maximum 1 per calendar year	\$2,000 Maximum 1 per calendar year
Daily Hospital Confinement ¹	\$100 per day Maximum 30 days per stay	\$250 per day Maximum 30 days per stay
Critical Care Unit Admission ^{1,2}	Not Included	\$2,000 Maximum 1 per calendar year
Daily Critical Care Unit Confinement ^{1,2}	\$100 per day Maximum 15 days per stay	\$250 per day Maximum 15 days per stay

1 Defined as a stay for at least 20 consecutive hours in a hospital setting.

2 Payable in addition to the Hospital Admission and/or Daily Hospital Confinement benefit you may be eligible to receive.

Additional Benefits

Waiver of Premium – Premium waived if you are confined to a hospital for more than 30 days.

Protect your HSA Account — Hospital Indemnity insurance provides financial protection while you are building your HSA assets. Contact your employer to determine if this Hospital Indemnity plan impacts the taxability of your contributions to an HSA. It's protection that's also convenient: Your premium payments can be deducted directly from your paycheck.

Important Details

Here's where you'll find the details about Hospital Indemnity insurance.

Portability

This coverage is portable. That means that you may be able to continue your coverage through direct bill if your employment ends, the group policy terminates or your insurance ends because you no longer meet the eligibility requirements.

Eligibility Requirements

To be eligible for this coverage, you must be 18 years old or older, a regular employee of Williamsburg-James City County Public Schools actively working in the United States at least 20 hours per week, and a citizen or resident of the United States.

Temporary and seasonal employees, full-time members of the armed forces, leased employees and independent contractors are not eligible.

You can choose to cover your spouse, 18 years old or older, a person to whom you are legally married. You can also cover your children from birth through age 25. Your child cannot be insured by more than one employee. Your spouse or children must not be full-time member(s) of the armed forces. You cannot be insured as both an individual and a dependent.

A minimum number of eligible employees must apply and qualify for the proposed plan before coverage can become effective. If this requirement is not met, this plan will not become effective.

Your Effective Date

You must satisfy the eligibility requirements listed above, serve an eligibility waiting period, agree to pay premium, and be actively at work (able to perform all normal duties of your job) on the day before the scheduled effective date of insurance.

If you are not actively at work on the day before the scheduled effective date of insurance, your insurance will not become effective until the day after you complete one full day of active work as an eligible employee.

Please contact your human resources representative or plan administrator for more information regarding the requirements that must be satisfied for your insurance to become effective.

Annual Open Enrollment

You may enroll for coverage for you and your dependents if you enroll within 31 days after becoming eligible. However, if you do not enroll during this period, you may do so during your employer's annual open enrollment period.

Family Status Change

In the event of a family status change, you and your spouse may enroll for coverage if you or your spouse enroll within 31 days of the change. Family status change include:

- Your marriage or divorce
- The birth of your child
- The adoption of a child
- The death of your dependent
- The commencement or termination of your spouse's employment
- A change in employment from full-time to part-time by your spouse
- A loss of hospital indemnity insurance through your spouse's employment

Waiver of Premium

Your insurance will continue without payment of premiums if you are confined in a hospital for more than 30 days in a row. We will waive payment of premium for your insurance from the 31st day of your confinement until the last day of the month you are in the hospital.

Exclusions

Benefits are not payable if an injury or sickness is caused or contributed to by any of the following:

- War or any act of war
- Attempted suicide or other intentionally self-inflicted injury, while sane or insane
- Committing or attempting to commit an assault, felony or act of terrorism
- Active participation in a violent disorder or riot
- Alcoholism, drug abuse, misuse of alcohol or any other substance, the voluntary use or consumption of any drug or alcohol in excess of the legal limit in the state in which an injury occurred, or taking of drugs unless used or consumed according to the directions of a healthcare provider

- Travel or flight in or on any aircraft, except as a fare-paying passenger on a commercial aircraft
- Cosmetic surgery or other procedure to improve appearance, unless it is necessary to correct a deformity or restore bodily function resulting from an injury or sickness
- Any injury or sickness which arises out of or in the course of you or your dependent being incarcerated in a jail, penal or correctional institution
- Dental care or dental procedures, unless treatment is the result of an injury
- Routine newborn nursing or well-baby care
- Hospital confinement of a newborn child following the child's birth unless the confinement is as a result of an injury or sickness
- Riding in or driving any automobile in a race, stunt show or speed test

When Insurance Ends

Your insurance ends if you notify your employer or policyholder to terminate your coverage, you stop making premium payments, your employment terminates, you cease meeting the member definition or the group policy terminates.

Child and spouse insurance ends when your insurance ends, they cease to meet the definition of child or spouse, you stop making premium payments for child or spouse insurance, spouse or child insurance is no longer offered under the group policy or the group policy terminates.

Group Insurance Certificate

If coverage becomes effective and you become insured, you may receive a group insurance certificate containing a detailed description of the insurance coverage, including the definitions, exclusions, limitations, reductions and terminating events. The controlling provisions will be in the group policy. The information present in this summary does not modify the group policy, certificate or the insurance coverage in any way.

IMPORTANT NOTICE TO PERSONS ON MEDICARE: THIS IS NOT MEDICARE SUPPLEMENT INSURANCE

Some healthcare services paid for by Medicare may also trigger the payment of benefits from this policy.

This insurance pays a fixed dollar amount, regardless of your expenses, for each day you meet the policy conditions. It does not pay your Medicare deductibles or coinsurance and is not a substitute for Medicare Supplement insurance.

Medicare generally pays for most or all of these expenses.

Medicare pays extensive benefits for medically necessary services regardless of the reason you need them. These include:

- Hospitalization
- Physician services
- Hospice
- Outpatient prescription drugs if you are enrolled in Medicare Part D
- Other approved items and services

This policy must pay benefits without regard to other health benefit coverage to which you may be entitled under Medicare or other insurance.

Before you buy this insurance:

- Check the coverage in all health insurance policies you already have.
- For more information about Medicare and Medicare Supplement insurance, review the Guide to Health Insurance for People with Medicare, available from Standard Insurance Company.
- For help in understanding your health insurance, contact your state insurance department or state health insurance assistance program (SHIP).

This is a limited benefit policy.

GP0614-HI, GP0614-HI FLL, GP0614 0423, GP0614-HI 0123, GP0614-HI PA

[SI 17617-D-VA-763907 \(5/25\)](#)

7834900-1312191



Group Short Term Disability Insurance

Protect your income and those who depend on it.

This coverage replaces a portion of your income when you can't work because of a qualifying disability. Even if you're healthy now, it's important to protect yourself and the people who count on your income. This insurance can help you pay the bills when you're unable to work.



This plan offers:

- Competitive group rates
- The convenience of payroll deduction
- Benefits for a qualifying disability that is not work-related

🔍 About This Coverage

See the Important Details section for more information, including requirements, exclusions and definitions.

What Your Benefit Provides

This is the benefit you'd receive if you were to suffer a qualifying disability. Eligible earnings are your weekly insured predisability earnings, as defined by the group policy. Your benefit amount will be reduced by deductible income; see the Important Details section for a list of deductible income sources.

60% of your eligible earnings, up to a maximum benefit of **\$2,500** per week. Plan minimum **\$15** per week.

Benefit Waiting Period

If you suffer a qualifying disability, your benefit waiting period is the length of time you must be continuously disabled before you can begin receiving your weekly benefit.

14 days for accidental injury
14 days for physical disease, pregnancy or mental disorder
0 days immediately following childbirth

Extended Benefit Waiting Period

This applies if you do not apply for this coverage within 31 days of becoming eligible, were eligible for coverage under a prior plan for more than 31 days but were not insured, or if your insurance ends because you failed to pay your premium and is later reinstated.

60 days for any qualifying disability caused by physical disease, pregnancy or mental disorder occurring during the first 12 months of coverage.

The extended benefit waiting period will not be applied to benefits payable immediately following childbirth.

How Long Your Benefits Last

This is the maximum length of time you could be eligible to receive a weekly disability benefit.

90 days

The maximum benefit period may extend longer, if necessary, to allow up to 12 weeks of benefits immediately following childbirth.

Additional Features

Your coverage comes with some added features:

Return to Work Incentive	Your disability benefit will not be reduced by any work earnings you receive until the combined amount of the benefit and your work earnings exceeds 100 percent of your predisability earnings.
Help with Returning to Work	If a worksite modification would enable you to return to work, we can help your employer make approved modifications by covering some or all of the cost.

How Much Your Coverage Costs

Because this insurance is offered through Williamsburg-James City County Public Schools, you'll have access to competitive group rates that may be more affordable than those available through individual insurance. You'll also have the convenience of having your premium deducted directly from your paycheck. How much your premium costs depends on a number of factors, such as your age and benefit amount.

Use this formula to calculate your premium payment:

x 0.60 x

÷ 10 =

Enter your weekly earnings (cannot be more than \$4,167).

Enter your rate from the rate table.

This amount is an estimate of how much you'd pay each month.

Your Age (as of September 1)	Rate per \$10 of weekly benefit
<45	\$0.60
45+	\$0.40

Not being able to work also means not being able to earn a paycheck. As you consider Short Term Disability insurance, think about the expenses you would need to cover if you were to become disabled:

- Mortgage or rent
- Utilities
- Groceries
- Medical bills
- Car insurance
- Childcare costs

To estimate your insurance needs, you'll need to consider your unique circumstances.
Use our online calculator at www.standard.com/disability/needs.

Important Details

Here's where you'll find the details about the plan.

Eligibility Requirements

A minimum number of eligible employees must apply and qualify for the proposed plan before the coverage can become effective. If this requirement is not met, this plan will not become effective. To be eligible for coverage, you must be a regular Legacy VRS employee who is not covered by the VA mandated Hybrid disability program or a Hybrid Employee in his or her first year of employment, actively working at least 20 hours per week, and a citizen or resident of the United States or Canada.

Temporary and seasonal employees, full-time members of the armed forces, leased employees and independent contractors are not eligible.

Employee Coverage Effective Date

To become insured, you must:

- Meet the eligibility requirements listed above
- Serve an eligibility waiting period*
- Apply for coverage and agree to pay premiums
- Be actively at work (able to perform all normal duties of your job) on the day before the scheduled effective date of insurance

If you are not actively at work on the day before the scheduled effective date of insurance, your insurance will not become effective until the day after you complete one full day of active work as an eligible employee.

Please contact your human resources representative or plan administrator for more information regarding the requirements that must be satisfied for your insurance to become effective.

*Defined as first of the month that follows the date you become a member

Definition of Disability

You will be considered disabled if, as a result of physical disease, injury, pregnancy or mental disorder:

- You are unable to perform with reasonable continuity the material duties of your own occupation, and
- You suffer a loss of at least 20 percent in your predisability earnings when working in your own occupation.

You are not considered disabled merely because your right to perform your own occupation is restricted, including a restriction or loss of license.

Exclusions

Subject to state variations, you are not covered for a disability caused or contributed to by any of the following:

- Your committing or attempting to commit an assault or felony, or your active participation in a violent disorder or riot
- An intentionally self-inflicted injury, while sane or insane
- War or any act of war (declared or undeclared, and any substantial armed conflict between organized forces of a military nature)
- The loss of your professional or occupational license or certification
- An activity arising out of or in the course of any employment for wage or profit

Limitations

Short Term Disability benefits are not payable for any period when you are:

- Not under the ongoing care of a physician in the appropriate specialty, as determined by The Standard
- Not participating in good faith in a plan, program or course of medical treatment or vocational training or education approved by The Standard, unless your disability prevents you from participating
- Confined for any reason in a penal or correctional institution
- Able to work and earn at least 20 percent of your predisability earnings in your own occupation but you elect not to
- Eligible to receive benefits for your disability under a workers' compensation law or similar law

When Your Benefits End

Your Short Term Disability benefits end automatically on the date any of the following occur:

- You are no longer disabled
- Your maximum benefit period ends
- Long term disability benefits become payable to you under a Long Term Disability plan
- Benefits become payable under any other disability insurance plan under which you become insured through employment during a period of temporary recovery
- You fail to provide proof of continued disability and entitlement to benefits

- You pass away

Deductible Income

Your benefits will be reduced if you have deductible income, which is income you receive or are eligible to receive while receiving Short Term Disability benefits.

Deductible income includes:

- Sick pay, annual or personal leave pay, severance pay or other forms of salary continuation (including donated amounts) paid that exceeds 100 percent of your indexed predisability earnings when added to your Short Term Disability benefit
- Amounts under unemployment compensation law
- Amounts because of your disability from any other group insurance
- Any disability or retirement benefits received or you are eligible to receive from your employer's retirement plan
- Amounts under any state disability income benefit law or similar law
- Earnings from work activity while you are disabled, plus the earnings you could receive if you work as much as your disability allows
- Earnings or compensation included in your predisability earnings which you receive or are eligible to receive while Short Term Disability benefits are payable
- Amounts due from or on behalf of a third party because of your disability, whether by judgment, settlement or other method
- Any amount you receive by compromise, settlement or other method as a result of a claim for any of the above

When Your Insurance Ends

Your insurance ends automatically when any of the following occur:

- The date the last period ends for which a premium was paid
- The date your employment terminates
- The date the group policy (or your employer's coverage under the group policy) terminates
- The date you cease to meet the eligibility requirements (insurance may continue for limited periods under certain circumstances)
- The date Williamsburg-James City County Public Schools ends participation in the group policy

Group Insurance Certificate

If coverage becomes effective and you become insured, you may receive a group insurance certificate containing a detailed description of the insurance coverage, including the definitions, exclusions, limitations, reductions and terminating events. The controlling provisions will be in the group policy. The information present in this summary does not modify the group policy, certificate or the insurance coverage in any way.

GP399-STD, GP899-STD, GP309-STD, GP209-STD, GP399/ASSOC, GP399-STD/TRUST

[SI 20359-D-VA-763907 \(5/25\)](#)

7834900-1312210



Group Long Term Disability Insurance

Protect your income when you're coping with a long-lasting disability.

This coverage is designed to replace a portion of your income when you're disabled for an extended period of time due to a qualifying disability and help you get back to work when you're ready. Long Term Disability insurance benefits can help you pay your bills and safeguard your savings when you're unable to work. Whether you're out for a few months or several years, this benefit can help you protect your income — and those who depend on it.



This plan offers:

- Competitive group rates
- The convenience of payroll deduction
- Benefits for a qualifying disability that occurs on or off the job

🔍 About This Coverage

See the Important Details section for more information, including requirements, exclusions and definitions.

What Your Benefit Provides

This is the amount per month you would receive if you were to suffer a qualifying disability. Eligible earnings are your monthly insured predisability earnings, as defined by the group policy. Your monthly benefit will be reduced by deductible income. Please see the Important Details section for a list of deductible income sources.

60% of your eligible earnings, up to a maximum benefit of **\$15,000** per month. Plan minimum per month: **\$100**.

Benefit amounts greater than **\$16,667** require that you answer health questions.

Visit <https://myeoi.standard.com/763907> to complete and submit a medical history statement online.

Benefit Waiting Period

If you experience a qualifying disability, your benefit waiting period is the length of time you must be continuously disabled before you become eligible to receive your monthly benefit

90 days

How Long Your Benefits Last

This is the maximum length of time you could be eligible to receive disability benefits for a continuous disability.

Until your Social Security Normal Retirement Age (SSNRA)

Depending on your age at the time of disability, your benefits may be subject to a different schedule. Refer to the "Maximum Benefit Period" table in the Important Details section for specifics.

≡ Additional Features

Your coverage comes with some added features:

Help with Returning to Work	<p>This plan provides incentives to help you get back to work. For instance, you'll get help paying for some of the expenses associated with participating in an approved rehabilitation plan.</p> <p>If a worksite modification would enable you to return to work, the coverage can help your employer make approved modifications.</p> <p>You may also be eligible to receive an additional benefit of 10 percent of your predisability earnings for participating in an approved rehabilitation plan, subject to the plan maximum.</p>
Survivors Benefit	<p>If you die while receiving benefits, your survivor may be eligible to receive a one-time additional payment.</p>
Support When You Need It	<p>You'll have access to an Employee Assistance Program, a valuable confidential counseling resource if you're experiencing personal or work-related issues. This service is provided through an arrangement with a service provider who is not affiliated with The Standard.</p>

\$How Much Your Coverage Costs

Because this insurance is offered through Williamsburg-James City County Public Schools, you'll have access to competitive group rates that may be more affordable than those available through individual insurance. You'll also have the convenience of having your premium deducted directly from your paycheck. How much your premium costs depends on a number of factors, such as your age and benefit amount.

Use this formula to calculate your premium payment:

x

÷ 100 =

Enter your monthly earnings (cannot be more than \$25,000).

Enter your rate from the rate table.

This amount is an estimate of how much you'd pay each month.

Your Age (as of September 1)	Rate %
<25	0.142
25–29	0.209
30–34	0.359
35–39	0.519
40–49	0.646
50–54	0.751
55–59	0.896
60–64	1.477
65–69	1.593
70+	2.100

As you consider Long Term Disability insurance, evaluate what makes sense for you.

Getting by without a paycheck isn't easy, especially for an extended period of time. Make sure you have enough financial protection to help you cover your housing costs, utilities and other bills.

To estimate your insurance needs, you'll need to consider your unique circumstances.

Use our online calculator at www.standard.com/disability/needs.

Important Details

Here's where you'll find the details about the plan.

Eligibility Requirements

A minimum number of eligible employees must apply and qualify for the proposed plan before the coverage can become effective. If this requirement is not met, this plan will not become effective. To be eligible for coverage, you must be a regular Legacy VRS employee who is not covered by the VA mandated Hybrid disability program or a Hybrid Employee in his or her first year of employment, actively working at least 20 hours per week, and a citizen or resident of the United States or Canada.

Temporary and seasonal employees, full-time members of the armed forces, leased employees and independent contractors are not eligible.

Employee Coverage Effective Date

To become insured, you must:

- Meet the eligibility requirements listed above
- Serve an eligibility waiting period*
- Apply for coverage and agree to pay premiums
- Be actively at work (able to perform all normal duties of your job) on the day before the scheduled effective date of insurance

If you are not actively at work on the day before the scheduled effective date of insurance, your insurance will not become effective until the day after you complete one full day of active work as an eligible employee.

All late applications (applying 31 days after becoming eligible), requests for coverage increases (including requests to insure predisability earnings that are greater than the last amount for which evidence of insurability was required), amounts over the guarantee issue amount and reinstatements are subject to medical underwriting approval. Employees eligible but not insured under the prior long term disability insurance plan are also subject to medical underwriting approval.

Visit <https://myeoi.standard.com/763907> to complete and submit a medical history statement online.

Please contact your human resources representative or plan administrator for more information regarding the requirements that must be satisfied for your insurance to become effective.

*Defined as first of the month that follows the date you become a member

Definition of Disability

For the benefit waiting period and the first 24 months that Long Term Disability benefits are payable, you will be considered disabled if, as a result of physical disease, injury, pregnancy or mental disorder:

- You are unable to perform with reasonable continuity the material duties of your own occupation, and
- You suffer a loss of at least 20 percent of your predisability earnings when working in your own occupation.

You are not considered disabled merely because your right to perform your own occupation is restricted, including a restriction or loss of license.

After the own occupation period of disability, you will be considered disabled if, as a result of a physical disease, injury, pregnancy or mental disorder, you are unable to perform with reasonable continuity the material duties of any occupation.

Maximum Benefit Period

If you become disabled before age 62, Long Term Disability benefits may continue during disability until age 65 or to the Social Security Normal Retirement Age (SSNRA) or 3 years 6 months, whichever is longer. If you become disabled at age 62 or older, the benefit duration is determined by the age when disability begins:

Age	Maximum Benefit Period
62	To SSNRA, or 3 years 6 months, whichever is longer
63	To SSNRA, or 3 years, whichever is longer
64	To SSNRA, or 2 years 6 months, whichever is longer
65	2 years
66	1 year 9 months
67	1 year 6 months
68	1 year 3 months
69+	1 year

Exclusions

Subject to state variations, you are not covered for a disability caused or contributed to by any of the following:

- Your committing or attempting to commit an assault or felony, or your active participation in a violent disorder or riot
- An intentionally self-inflicted injury, while sane or insane

- War or any act of war (declared or undeclared, and any substantial armed conflict between organized forces of a military nature)
- The loss of your professional or occupational license or certification
- A preexisting condition or the medical or surgical treatment of a preexisting condition unless on the date you become disabled, you have been continuously insured under the group policy for the exclusion period and you have been actively at work for at least one full day after the end of the exclusion period

Preexisting Condition Provision

A preexisting condition is a mental or physical condition whether or not diagnosed or misdiagnosed during the 90-day period just before your insurance becomes effective:

- For which you or a reasonably prudent person would have consulted a physician or other licensed medical professional; received medical treatment, services or advice; undergone diagnostic procedures, including self-administered procedures; or taken prescribed drugs or medications
- Which, as a result of any medical examination, including routine examination, was discovered or suspected

Exclusion Period: 12 months

Limitations

Long Term Disability benefits are not payable for any period when you are:

- Not under the ongoing care of a physician in the appropriate specialty, as determined by The Standard
- Not participating in good faith in a plan, program or course of medical treatment or vocational training or education approved by The Standard, unless your disability prevents you from participating
- Confined for any reason in a penal or correctional institution
- Able to work and earn at least 20 percent of your indexed predisability earnings, but you elect not to work. During the first 24 months after the end of the benefit waiting period, the responsibility to work is limited to work in your own occupation; thereafter, the responsibility to work includes work in any occupation.

In addition, the length of time you can receive Long Term Disability payments will be limited if:

- You reside outside of the United States or Canada

- Your disability is caused or contributed to by mental disorders, substance abuse or the environment, chronic fatigue conditions, chronic pain conditions, carpal tunnel or repetitive motion syndrome or temporomandibular joint disorder or craniomandibular joint disorder

When Your Benefits End

Your Long Term Disability benefits end automatically on the date any of the following occur:

- You are no longer disabled
- Your maximum benefit period ends
- Benefits become payable under any other disability insurance plan under which you become insured through employment during a period of temporary recovery
- You fail to provide proof of continued disability and entitlement to benefits
- You pass away

Deductible Income

Your benefits will be reduced if you have deductible income, which is income you receive or are eligible to receive while receiving Long Term Disability benefits. Deductible income includes:

- Sick pay, annual or personal leave pay, severance pay or other forms of salary continuation, including donated amounts, (but not vacation pay) paid to you by your employer that exceeds 100 percent of your indexed predisability earnings when added to your Long Term Disability benefit
- Benefits under any workers' compensation law or similar law
- Amounts under unemployment compensation law
- Social Security disability or retirement benefits, including benefits for your spouse and children
- Amounts because of your disability from any other group insurance
- Any disability or retirement benefits you received or are eligible to receive from your employer's retirement plan.
- Benefits under any state disability income benefit law or similar law
- Earnings from work activity while you are disabled, plus the earnings you could receive if you work as much as your disability allows
- Amounts due from or on behalf of a third party because of your disability, whether by judgment, settlement or other method
- Any amount you receive by compromise, settlement or other method as a result of a claim for any of the above

When Your Insurance Ends

Your insurance ends automatically when any of the following occur:

- The date the last period ends for which a premium was paid
- The date your employment terminates
- The date the group policy terminates
- The date you cease to meet the eligibility requirements (insurance may continue for limited periods under certain circumstances)
- The date Williamsburg-James City County Public Schools ends participation in the group policy

Group Insurance Certificate

If coverage becomes effective and you become insured, you may receive a group insurance certificate containing a detailed description of the insurance coverage, including the definitions, exclusions, limitations, reductions and terminating events. The controlling provisions will be in the group policy. The information present in this summary does not modify the group policy, certificate or the insurance coverage in any way.

GP190-LTD/S399, GP399-LTD/TRUST, GP899-LTD, GP209-LTD, GP608-LTD, GP190-LTD/ASSOC/S399, GP190-LTD/TRUST/S399, GP491-LTD/TRUST/S399

SI 12501-D-VA-763907 (5/25)

7834900-1312213

A helping hand when you need it.



Rely on the support, guidance and resources of your Employee Assistance Program.

There are times in life when you might need a little help coping or figuring out what to do. Take advantage of the Employee Assistance Program,¹ which includes WorkLife Services and is available to you and your family in connection with your group insurance from Standard Insurance Company (The Standard). It's confidential — information will be released only with your permission or as required by law.

Connection to Resources, Support and Guidance

You, your dependents (including children to age 26)² and all household members can contact the program's master's-level counselors 24/7. Reach out through the mobile EAP app or by phone, online, live chat, and email. You can get referrals to support groups, a network counselor, community resources or your health plan. If necessary, you'll be connected to emergency services.

Your program includes up to three counseling sessions per issue. Sessions can be done in person, on the phone or through video.

EAP services can help with:



Depression, grief, loss and emotional well-being



Family, marital and other relationship issues



Life improvement and goal-setting



Addictions such as alcohol and drug abuse



Stress or anxiety with work or family



Financial and legal concerns



Identity theft and fraud resolution



Online will preparation and other legal documents



Contact EAP

888.293.6948
(TTY Services: 711)
24 hours a day,
seven days a week

healthadvocate.com/standard3

NOTE: It's a violation of your company's contract to share this information with individuals who are not eligible for this service.

With EAP, personal assistance is immediate, confidential and available when you need it.

WorkLife Services

WorkLife Services are included with the Employee Assistance Program. Get help with referrals for important needs like education, adoption, daily living and care for your pet, child or elderly loved one.

Online Resources

Visit healthadvocate.com/standard3 to explore a wealth of information online, including videos, guides, articles, webinars, resources, self-assessments and calculators.

¹ The EAP service is provided through an arrangement with Health AdvocateSM, which is not affiliated with The Standard. Health AdvocateSM is solely responsible for providing and administering the included service. EAP is not an insurance product and is provided to groups of 10–2,499 lives. This service is only available while insured under The Standard's group policy.

² Individual EAP counseling sessions are available to eligible participants 16 years and older; family sessions are available for eligible members 12 years and older, and their parent or guardian. Children under the age of 12 will not receive individual counseling sessions.

Standard Insurance Company | 1100 SW Sixth Avenue, Portland, OR 97204 | standard.com

The Standard is a marketing name for StanCorp Financial Group, Inc. and subsidiaries. Insurance products are offered by Standard Insurance Company of Portland, Oregon in all states except New York. Product features and availability vary by state and are solely the responsibility of Standard Insurance Company.



When you're sick or injured, your main focus should be on your health – not untangling medical bills, scheduling appointments and coordinating your care with specialists and other providers.



Help is Only a Phone Call Away

Fortunately, you don't have to take on the healthcare system by yourself. While you're out on a short term disability claim, you can connect with a Personal Health Advocate who'll help you navigate the complexities of the healthcare system. Simply take advantage of Health Advocacy Select, a service that's included with your group Short Term Disability insurance coverage through Standard Insurance Company (The Standard).

An Expert by Your Side

At no additional cost, you can contact Health Advocate^{SM 1} and be assigned a Personal Health Advocate, typically a registered nurse, who will remain on your case until it's fully resolved. From start to finish, you'll work with one person sparing you the headache of explaining your concerns to someone who might be unfamiliar with your situation.

Your Personal Health Advocate can assist you in quickly and efficiently working through healthcare management issues.

Some ways they can help you are:

- **Understand** and take maximum advantage of your medical benefits.
- **Make sense** of your diagnosis and research treatment options.
- **Find and schedule appointments** with the right doctors and specialists, particularly for complex medical conditions where a second opinion is appropriate.
- **Locate specialists** for high-risk pregnancies and find pediatricians.
- **Manage your out-of-pocket expenses** by finding alternative services and cost information.
- **Locate** necessary post pregnancy support in the event of a difficult delivery or when complications arise.
- **Resolve** medical claims and billing issues.
- **Find resources** for services that may not be covered through your employer's health benefits program.

All cases are managed in compliance with state and federal privacy laws. Your personal medical information is kept strictly confidential.



Personal Health
Advocates available
Monday – Friday,
8 a.m. – 10 p.m.,
Eastern at:

844.450.5543

Standard Insurance Company
1100 SW Sixth Avenue
Portland, OR 97204

standard.com

¹ Health Advocacy services are provided through an arrangement with Health AdvocateSM, a leading health advocacy and assistance company. Health Advocate is not affiliated with The Standard or any insurance or third-party provider, and does not replace health insurance coverage, provide medical care or recommend treatment.

The Standard is a marketing name for StanCorp Financial Group, Inc. and subsidiaries. Insurance products are offered by Standard Insurance Company of Portland, Oregon in all states except New York. Product features and availability vary by state and are solely the responsibility of Standard Insurance Company.

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To Be Completed By Human Resources

Group Number 763907	Division	Billing Category	Date of Employment
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To Be Completed By Applicant

- ☐ Apply for Coverage ☐ Name Change Former Name _____
- ☐ Add Dependent ☐ Delete Dependent Date of Add/Delete _____
- ☐ Reinstatement ☐ Beneficiary Change **Complete Beneficiary Section**

Your Full Name		Social Security Number		Birth Date	
Address		City		State	ZIP
Phone Number		Job Title/Occupation			<input type="checkbox"/> Male <input type="checkbox"/> Female
Employer Name Williamsburg-James City County Public Schools		Hours Worked Per Week		Are You Actively At Work? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Earnings \$ _____ Per: <input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year					
Spouse Full Name			Birth Date		<input type="checkbox"/> Male <input type="checkbox"/> Female

Coverage

Check with your Human Resources Department about coverage options, minimum and maximums available to you and, if applicable, Evidence Of Insurability requirements. If you choose not to elect any coverage below, in future enrollments, you may be required to provide Evidence of Insurability or be subject to a Late Enrollment penalty.

Short Term Disability Insurance

- ☐ Short Term Disability (Employee Paid)

Long Term Disability Insurance

- ☐ Long Term Disability (Employee Paid)

Accident Insurance

Accident Insurance (Employee Paid)

Elect coverage for:

- ☐ You only ☐ You and your Spouse ☐ You and your Child(ren) (no Spouse) ☐ You, your Spouse and Child(ren)

Critical Illness Insurance

Critical Illness Insurance (Employee Paid)*

Employee* ☐ \$10,000 ☐ \$20,000 ☐ \$30,000

Spouse ☐ \$10,000 ☐ \$20,000 ☐ \$30,000

*Eligible child(ren) are automatically covered at 50% of your Coverage Amount.

Your Full Name

Beneficiary

This designation applies to your Life and Accidental Death and Dismemberment Insurance, if any, available through your Employer. Unless specified otherwise on a separate sheet of paper, this designation also will apply to your Supplemental Life and Accident Insurance, if any, available through your Employer, unless replaced by a separate and later designation. Designations are not valid unless signed, dated, and delivered in accordance with the terms of the Group Policy during your lifetime.

Primary — Full Name	Address	DOB	Phone No.	SSN if known	Relationship	% of Benefit*
Contingent — Full Name	Address	DOB	Phone No.	SSN if known	Relationship	% of Benefit*

*Total must equal 100%

For Accident, Critical Illness Insurance:

These benefits are under limited benefit insurance policies. These policies are a supplement to health insurance and are not a substitute for major medical coverage. They are not intended to satisfy the individual mandate of the Affordable Care Act (ACA) or provide the minimum essential coverage required by the ACA. Lack of major medical coverage (or other minimum essential coverage) may result in an additional payment with your taxes.

Signature

I wish to make the choices indicated on this form. If electing coverage, I authorize deductions from my wages to cover my contribution, if required, toward the cost of insurance. I understand that my deduction amount will change if my coverage or costs change. I represent that the statements contained herein are true and complete to the best of my knowledge and belief, and I understand that they form the basis of any coverage under the Group Policy(ies). I understand that any misstatements or failure to report information which is material to the issuance of coverage may be used as a basis for rescission of my insurance and/or denial of payment of a claim. I agree to notify Standard Insurance Company (The Standard) of any change in my medical condition while my enrollment application is pending. I acknowledge that I have read the Fraud Notice. I agree that if my application is approved by The Standard, the effective date of any coverage will be determined in accordance with the terms of the Group Policy(ies), including any applicable Active Work requirement and my coverage will be subject to all terms and conditions of the Group Policy(ies).

Signature of Applicant (Member/Employee)

Date

Your Full Name

Beneficiary Information

- Your designation revokes all prior designations.
- Benefits are only payable to a contingent Beneficiary if you are not survived by one or more primary Beneficiary(ies).
- If you name two or more Beneficiaries in a class:
 1. Two or more surviving Beneficiaries will share equally, unless you provide for unequal shares.
 2. If you provide for unequal shares in a class, and two or more Beneficiaries in that class survive, we will pay each surviving Beneficiary his or her designated share. Unless you provide otherwise, we will then pay the share(s) otherwise due to any deceased Beneficiary(ies) to the surviving Beneficiaries pro rata based on the relationship that the designated percentage or fractional share of each surviving Beneficiary bears to the total shares of all surviving Beneficiaries.
 3. If only one Beneficiary in a class survives, we will pay the total death benefits to that Beneficiary.
- If a minor (a person not of legal age), or your estate, is the Beneficiary, it may be necessary to have a guardian or a legal representative appointed by the court before any death benefit can be paid. If the Beneficiary is a trust or trustee, the written trust must be identified in the Beneficiary designation. For example, "Dorothy Q. Smith, Trustee under the trust agreement dated _____."
- A power of attorney must grant specific authority, by the terms of the document or applicable law, to make or change a Beneficiary designation. If you have questions, consult your legal advisor.
- Dependents Insurance, if any, is payable to you, if living, or as provided under your Employer's coverage under the Group Policy.

Fraud Notice

Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may have violated the state law.



About Standard Insurance Company

For more than 100 years, we have been dedicated to our core purpose: to help people achieve financial well-being and peace of mind. Headquartered in Portland, Oregon, The Standard is a nationally recognized provider of group employee benefits. To learn more about products from The Standard, visit us at **www.standard.com**.

The Standard is a marketing name for StanCorp Financial Group, Inc. and subsidiaries. Insurance products are offered by Standard Insurance Company of Portland, Oregon, in all states except New York. Product features and availability vary by state and are solely the responsibility of Standard Insurance Company.

Standard Insurance Company
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Portland OR 97204
www.standard.com

Enrollment Booklet
SI 19455-D-VA-763907 (5/25)
7834900-1312177