

SCHEDULE OF BENEFITS

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|------------------------------------|---|
| Employer(s): | Clio Area Schools |
| Plan Number: | 7611 |
| Original Plan Effective Date: | July 1, 2016 |
| Eligible Class: | Class 01: All Eligible Employees excluding Bus Drivers |
| Employer Premium Contribution: | 100% |
| Elimination Period: | 90 consecutive calendar days |
| Minimum Hourly Work Requirement: | 25 hours per week |
| Waiting Period: | None |
| Evidence of Insurability: | Required for Late Enrollees, Increases and amounts exceeding the Guarantee Issue |
| Employee Eligibility Date: | Upon completion of the Waiting Period |
| Minimum Participation Requirement: | 100% |
| Leaves and Sabbaticals: | Coverage with premium payment while on FMLA leave Coverage with premium payment until the end of the month following the month in which a Paid Leave began Coverage with premium payment until the end of the month following the month in which a Unpaid Leave began Coverage with premium payment until the end of the month following the month in which a Layoff began |
| Definition of Disability: | Zero Day |
| Own Occupation Period: | 24 months following 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 |
| Cumulative Elimination Period: | 5 days for every 30 days of Elimination Period |
| Recurrent Disability: | 6 months |
| Predisability Earnings: | Base pay only |

Maximum Monthly Covered Salary: \$6,429

LTD Benefit Percentage: 70%

Maximum Monthly Benefit: \$4,500

Guarantee Issue: \$4,500

Minimum Monthly Benefit: Greater of \$100 or 10% of Gross Monthly Benefit

Maximum Benefit Period:

| Age at Disablement | Benefit Duration* |
|--|-------------------|
| 61 or younger | to age 65 |
| 62 | 3-1/2 years |
| 63 | 3 years |
| 64 | 2-1/2 years |
| 65 | 2 years |
| 66 | 1-3/4 years |
| 67 | 1-1/2 years |
| 68 | 1-1/4 years |
| 69 or older | 1 year |
| *To the later of: 1) the specified length of time as stated above, or 2) the day before attaining the Social Security Normal Retirement Age under the United States Social Security Act, as revised. | |

LTD Benefit Calculation: Direct / Non-Contract

Work Incentive Period: First 12 months of Disability with Work Earnings

Sick Pay: Pays in addition to Sick Pay

Social Security Integration: Full Family

Freeze Type: General Freeze

Pre-existing Condition Exclusion: 30 days/5 days

Mental Disorder Limitation: None - Same as any Physical Disease

Substance Abuse Limitation: None - Same as any Physical Disease

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| Claim Payment Method: | Monthly |
| Cost of Living Adjustment: | Included |
| Reasonable Accommodation Expense Benefit: | Included |
| Rehabilitation Benefit: | Included |
| Survivor Benefit: | Included |

GLDI-C400-(12/06)

Rev 1/18/17