

SCHEDULE OF BENEFITS

Employer(s):	Mecosta Osceola Intermediate School District
Plan Number:	7209
Original Plan Effective Date:	July 1, 2010
Eligible Class:	Class 01: Active Full-Time Administrators
Employer Premium Contribution:	100%
Elimination Period:	(a) Upon the exhaustion of accumulated sick days, or upon expiration of 90 calendar days of disability accumulated in any twelve consecutive months; whichever is later; or, (b) Upon expiration of three consecutive days of disability occurring during a school year in which the Elimination Period was previously satisfied. The last three sick days or days of disability under (a) above must be consecutive and due to the same or related cause.
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
Definition of Disability:	Total
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 only
Maximum Monthly Covered Salary:	\$12,500
LTD Benefit Percentage:	66-2/3%
Maximum Monthly Benefit:	\$8,333
Guarantee Issue:	\$8,333

Minimum Monthly Benefit:

5% of Gross LTD Benefit

Maximum Benefit Period:

Age at Disablement	Benefit Duration
Less than age 60	to age 65
60-65	5 years
66	4 years
67	3 years
68	2 years
Age 69 or older	1 year

Social Security Integration:

Full Family

Freeze Type:

General Freeze

Mental Disorder Limitation:

Same as any Physical Disease

Substance Abuse Limitation:

Same as any Physical Disease

Claim Payment Method:

Monthly

Medical Premium Expense Benefit

Included - Benefit payable to the Employer

Rehabilitation Benefit:

Included