



OSEEGIB

Oklahoma State and Education
Employees Group Insurance Board

HealthChoice Disability Plan Handbook

MDIS #2337

Update to the Printed Version of This Handbook

Update to Plan Identification on page 3.

The disability claims administrator phone numbers and claims address have changed. The new contact information is:

GHS Property & Casualty
P.O. Box 660906
Dallas, TX 75266

Phone: 1-405-316-7162, 1-800-722-2567, and toll-free TDD
1-855-628-8641

Fax: 1-918-549-3071

HealthChoice Disability Plan Handbook

Revised May 2010

This disability insurance handbook replaces any handbook previously issued to you. This handbook will in turn be replaced by any disability handbook issued to you by the Oklahoma State and Education Employees Group Insurance Board (OSEEGIB) in the future. Handbooks are not revised each year. In the event changes are made to this handbook, you will be notified.

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Plan Identification

Plan Name:	HealthChoice Disability Plan
Plan Administrator:	Oklahoma State and Education Employees Group Insurance Board (OSEEGIB) 3545 NW 58 Street, Suite 110 Oklahoma City, OK 73112 1-405-717-8701 or toll-free 1-800-543-6044
Member Services:	1-405-717-8780 or toll-free 1-800-752-9475 TDD: 1-405-949-2281 or Toll-free 1-866-447-0436 FAX: 1-405-717-8942 www.sib.ok.gov or www.healthchoicook.com
Disability Claims Administrator:	GHS Property & Casualty 3401 NW 63 Street Oklahoma City, OK 73116 1-405-316-7162 or toll-free 1-800-722-2567 Toll-free TDD: 1-800-863-5488 FAX: 1-918-549-3071
Claims Address:	GHS Property & Casualty P.O. Box 660906 Dallas, TX 75266

Alternative Formats

A text version of this handbook is available on the OSEEGIB website at www.sib.ok.gov or www.healthchoicook.com. This handbook is also available in CD format at the Oklahoma Library for the Blind and Physically Handicapped (OLBPH). Contact OLBPH at 1-405-521-3514, toll-free 1-800-523-0288, and TDD at 1-405-521-4672.

This publication was printed by the Oklahoma State and Education Employees Group Insurance Board as authorized by 74 O.S., Section 1301, et seq. 5,000 copies have been printed at a cost of \$0.5964 each. Copies have been deposited with the Publications Clearinghouse of the Oklahoma Department of Libraries.

Plan Notice

The Oklahoma State and Education Employees Group Insurance Board (OSEEGIB) provides disability benefits to eligible state and local government employees in accordance with the provisions of Oklahoma Statutes Title 74, Sections 1331 et seq. The information provided in this handbook is a SUMMARY of the benefits, conditions, limitations, and exclusions of the HealthChoice Disability Plan. It is not an all-inclusive document.

HealthChoice Disability Plan benefits are subject to conditions, limitations, and exclusions. These conditions, limitations, and exclusions are described and located in Oklahoma Statutes, OSEEGIB Rules, and Administrative Procedures adopted by the Plan administrator. You can obtain a copy of the Official OSEEGIB Rules from the Office of the Oklahoma Secretary of State and a copy of the Administrative Procedures concerning a specific benefit, condition, limitation, or exclusion from the Plan administrator. A copy of the Rules is available on the HealthChoice website at www.sib.ok.gov or www.healthchoiceok.com, or if you need a printed version, please contact HealthChoice Member Services.

Please Read This Handbook Carefully

A dispute concerning information contained within any HealthChoice handbook or any other written materials, including any letters, bulletins, notices, or any other written document, or oral communication, regardless of the source shall be resolved by a strict application of OSEEGIB Rules or Administrative Procedures and guidelines as adopted by the Plan. Erroneous, incorrect, misleading, or obsolete language contained within any handbook or any other written document or oral communication, regardless of the source, is of no effect under any circumstance.

This handbook was revised May 2010.

Outline of the HealthChoice Disability Plan

This handbook provides an overview of Plan features. It is not a complete description of the Plan. Please read this handbook carefully for explanations of the Plan benefits, limits, offsets, exclusions, and eligibility rules.

This insurance plan is designed to provide partial replacement of income lost as a result of a disabling illness or injury. This Plan is **not** unemployment insurance, workers' compensation, Social Security Disability Insurance (SSDI), or disability retirement.

If you qualify for benefits under the Plan, be aware that there is a 30-day elimination period before any benefits are paid.

Disability benefits are calculated using your base salary at the time of your disability. Benefits are subject to all applicable state and federal taxes. Additionally, short-term and long-term disability benefits are offset, or reduced, by other benefits or payments you receive, or are eligible to receive, for any period of your disability.

Disability benefits are divided into two types:

- **Short-term disability** begins after the 30-day elimination period and applies to the first 150 days of disability. The maximum monthly benefit is \$2,500.
- **Long-term disability** begins after 180 days of disability and pays a maximum monthly benefit of \$3,000.

Disability benefits have a maximum benefit period that is based on your disability, years of service, and age at the time of the onset of disability.

Plan Provisions

Eligibility

Participation in the HealthChoice Disability Plan is limited to state of Oklahoma and participating county employees who are eligible to enroll in the plans OSEEGIB offers.

To participate in the Plan, you must be actively at work and regularly scheduled to work at least 1,000 hours per year.

Your enrollment in the Plan begins the first day of the month following your employment date, or the date you become eligible based on your employer's rules.

You are eligible for disability benefits if you:

- Are a covered employee of a participating employer
- Are on duty at least 31 consecutive days
- File your claim within one year of the date your disability began

You are not eligible for disability benefits if you:

- Have a disability that is preexisting as defined in this handbook
- Are confined in a penal or correctional institution for conviction of a criminal or other public offense

Definition of Disability

You are considered disabled if, as a result of injury or illness, you are unable to:

- Perform the material duties of your own occupation
- Work for 31 consecutive calendar days or longer

A qualified physician must objectively document and certify your disability. The cause of your disability may or may not be related to your employment.

After 24 months, disability is defined as the inability to perform each of the material duties of any gainful occupation you are qualified for, or may become qualified for, through training, education, or experience.

Elimination Period

There is a 30-day elimination period before any benefits are paid. During this time, use any sick and/or annual leave you have available. Beginning on the 31st day of your disability, you are eligible for benefits.

Effective Date for Short-Term Disability

You can begin receiving short-term disability benefits when:

- All eligibility criteria is met
- Your documented medical condition meets the Plan's definition of a disability

Disability benefits begin no earlier than the date you first receive treatment or advice from a qualified physician. This date must be followed by a continuous absence from work, due to your disability, for 30 consecutive calendar days (the elimination period).

Short-Term Disability Benefits

The Plan pays a monthly short-term disability benefit that is equal to 60% of your base salary at the time of your disability (minus offsets). See *Offsets/Reductions in Benefits* section.

The maximum monthly benefit is \$2,500*. There is no minimum monthly benefit. Short-term disability benefits are paid for a maximum of 150 days (after the elimination period). Once you qualify for short-term disability benefits, you must periodically provide proof of continued disability.

Examples of short-term disability benefits:

Your monthly base salary is \$2,000. You file a disability claim under the Plan that meets all qualifications.

Your monthly short-term disability benefit is calculated as follows:

\$2,000	Base salary at the time of disability
<u>x 60%</u>	Percentage of base salary
\$1,200	Monthly short-term disability benefit (less offsets)

The first 30 days of your disability fall under the elimination period when no benefits are paid. The next month, you receive \$200 from your employer for annual leave (an offset). Your monthly short-term disability benefit for that month is calculated as follows:

\$1,200	Monthly short-term disability benefit
<u>- \$200</u>	Annual leave paid by employer (offset)
\$1,000	Short-term disability benefit for that month (less any other offsets)

Disability benefits are subject to state, federal, Medicare, Social Security, and FUTA taxes; however, Social Security taxes do not apply after six months of disability.

*If your disability began prior to January 1, 2007, the maximum monthly benefit is \$1,800.

Long-Term Disability Benefits

If you continue to meet eligibility requirements, you may qualify for long-term disability benefits. Long-term disability begins after 180 days of disability and follows the end of short-term disability.

The Plan pays a monthly long-term disability benefit that is equal to 60% of your base salary at the time of your disability (minus offsets). See *Offsets/Reductions in Benefits* section.

The maximum monthly benefit is \$3,000 and the minimum monthly benefit is \$50, after appropriate offsets.

Examples of long-term disability benefits:

Your monthly long-term disability benefit is calculated as follows:

\$2,000	Base salary at the time of disability
<u>x 60%</u>	Percentage of base salary
\$1,200	Monthly long-term disability benefit (less offsets)

Your monthly long-term disability benefit is \$1,200; however, you also receive disability retirement benefits of \$700 (an offset) for this same disability.

Your monthly long-term disability benefit is calculated as follows:

\$1,200	Monthly long-term disability benefit
<u>- \$700</u>	Disability retirement benefits (an offset)
\$ 500	Monthly long-term disability benefit (less any other offsets)

Disability benefits are subject to state, federal, Medicare, Social Security, and FUTA taxes; however, Social Security taxes do not apply after six months of disability.

Example of minimum benefit for long-term disability:

Your monthly long-term disability benefit is \$1,200; however, you also receive Social Security disability of \$550 and disability retirement of \$700 (offsets) for this same disability.

Your monthly long-term disability benefit is calculated as follows:

\$550	Social Security Disability
<u>+\$700</u>	Disability retirement
\$1,250	Total offsets
\$1,200	Monthly base long-term disability benefit
<u>-\$1,250</u>	Total offsets
-\$50	Your monthly offsets are greater than your monthly benefit

Since your offsets are more than your monthly disability benefit, the minimum monthly long-term disability benefit of \$50 is paid.

To Remain Eligible for Benefits

To remain eligible for long-term disability benefits, you must provide proof of continued disability when required, and participate in a rehabilitation program, as appropriate.

You must also apply for Social Security Disability Insurance (SSDI) benefits by the seventh month of your disability and continue to pursue Social Security Disability benefits until the entire appeals process is exhausted. If you do not appeal a denial of SSDI benefits, your Plan benefits can be terminated. See *Help Filing for Social Security Disability* section.

If, after 24 months of disability, Social Security has not found you eligible for disability benefits, you will no longer be eligible for disability benefits from the Plan.

Help Filing for Social Security Disability Insurance (SSDI)

The HealthChoice disability claims administrator can provide you with free assistance when you file for SSDI benefits; however, there is no obligation for you to use this service. For more information, please contact the disability claims administrator. See *Plan Identification* section.

If you choose, you can hire a private attorney at your own expense for assistance in filing for Social Security Disability benefits.

Prorating Benefits for a Partial Month

Benefits are paid only for the days you are actually disabled, which often means benefits must be prorated for a partial month.

Example of benefits prorated for a partial month:

You are eligible for disability benefits on the 15th of the month, and there are 30 days in the month. Your monthly disability benefit is \$1,200, and you are eligible for 15 days of benefits.

Your benefit is calculated as follows:

\$1,200	Monthly disability benefit
÷ 30	Days in the month
\$40	Benefit per day
\$40	Benefit per day
x 15	Days of eligibility for benefits
\$600	Disability benefit for the month (less offsets)

Maximum Benefit Periods

Benefit periods are calculated from the time of your disability and include the 30-day elimination period when no benefits are paid. Maximum benefit periods are listed in the chart below:

Less Than One Year of Service

Age at Disability	Maximum Benefit Period
Any age	6 months

Less Than Five Years of Service

Age at Disability	Maximum Benefit Period
Under 66	24 months
66	21 months
67	18 months
68	15 months
69 or older	12 months

Five or More Years of Service

Age at Disability	Maximum Benefit Period
Under 60	To age 65
60	60 months
61	48 months
62	42 months
63	36 months
64	30 months
65	24 months
66	21 months
67	18 months
68	15 months
69 or older	12 months

Mental health and/or substance abuse disability benefits are subject to separate guidelines.

Mental Health and Substance Abuse Disability Benefits

Mental health and/or substance abuse disability benefits have a maximum benefit period of 24 months from the date of your disability.

The following exceptions may apply:

1. If you are in a hospital at the end of the 24-month period, your benefits continue for the time of your confinement.
2. If your total disability continues following discharge, you may be able to extend the benefit period for 90 days.
3. If you are re-hospitalized for at least 14 consecutive days during a 90 day extension, you may be able to extend the benefit period through the time of your second hospitalization an additional 90-days.

A maximum lifetime benefit period of 60 months applies.

Rehabilitation

If you file a disability claim and rehabilitation is appropriate, you are sent an initial plan for a rehabilitation program by certified mail.

You must respond to the suggested rehabilitation plan within 30 days. Your response must be made in writing to the disability claims administrator. Please include any suggested changes or modifications to the rehabilitation plan in your written response. Failure to respond to the initial plan for a rehabilitation program indicates your acceptance of the plan.

If modifications to the program are requested and approved, you will receive an amended rehabilitation program by certified mail.

You must cooperate with all aspects of your rehabilitation program. OSEEGIB has the right to suspend disability payments if you fail to comply.

Partial Disability

A time of partial disability may follow a period of total disability. You are considered partially disabled if you can perform at least one, but not all of the duties of any occupation, and earn less than 80% of your pre-disability base salary.

Partial disability must result from the same condition as your total disability. Proof of partial disability must be submitted within 31 days of the date your total disability period ends.

Partial disability benefits may be available for up to 24 months, or until:

1. You recover
2. You reach the maximum benefit period
3. Your gross salary from part-time or full-time employment equals 80% or more of your pre-disability base salary

Partial disability benefits are subject to offsets. See *Offsets/Reductions in Benefits* section.

Limited Return to Work

If you receive long-term disability benefits and are able to return to work on a limited basis, you may qualify for partial disability benefits. Your disability benefits are reduced by 50% of the income you earn from your employment.

If you receive partial disability benefits and again become unable to work (totally disabled), your regular long-term disability benefits resume without a new elimination period; however, all other plan provisions apply.

Limited return to work is subject to the same guidelines as partial disability.

Recurrent Disability

A recurrent disability is related to or caused by a disability for which you previously received benefits under the Plan. A recurrent disability is considered a continuation of your prior disability if you have been back to your regular full-time job for less than six months and performed all the assigned duties of that job.

A recurrent disability does not alter the beginning date of a benefit period. If you have been back to your regular full-time job for more than six months, the recurrent disability is treated as a new disability. In this case, a new 30-day elimination period applies.

Multiple Disabilities

While receiving disability benefits, you may experience a second, unrelated disability. If the second disability claim is eligible for benefits, the two claims are combined to form one continuous disability period.

Offsets/Reductions in Benefits

Short-term and long-term disability benefits are offset, or reduced, by other benefits or payments you receive, or are eligible to receive, for any period of your disability. Offsets, or reductions in benefits, include but are not limited to:

1. Available sick leave
2. Salary, wages, holiday pay, commissions, or similar earnings you receive from any employment including salary increases, annual leave, and shared leave; however, longevity pay and one-time bonuses are not considered offsets
3. Unemployment compensation benefits
4. Social Security benefits related to your disability. This does not include:
 - a) Social Security widow's/widower's benefits that are not related to your disability, or
 - b) Supplemental Security Income Program awards – refer to the *United States Social Security Act* for specific details
5. Benefits received under the State of Oklahoma or county retirement systems, except those benefits which began prior to your disability
6. Benefits related to your disability and provided under any state's workers' or workman's compensation law, any occupational disease law, or any other similar act or law
7. Fifty percent of any wages you earn while partially disabled, or during limited return to work (rehabilitative employment)
8. Subrogation
9. Overpayment of previous disability payments including retroactive Social Security Disability awards
10. Veterans Administration (VA) benefits

11. Disability benefits paid by another group plan, except in the following conditions:
 - a) Plans funded entirely by your contributions
 - b) Plans where payment of benefits would reduce benefits at retirement
 - c) Benefits paid for conditions documented one year or more before the date of this disability claim
 - d) A profit-sharing plan, 401K, thrift plan, individual retirement account, stock ownership plan, tax sheltered annuity, or benefits from a non-qualified deferred compensation plan

Statutory or cost of living increases from pension or pension disability programs, Social Security, or workers' compensation do not reduce your monthly disability benefit.

OSEEGIB prorates any benefits received in a lump sum over the benefit period or your actuarially expected lifetime, if no benefit period is established.

Benefit offsets may be estimated if they have not yet been awarded, denied, or if the denial is being appealed. Any overpayment or underpayment that results from estimating offsets must be repaid by the responsible party once the actual benefit is determined.

Exclusions

There are no benefits available for:

1. Disabilities resulting from intentionally self-inflicted injuries of any kind while sane or insane
2. Disabilities resulting from war or an act of war, whether such war is declared or undeclared
3. Disabilities resulting from injuries sustained by or during the commission or attempted commission of an assault or felony
4. Disabilities resulting from active participation in a riot
5. Disabilities resulting from a preexisting condition. See *Preexisting Condition* in the *Plan Definitions* section
6. Any period of confinement in a penal or correctional institution for conviction of a crime or public offense

Members Called to Active Military Service

The HealthChoice Disability Plan is not available to members called to active military service. When you return to your employment, if you have already satisfied Plan eligibility requirements, you are eligible to continue disability coverage once you are at your job for five consecutive work days.

There are no benefits for any disability caused by war or act of war, declared or undeclared.

Claim Procedures

Filing a Claim

First, report your claim to the disability claims administrator. You can report your claim in writing or by telephone.

After you contact the disability claims administrator, a disability packet is mailed to you that includes the information and forms you need to file a claim.

For more information or to file a claim, contact the disability claims administrator. See *Plan Identification* section.

Proof of Claim

Proof of claim must be submitted to the disability claims administrator within 60 days of the date you become disabled, or as soon as reasonably possible. Proof of claim must be received within one year of the start of your disability.

You must submit proof of continued disability and regular care by a qualified physician within 30 days of a request by the disability claims administrator. Proof of your disability must include the:

1. Date and cause of your disability
2. Severity and extent of your disability
3. Reasons why you cannot perform the duties of your own occupation or any occupation, as appropriate

Your employer must submit the following information that is certified by the administrator or payroll officer at your work:

1. A copy of your job description
2. A copy of your work record and salary information

Under some circumstances, you will be asked to provide proof of income documents such as income tax reports, or payroll records.

To Appeal a Denied Claim

If your claim is denied for any reason, you have the right to have your claim reviewed. Requests for review of your claim must be sent in writing to the disability claims administrator. Please include any additional information you wish to provide.

If your claim is again denied, you can appeal that decision to the Grievance Panel. The Grievance Panel is an independent review group established by Oklahoma Statute.

You can submit a request for a Grievance Panel hearing and represent yourself in these proceedings. If you are unable to submit a request for a Grievance Panel hearing yourself, only attorneys licensed to practice in Oklahoma are permitted to submit your hearing request for you, or to represent you through the hearing process.

To file an appeal with the Grievance Panel, call 1-405-717-8701 or toll-free 1-800-543-6044. TDD users call 1-405-949-2281 or toll-free 1-866-447-0436. Or write to:

The Legal Grievance Department
3545 NW 58th Street, Suite 110
Oklahoma City, OK 73112

All reviews and decisions of the Grievance Panel are made as quickly as possible. After exhausting OSEEGIB grievance procedures, you can file an appeal in an Oklahoma District Court.

Independent Medical Examination

OSEEGIB has the right to require that you be examined by a physician or vocational expert of its choice. This right can be used as often as deemed necessary. OSEEGIB pays for all independent medical examinations and reimburses for travel expenses as set out by Oklahoma Statute.

Home Visits

The disability claims administrator may need to meet with you in your home during your period of disability. Your cooperation is required so your claim can be evaluated. This is also an opportunity for you to ask any questions you have about your disability benefits.

Failure to Comply — Suspension or Termination of Benefits

OSEEGIB has the right to suspend and/or terminate plan benefits in the event you fail to comply with Plan Rules or requirements. Your benefits can be suspended or terminated if you fail to:

1. Comply with your rehabilitation program
2. Submit to an independent medical examination
3. Supply proof of continued disability by a qualified physician
4. Cooperate in the repayment of overpaid benefits
5. Comply with requirements of the Plan

In the event your benefits are suspended or terminated, OSEEGIB or the disability claims administrator will notify you or your legal representative of the suspension or termination by certified mail at least 15 days before benefits end. In all instances, you have the right to a Grievance Panel hearing.

General Provisions

Any and all rights or benefits under the Plan are subject to all terms and conditions of the Plan. Participation in the Plan does not give you any rights to retain your employment with your participating employer, nor does it interfere with the rights of your participating employer to discharge you at any time.

Payment of Benefits

Disability benefits are only paid to the employee. Benefits are paid once monthly following receipt of all requested information. Claims must be approved before the 20th of the previous month to receive benefits for that month. Disability benefit payments are paid by electronic funds transfer and deposited directly to your bank account.

In the event of your death, any outstanding benefits are paid to your beneficiary or to your estate. If your beneficiary is a minor or not competent, benefits are paid to the court-appointed guardian/conservator.

If OSEEGIB pays benefits to anyone other than the employee, as specified or as required by law, OSEEGIB has discharged its full responsibility in regard to those benefits.

Disability benefits are subject to state, federal, Medicare, Social Security, and FUTA taxes; however, Social Security taxes do not apply to benefits after six full calendar months of disability.

Right to Amend or Terminate the Plan

OSEEGIB reserves the right to amend or modify the HealthChoice Disability Plan, retroactively or otherwise, or to terminate or partially terminate the Plan.

Continuing Your Health, Dental, Life, and Vision Coverage

If Employment Has Not Been Terminated —

Any health, dental, life, and/or vision coverage that you are enrolled in can be continued while you receive disability benefits.

If you receive payment for sick or annual leave during a month, your employer may be responsible for submitting its share of your monthly premium that month. Please check with your Insurance/Benefits Coordinator to determine if this applies.

If your sick and annual leave is exhausted, or you are on approved leave without pay, and you want to continue health, dental, life, or vision coverage, you are responsible for all premiums. You must submit your premiums to your employer, who in turn submits them to OSEEGIB. You can also request that your premiums be deducted from your disability benefit. You are not responsible for the disability portion of your premium. For more information, contact your Insurance/Benefits Coordinator.

If Employment Has Been Terminated —

Any health, dental, life, and/or vision coverage that is in effect at the time of your termination can be continued as long as you receive disability plan benefits and premiums are paid. Premiums must be submitted directly to OSEEGIB; or you can request that your premiums be deducted from your disability benefit. For more information, contact the disability claims administrator. See *Plan Identification* section.

When you are no longer eligible for disability plan benefits, you may be eligible to continue health, dental, life, and/or vision coverage through retirement, vesting, or years of service.

If you don't qualify to continue benefits through the above options, you may be eligible to continue health, dental, and/or vision coverage under COBRA.

You are required to notify OSEEGIB when Medicare and/or Social Security benefits become effective. Please send a photocopy of your Social Security award letter and Medicare card to OSEEGIB as proof of your Medicare and/or Social Security benefits. Failure to notify OSEEGIB within 30 days can adversely impact your premiums and/or benefits.

Termination of Benefits and Coverage

Termination of Benefits

Disability benefits end:

1. When your disability ends
2. When documentation no longer supports continued disability
3. When the maximum benefit period ends,
4. On the date of your death, or
5. If you fail to:
 - a) Comply with your rehabilitation program
 - b) Submit to an independent medical exam
 - c) Supply continued proof of your disability by a qualified physician
 - d) Repay overpaid benefits
 - e) Comply with other requirements of the Plan

Termination of Coverage

Your participation in the HealthChoice Disability Plan ends the date your active employment ends; however, coverage can be continued if:

1. The date of your disability is determined to be on or before the termination date (the 30-day elimination period applies)
2. You are on furlough or temporarily laid off

OSEEGIB Privacy Notice

OSEEGIB is a State of Oklahoma governmental agency created and governed by Oklahoma law for the purpose of administering health, life, disability, and dental benefits to state, local government, and education employees, and other groups designated by statute, including each of these groups' respective retirees. Oklahoma privacy laws and the federal Health Insurance Portability and Accountability Act (HIPAA) govern privacy matters between OSEEGIB and its participants concerning the privacy of identifiable health information.

In some cases, Oklahoma law may govern the privacy of your personal health information and in others HIPAA may govern. **The information in a member's file is confidential by law and we at OSEEGIB are committed to protecting this information.**

If you believe your privacy rights have been violated, call or send a written complaint to the OSEEGIB HIPAA Information Officer at 3545 NW 58th Street, Suite 110, Oklahoma City, OK 73112, 1-405-717-8701 or toll-free 1-800-543-6044. TDD users call 1-405-949-2281 or toll-free 1-866-447-0436.

Plan Definitions

The terms in this handbook have the following meaning, unless the content clearly indicates otherwise:

Base Salary: The rate of earnings in effect on the date your disability begins. Base salary does not include overtime, commissions, bonuses, longevity pay, productivity enhancement program payments, or any other compensation.

Benefit Period: The first day of the benefit period is the day you become eligible for benefits. The end of the benefit period is the last day of eligibility as determined by the maximum benefit period and/or eligibility limits.

Continued Proof of Disability: To remain eligible for long-term disability benefits, you must provide proof of continued disability when required. This means a qualified physician must objectively document and certify your disability.

Disability: You are considered disabled if, as a result of injury or illness, you are unable to perform the material duties of your own occupation for 31 consecutive days or longer. After 24 months of disability, it is defined as the inability to perform each of the material duties of any gainful occupation you are or may become reasonably qualified for by training, education, or experience.

Disability Claims Administrator: Individuals or organizations which are hired and/or appointed to provide certain administrative services to or on behalf of the HealthChoice Disability Plan.

Elimination Period: The first 30 consecutive calendar days of disability when no benefits are paid.

Illness: Sickness or disease, including pregnancy and complications of pregnancy. A disability resulting from illness must begin while you are participating in the Plan.

Injury: Bodily injury resulting directly from an accident and independent of all other causes. A disability resulting from injury must occur while you are participating in the Plan.

OSEEGIB: The Oklahoma State and Education Employees Group Insurance Board.

Participant: An employee of a participating employer who is eligible and is participating in the Plan.

Participating Employer: Agencies of the State of Oklahoma and county governments who have filed a resolution to participate are eligible for the Plan.

Physician: A person licensed to practice medicine and surgery, osteopathy, chiropractic, podiatry, optometry, or dentistry who is legally qualified as a medical practitioner under the insurance statutes of the State of Oklahoma and operating within the scope of their license. An employee or an employee's spouse, child, father, mother, sister, or brother are excluded from providing treatment.

Plan: The HealthChoice Disability Plan administered by OSEEGIB.

Preexisting Condition: A preexisting condition refers to an illness or injury for which you received medical care, diagnosis, consultation, treatment, or took prescribed drugs or medicines during the 90-day period immediately preceding your employment date. The term preexisting condition shall also include any condition which is related to such injury or illness.

Proof of Claim: Written documentation submitted to OSEEGIB and/or the disability claims administrator confirming a claim for benefits.

Years of Service: Time spent as an active employee performing full-time duties with an employer that participates in the HealthChoice Disability Plan.

Time spent working for full or partial wages and time on leave without pay status after your last established disability date do not count toward your years of service for disability benefit purposes. Also, the time that you receive disability benefits under the Plan does not count toward your years of service.

You: The term you or your includes, but is not limited to, persons who are currently drawing disability benefits under the Plan or who meet each and every requirement of the Plan. Any employee of a participating employer who is eligible and has elected to participate in the Plan.

HealthChoice

**Oklahoma State & Education
Employees Group Insurance Board
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Oklahoma City, OK 73112**

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