



Protect Your Income with Disability Insurance

You probably have insurance for the things you depend on most. That could include protecting your home against fire or flood and protecting your vehicle in case of an accident.

You may even have life insurance to make sure that your loved ones are taken care of after you die. But have you ever considered insuring your income?

It's an important question. Your income is the cornerstone of your financial stability. It's how you afford that home's mortgage, your car's monthly payments and the food and other necessities your household needs. That stability is threatened, however, if you experience a severe injury or illness that leaves you unable to work.

Worker's Compensation Might Not Be Enough

Although worker's compensation does offer some protections, it only covers injuries that happen on the job. To qualify for coverage, you also must meet certain eligibility requirements. If you have medical insurance, that can help too, but only to cover your actual medical costs. It still won't replace your lost income while you're unable to work.

16%

of American workers had disability insurance coverage¹.

50%

of working Americans would have to tap into their savings if they couldn't work due to an injury or illness.²

Ready to learn more? Reach out to your human resources department today to get started.

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If You're Not Prepared, You're Not Alone

In 2020 only 16% of American workers had disability insurance coverage.¹ That's probably why half of those surveyed said they'd have to turn to savings if they were disabled and could no longer work.²

At a time when most Americans would drain their bank accounts in just 10 weeks³, that's not a good long-term solution. Yet it's still better than the 20% of workers who said they just didn't know how they would make up the lost income.²

Disability Insurance Protects Your Paycheck

Anyone can be affected by illness or injury, but it doesn't have to threaten your financial security. With disability insurance, a portion of your income is replaced, and you can have peace of mind knowing that your family is protected, and that you can focus on healing.

Did you know?

According to the Council for Disability Awareness⁴, some of the most common reasons for short-term disability claims include:

- Pregnancy
- Back, spine, knee and hip injuries
- Fractures, sprains and muscle strains
- Digestive disorders
- Mental health, including anxiety and depression

1. Source: <https://lifehappens.org/blog/is-life-insurance-tomorrows-problem-findings-from-the-2020-insurance-barometer-study/> June 16, 2020

2. Source: <https://www.limra.com/globalassets/limra/newsroom/industry-trends/2020-images/DIAM2020factsheet.pdf> Accessed September 9, 2020

3. Source: <https://www.magnifymoney.com/blog/news/paycheck-survey/> February 4, 2020

4. Source: <https://disabilitycanhappen.org/disability-statistic/> March 28, 2018

If you were to face serious illness or injury, would you be financially prepared?

Note: Products issued and underwritten by American United Life Insurance Company® (AUL), Indianapolis, IN, a OneAmerica company. Not available in all states or may vary by state.

What you need to know about your Educator Disability Benefits

Eligible Employees:	This benefit is available for employees who are actively at work on the effective date and working a minimum of 20 hours per week.
Flexible Choices:	Since everyone's needs are different, these plans offer flexibility for you to choose a benefit option that fits your income replacement needs and budget. You are able to enroll and/or change plans during each scheduled enrollment.
Guaranteed Issue:	If you enroll timely, you may be eligible for coverage without having to answer any health questions. If you decline insurance coverage now and decide to enroll later, you may need to provide Evidence of Insurability.
Timely Enrollment:	Enrolling timely means you have enrolled during the initial enrollment period when benefits were first offered by AUL, or as a newly hired employee within 31 days following completion of any applicable waiting period.
Waiver of Premium:	If approved, this benefit waives your Disability insurance premium in case you become disabled and are unable to collect a paycheck.
Elimination Period:	This is a period of consecutive days of disability before benefits may become payable under the contract.
Total Disability:	You are considered disabled if, because of injury or sickness, you cannot perform the material and substantial duties of your regular occupation, you are not working in any occupation and are under the regular attendance of a physician for that injury or sickness.
Partial Disability:	You may be paid a partial disability benefit, if because of injury or sickness, you are unable to perform every material and substantial duty of your regular occupation on a full-time basis, are performing at least one of the material and substantial duties of your regular occupation, or another occupation, on a full or part-time basis, and are earning less than 80% of your pre-disability earnings due to the same injury or sickness.
Residual:	The elimination period can be satisfied by total disability, partial disability, or a combination of both.
Return to Work:	You may be able to return to work for a specified time period without having your partial disability benefits reduced according to the contract. The Return to Work Benefit is offered up to a maximum of 12 months.
Pre-Existing Condition Limitations:	The pre-existing period is 12/12. Certain disabilities are not covered if the cause of the disability is traceable to a condition existing prior to your effective date of coverage. A pre-existing condition is any condition for which a person has received medical treatment or consultation, taken or were prescribed drugs or medicine, or received care or services, including diagnostic measures, within a time-frame specified in the contract. You must also be treatment-free for a time-frame specified in some contracts following your individual effective date of coverage. A limited benefit will be paid if the Person's Disability begins in the first 12 months following the Person's Individual Effective Date of Insurance; and the Person's Disability is caused by, contributed to by, or the result of a condition for which the Person received medical advice or treatment in the 3 months just prior to the Person's Individual Effective Date of Insurance.
First Day Hospital:	If a Person is Totally Disabled and hospital confined for 24 hours or more with room and board charges during the Elimination Period due to an Injury or Sickness resulting in a covered Disability, benefits are payable from the first day of that confinement. Applies to plans with Elimination Periods of 30 days or less.
About Your Benefits:	Educator Disability benefits are illustrated and paid on a monthly basis.

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Group Educator Disability Plan A

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Maximum Benefit Duration

Accident: SSFRA / Sickness: SSFRA

Pre-Existing Condition Period

12 months / 12 months

Payroll Deduction Illustration: Monthly

If your annual salary is at least:	You may select a monthly benefit of:	Elimination Period					
		Opt 1 0/3	Opt 2 14/14	Opt 3 30/30	Opt 4 60/60	Opt 5 90/90	Opt 6 180/180
\$3,600	\$200	\$6.74	\$5.96	\$5.04	\$3.28	\$2.82	\$2.06
\$5,400	\$300	\$10.11	\$8.94	\$7.56	\$4.92	\$4.23	\$3.09
\$7,200	\$400	\$13.48	\$11.92	\$10.08	\$6.56	\$5.64	\$4.12
\$9,000	\$500	\$16.85	\$14.90	\$12.60	\$8.20	\$7.05	\$5.15
\$10,799	\$600	\$20.22	\$17.88	\$15.12	\$9.84	\$8.46	\$6.18
\$12,599	\$700	\$23.59	\$20.86	\$17.64	\$11.48	\$9.87	\$7.21
\$14,399	\$800	\$26.96	\$23.84	\$20.16	\$13.12	\$11.28	\$8.24
\$16,199	\$900	\$30.33	\$26.82	\$22.68	\$14.76	\$12.69	\$9.27
\$17,999	\$1,000	\$33.70	\$29.80	\$25.20	\$16.40	\$14.10	\$10.30
\$19,799	\$1,100	\$37.07	\$32.78	\$27.72	\$18.04	\$15.51	\$11.33
\$21,599	\$1,200	\$40.44	\$35.76	\$30.24	\$19.68	\$16.92	\$12.36
\$23,399	\$1,300	\$43.81	\$38.74	\$32.76	\$21.32	\$18.33	\$13.39
\$25,199	\$1,400	\$47.18	\$41.72	\$35.28	\$22.96	\$19.74	\$14.42
\$26,999	\$1,500	\$50.55	\$44.70	\$37.80	\$24.60	\$21.15	\$15.45
\$28,799	\$1,600	\$53.92	\$47.68	\$40.32	\$26.24	\$22.56	\$16.48
\$30,598	\$1,700	\$57.29	\$50.66	\$42.84	\$27.88	\$23.97	\$17.51
\$32,398	\$1,800	\$60.66	\$53.64	\$45.36	\$29.52	\$25.38	\$18.54
\$34,198	\$1,900	\$64.03	\$56.62	\$47.88	\$31.16	\$26.79	\$19.57
\$35,998	\$2,000	\$67.40	\$59.60	\$50.40	\$32.80	\$28.20	\$20.60
\$37,798	\$2,100	\$70.77	\$62.58	\$52.92	\$34.44	\$29.61	\$21.63
\$39,598	\$2,200	\$74.14	\$65.56	\$55.44	\$36.08	\$31.02	\$22.66
\$41,398	\$2,300	\$77.51	\$68.54	\$57.96	\$37.72	\$32.43	\$23.69
\$43,198	\$2,400	\$80.88	\$71.52	\$60.48	\$39.36	\$33.84	\$24.72
\$44,998	\$2,500	\$84.25	\$74.50	\$63.00	\$41.00	\$35.25	\$25.75
\$46,798	\$2,600	\$87.62	\$77.48	\$65.52	\$42.64	\$36.66	\$26.78
\$48,598	\$2,700	\$90.99	\$80.46	\$68.04	\$44.28	\$38.07	\$27.81
\$50,397	\$2,800	\$94.36	\$83.44	\$70.56	\$45.92	\$39.48	\$28.84
\$52,197	\$2,900	\$97.73	\$86.42	\$73.08	\$47.56	\$40.89	\$29.87
\$53,997	\$3,000	\$101.10	\$89.40	\$75.60	\$49.20	\$42.30	\$30.90
\$55,797	\$3,100	\$104.47	\$92.38	\$78.12	\$50.84	\$43.71	\$31.93
\$57,597	\$3,200	\$107.84	\$95.36	\$80.64	\$52.48	\$45.12	\$32.96

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Group Educator Disability Plan A

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Maximum Benefit Duration

Accident: SSFRA / Sickness: SSFRA

Pre-Existing Condition Period

12 months / 12 months

Payroll Deduction Illustration: Monthly

If your annual salary is at least:	You may select a monthly benefit of:	Elimination Period					
		Opt 1 0/3	Opt 2 14/14	Opt 3 30/30	Opt 4 60/60	Opt 5 90/90	Opt 6 180/180
\$59,397	\$3,300	\$111.21	\$98.34	\$83.16	\$54.12	\$46.53	\$33.99
\$61,197	\$3,400	\$114.58	\$101.32	\$85.68	\$55.76	\$47.94	\$35.02
\$62,997	\$3,500	\$117.95	\$104.30	\$88.20	\$57.40	\$49.35	\$36.05
\$64,797	\$3,600	\$121.32	\$107.28	\$90.72	\$59.04	\$50.76	\$37.08
\$66,597	\$3,700	\$124.69	\$110.26	\$93.24	\$60.68	\$52.17	\$38.11
\$68,397	\$3,800	\$128.06	\$113.24	\$95.76	\$62.32	\$53.58	\$39.14
\$70,196	\$3,900	\$131.43	\$116.22	\$98.28	\$63.96	\$54.99	\$40.17
\$71,996	\$4,000	\$134.80	\$119.20	\$100.80	\$65.60	\$56.40	\$41.20
\$73,796	\$4,100	\$138.17	\$122.18	\$103.32	\$67.24	\$57.81	\$42.23
\$75,596	\$4,200	\$141.54	\$125.16	\$105.84	\$68.88	\$59.22	\$43.26
\$77,396	\$4,300	\$144.91	\$128.14	\$108.36	\$70.52	\$60.63	\$44.29
\$79,196	\$4,400	\$148.28	\$131.12	\$110.88	\$72.16	\$62.04	\$45.32
\$80,996	\$4,500	\$151.65	\$134.10	\$113.40	\$73.80	\$63.45	\$46.35
\$82,796	\$4,600	\$155.02	\$137.08	\$115.92	\$75.44	\$64.86	\$47.38
\$84,596	\$4,700	\$158.39	\$140.06	\$118.44	\$77.08	\$66.27	\$48.41
\$86,396	\$4,800	\$161.76	\$143.04	\$120.96	\$78.72	\$67.68	\$49.44
\$88,196	\$4,900	\$165.13	\$146.02	\$123.48	\$80.36	\$69.09	\$50.47
\$89,996	\$5,000	\$168.50	\$149.00	\$126.00	\$82.00	\$70.50	\$51.50
\$91,795	\$5,100	\$171.87	\$151.98	\$128.52	\$83.64	\$71.91	\$52.53
\$93,595	\$5,200	\$175.24	\$154.96	\$131.04	\$85.28	\$73.32	\$53.56
\$95,395	\$5,300	\$178.61	\$157.94	\$133.56	\$86.92	\$74.73	\$54.59
\$97,195	\$5,400	\$181.98	\$160.92	\$136.08	\$88.56	\$76.14	\$55.62
\$98,995	\$5,500	\$185.35	\$163.90	\$138.60	\$90.20	\$77.55	\$56.65
\$100,795	\$5,600	\$188.72	\$166.88	\$141.12	\$91.84	\$78.96	\$57.68
\$102,595	\$5,700	\$192.09	\$169.86	\$143.64	\$93.48	\$80.37	\$58.71
\$104,395	\$5,800	\$195.46	\$172.84	\$146.16	\$95.12	\$81.78	\$59.74
\$106,195	\$5,900	\$198.83	\$175.82	\$148.68	\$96.76	\$83.19	\$60.77
\$107,995	\$6,000	\$202.20	\$178.80	\$151.20	\$98.40	\$84.60	\$61.80
\$109,795	\$6,100	\$205.57	\$181.78	\$153.72	\$100.04	\$86.01	\$62.83
\$111,594	\$6,200	\$208.94	\$184.76	\$156.24	\$101.68	\$87.42	\$63.86
\$113,394	\$6,300	\$212.31	\$187.74	\$158.76	\$103.32	\$88.83	\$64.89

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Maximum Benefit Duration

Accident: SSFRA / Sickness: SSFRA

Pre-Existing Condition Period

12 months / 12 months

Payroll Deduction Illustration: Monthly

If your annual salary is at least:	You may select a monthly benefit of:	Elimination Period					
		Opt 1 0/3	Opt 2 14/14	Opt 3 30/30	Opt 4 60/60	Opt 5 90/90	Opt 6 180/180
\$115,194	\$6,400	\$215.68	\$190.72	\$161.28	\$104.96	\$90.24	\$65.92
\$116,994	\$6,500	\$219.05	\$193.70	\$163.80	\$106.60	\$91.65	\$66.95
\$118,794	\$6,600	\$222.42	\$196.68	\$166.32	\$108.24	\$93.06	\$67.98
\$120,594	\$6,700	\$225.79	\$199.66	\$168.84	\$109.88	\$94.47	\$69.01
\$122,394	\$6,800	\$229.16	\$202.64	\$171.36	\$111.52	\$95.88	\$70.04
\$124,194	\$6,900	\$232.53	\$205.62	\$173.88	\$113.16	\$97.29	\$71.07
\$125,994	\$7,000	\$235.90	\$208.60	\$176.40	\$114.80	\$98.70	\$72.10
\$127,794	\$7,100	\$239.27	\$211.58	\$178.92	\$116.44	\$100.11	\$73.13
\$129,594	\$7,200	\$242.64	\$214.56	\$181.44	\$118.08	\$101.52	\$74.16
\$131,393	\$7,300	\$246.01	\$217.54	\$183.96	\$119.72	\$102.93	\$75.19
\$133,193	\$7,400	\$249.38	\$220.52	\$186.48	\$121.36	\$104.34	\$76.22
\$134,993	\$7,500	\$252.75	\$223.50	\$189.00	\$123.00	\$105.75	\$77.25
\$136,793	\$7,600	\$256.12	\$226.48	\$191.52	\$124.64	\$107.16	\$78.28
\$138,593	\$7,700	\$259.49	\$229.46	\$194.04	\$126.28	\$108.57	\$79.31
\$140,393	\$7,800	\$262.86	\$232.44	\$196.56	\$127.92	\$109.98	\$80.34
\$142,193	\$7,900	\$266.23	\$235.42	\$199.08	\$129.56	\$111.39	\$81.37
\$143,993	\$8,000	\$269.60	\$238.40	\$201.60	\$131.20	\$112.80	\$82.40

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Group Educator Disability Plan B

You may select a minimum monthly benefit of \$200 up to a maximum monthly benefit of \$8,000, in increments of \$100, not to exceed 66.67% of your monthly pre-disability earnings.

Maximum Benefit Duration

Accident: SSFRA / Sickness: 5 years/SSFRA

Pre-Existing Condition Period

12 months / 12 months

Payroll Deduction Illustration: Monthly

If your annual salary is at least:	You may select a monthly benefit of:	Elimination Period					
		Opt 1 0/3	Opt 2 14/14	Opt 3 30/30	Opt 4 60/60	Opt 5 90/90	Opt 6 180/180
\$3,600	\$200	\$6.74	\$5.96	\$5.04	\$3.28	\$2.82	\$2.06
\$5,400	\$300	\$10.11	\$8.94	\$7.56	\$4.92	\$4.23	\$3.09
\$7,200	\$400	\$13.48	\$11.92	\$10.08	\$6.56	\$5.64	\$4.12
\$9,000	\$500	\$16.85	\$14.90	\$12.60	\$8.20	\$7.05	\$5.15
\$10,799	\$600	\$20.22	\$17.88	\$15.12	\$9.84	\$8.46	\$6.18
\$12,599	\$700	\$23.59	\$20.86	\$17.64	\$11.48	\$9.87	\$7.21
\$14,399	\$800	\$26.96	\$23.84	\$20.16	\$13.12	\$11.28	\$8.24
\$16,199	\$900	\$30.33	\$26.82	\$22.68	\$14.76	\$12.69	\$9.27
\$17,999	\$1,000	\$33.70	\$29.80	\$25.20	\$16.40	\$14.10	\$10.30
\$19,799	\$1,100	\$37.07	\$32.78	\$27.72	\$18.04	\$15.51	\$11.33
\$21,599	\$1,200	\$40.44	\$35.76	\$30.24	\$19.68	\$16.92	\$12.36
\$23,399	\$1,300	\$43.81	\$38.74	\$32.76	\$21.32	\$18.33	\$13.39
\$25,199	\$1,400	\$47.18	\$41.72	\$35.28	\$22.96	\$19.74	\$14.42
\$26,999	\$1,500	\$50.55	\$44.70	\$37.80	\$24.60	\$21.15	\$15.45
\$28,799	\$1,600	\$53.92	\$47.68	\$40.32	\$26.24	\$22.56	\$16.48
\$30,598	\$1,700	\$57.29	\$50.66	\$42.84	\$27.88	\$23.97	\$17.51
\$32,398	\$1,800	\$60.66	\$53.64	\$45.36	\$29.52	\$25.38	\$18.54
\$34,198	\$1,900	\$64.03	\$56.62	\$47.88	\$31.16	\$26.79	\$19.57
\$35,998	\$2,000	\$67.40	\$59.60	\$50.40	\$32.80	\$28.20	\$20.60
\$37,798	\$2,100	\$70.77	\$62.58	\$52.92	\$34.44	\$29.61	\$21.63
\$39,598	\$2,200	\$74.14	\$65.56	\$55.44	\$36.08	\$31.02	\$22.66
\$41,398	\$2,300	\$77.51	\$68.54	\$57.96	\$37.72	\$32.43	\$23.69
\$43,198	\$2,400	\$80.88	\$71.52	\$60.48	\$39.36	\$33.84	\$24.72
\$44,998	\$2,500	\$84.25	\$74.50	\$63.00	\$41.00	\$35.25	\$25.75
\$46,798	\$2,600	\$87.62	\$77.48	\$65.52	\$42.64	\$36.66	\$26.78
\$48,598	\$2,700	\$90.99	\$80.46	\$68.04	\$44.28	\$38.07	\$27.81
\$50,397	\$2,800	\$94.36	\$83.44	\$70.56	\$45.92	\$39.48	\$28.84
\$52,197	\$2,900	\$97.73	\$86.42	\$73.08	\$47.56	\$40.89	\$29.87
\$53,997	\$3,000	\$101.10	\$89.40	\$75.60	\$49.20	\$42.30	\$30.90
\$55,797	\$3,100	\$104.47	\$92.38	\$78.12	\$50.84	\$43.71	\$31.93
\$57,597	\$3,200	\$107.84	\$95.36	\$80.64	\$52.48	\$45.12	\$32.96

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		Opt 1 0/3	Opt 2 14/14	Opt 3 30/30	Opt 4 60/60	Opt 5 90/90	Opt 6 180/180
\$59,397	\$3,300	\$111.21	\$98.34	\$83.16	\$54.12	\$46.53	\$33.99
\$61,197	\$3,400	\$114.58	\$101.32	\$85.68	\$55.76	\$47.94	\$35.02
\$62,997	\$3,500	\$117.95	\$104.30	\$88.20	\$57.40	\$49.35	\$36.05
\$64,797	\$3,600	\$121.32	\$107.28	\$90.72	\$59.04	\$50.76	\$37.08
\$66,597	\$3,700	\$124.69	\$110.26	\$93.24	\$60.68	\$52.17	\$38.11
\$68,397	\$3,800	\$128.06	\$113.24	\$95.76	\$62.32	\$53.58	\$39.14
\$70,196	\$3,900	\$131.43	\$116.22	\$98.28	\$63.96	\$54.99	\$40.17
\$71,996	\$4,000	\$134.80	\$119.20	\$100.80	\$65.60	\$56.40	\$41.20
\$73,796	\$4,100	\$138.17	\$122.18	\$103.32	\$67.24	\$57.81	\$42.23
\$75,596	\$4,200	\$141.54	\$125.16	\$105.84	\$68.88	\$59.22	\$43.26
\$77,396	\$4,300	\$144.91	\$128.14	\$108.36	\$70.52	\$60.63	\$44.29
\$79,196	\$4,400	\$148.28	\$131.12	\$110.88	\$72.16	\$62.04	\$45.32
\$80,996	\$4,500	\$151.65	\$134.10	\$113.40	\$73.80	\$63.45	\$46.35
\$82,796	\$4,600	\$155.02	\$137.08	\$115.92	\$75.44	\$64.86	\$47.38
\$84,596	\$4,700	\$158.39	\$140.06	\$118.44	\$77.08	\$66.27	\$48.41
\$86,396	\$4,800	\$161.76	\$143.04	\$120.96	\$78.72	\$67.68	\$49.44
\$88,196	\$4,900	\$165.13	\$146.02	\$123.48	\$80.36	\$69.09	\$50.47
\$89,996	\$5,000	\$168.50	\$149.00	\$126.00	\$82.00	\$70.50	\$51.50
\$91,795	\$5,100	\$171.87	\$151.98	\$128.52	\$83.64	\$71.91	\$52.53
\$93,595	\$5,200	\$175.24	\$154.96	\$131.04	\$85.28	\$73.32	\$53.56
\$95,395	\$5,300	\$178.61	\$157.94	\$133.56	\$86.92	\$74.73	\$54.59
\$97,195	\$5,400	\$181.98	\$160.92	\$136.08	\$88.56	\$76.14	\$55.62
\$98,995	\$5,500	\$185.35	\$163.90	\$138.60	\$90.20	\$77.55	\$56.65
\$100,795	\$5,600	\$188.72	\$166.88	\$141.12	\$91.84	\$78.96	\$57.68
\$102,595	\$5,700	\$192.09	\$169.86	\$143.64	\$93.48	\$80.37	\$58.71
\$104,395	\$5,800	\$195.46	\$172.84	\$146.16	\$95.12	\$81.78	\$59.74
\$106,195	\$5,900	\$198.83	\$175.82	\$148.68	\$96.76	\$83.19	\$60.77
\$107,995	\$6,000	\$202.20	\$178.80	\$151.20	\$98.40	\$84.60	\$61.80
\$109,795	\$6,100	\$205.57	\$181.78	\$153.72	\$100.04	\$86.01	\$62.83
\$111,594	\$6,200	\$208.94	\$184.76	\$156.24	\$101.68	\$87.42	\$63.86
\$113,394	\$6,300	\$212.31	\$187.74	\$158.76	\$103.32	\$88.83	\$64.89

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Group Educator Disability Plan B

You may select a minimum monthly benefit of \$200 up to a maximum monthly benefit of \$8,000, in increments of \$100, not to exceed 66.67% of your monthly pre-disability earnings.

Maximum Benefit Duration

Accident: SSFRA / Sickness: 5 years/SSFRA

Pre-Existing Condition Period

12 months / 12 months

Payroll Deduction Illustration: Monthly

If your annual salary is at least:	You may select a monthly benefit of:	Elimination Period					
		Opt 1 0/3	Opt 2 14/14	Opt 3 30/30	Opt 4 60/60	Opt 5 90/90	Opt 6 180/180
\$115,194	\$6,400	\$215.68	\$190.72	\$161.28	\$104.96	\$90.24	\$65.92
\$116,994	\$6,500	\$219.05	\$193.70	\$163.80	\$106.60	\$91.65	\$66.95
\$118,794	\$6,600	\$222.42	\$196.68	\$166.32	\$108.24	\$93.06	\$67.98
\$120,594	\$6,700	\$225.79	\$199.66	\$168.84	\$109.88	\$94.47	\$69.01
\$122,394	\$6,800	\$229.16	\$202.64	\$171.36	\$111.52	\$95.88	\$70.04
\$124,194	\$6,900	\$232.53	\$205.62	\$173.88	\$113.16	\$97.29	\$71.07
\$125,994	\$7,000	\$235.90	\$208.60	\$176.40	\$114.80	\$98.70	\$72.10
\$127,794	\$7,100	\$239.27	\$211.58	\$178.92	\$116.44	\$100.11	\$73.13
\$129,594	\$7,200	\$242.64	\$214.56	\$181.44	\$118.08	\$101.52	\$74.16
\$131,393	\$7,300	\$246.01	\$217.54	\$183.96	\$119.72	\$102.93	\$75.19
\$133,193	\$7,400	\$249.38	\$220.52	\$186.48	\$121.36	\$104.34	\$76.22
\$134,993	\$7,500	\$252.75	\$223.50	\$189.00	\$123.00	\$105.75	\$77.25
\$136,793	\$7,600	\$256.12	\$226.48	\$191.52	\$124.64	\$107.16	\$78.28
\$138,593	\$7,700	\$259.49	\$229.46	\$194.04	\$126.28	\$108.57	\$79.31
\$140,393	\$7,800	\$262.86	\$232.44	\$196.56	\$127.92	\$109.98	\$80.34
\$142,193	\$7,900	\$266.23	\$235.42	\$199.08	\$129.56	\$111.39	\$81.37
\$143,993	\$8,000	\$269.60	\$238.40	\$201.60	\$131.20	\$112.80	\$82.40

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Plan Highlights

Amwins Daybright Education Coop

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 66.67% of your covered salary. If at any time the monthly benefit you have chosen exceeds 66.67% 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.

Option 1:

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: 12 months
- Own Occupation: 24 months
- Pre-Existing Condition Limitation: 12/12
- Substance Abuse Limitation: 12 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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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.

Option 2:

How long will I receive benefits?

Benefits due to Injury will not extend beyond the lesser of: 5 years or Social Security Normal Retirement Age. Illness related benefits will run up to Social Security Normal Retirement Age.

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
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