

SCHEDULE OF BENEFITS

| | |
|------------------------------------|--|
| Employer(s): | MACOMB INTERMEDIATE SCHOOL DISTRICT |
| Plan Number: | 6454 |
| Original Plan Effective Date: | July 1, 2005 |
| Revised Effective Date: | June 1, 2014 |
| Eligible Class: | Class 08: Bus Drivers and Transportation Assistants |
| Employer Premium Contribution: | 100% |
| Elimination Period: | The lesser of 365 days or the end of Short Term Disability benefits |
| Minimum Hourly Work Requirement: | 15 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 for up to 12 months while on Paid or Unpaid Leave |
| Definition of Disability: | Partial |
| 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: | 10 Working Days |
| Recurrent Disability: | 6 months |
| Predisability Earnings: | Base pay plus amounts contributed by Employee to fringe benefits under an IRC Section 125 plan |

Maximum Monthly Covered Salary: \$3,312

LTD Benefit Percentage: 60%

Maximum Monthly Benefit: \$1,987

Guarantee Issue: \$1,987

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

Maximum Benefit Period:

| Age at Disablement | Benefit Duration |
|--|------------------|
| Less than 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 and older | 12 months |
| *To the later of (1) the specified length of time as state above; or (2) the day before attaining the Social Security Normal Retirement Age as stated in the 1983 revision or any later revision of the United States Social Security Act. | |

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

State Disability Benefits: No Application required for MI PSERS

Social Security Integration: Full Family

Freeze Type: General Freeze

Mental Disorder Limitation: 24 Months unless hospital confined, with recovery

Substance Abuse Limitation: 24 Months unless hospital confined, with recovery

Special Conditions Limitation: 24 Months Lifetime

Claim Payment Method: Monthly

SCHEDULE OF BENEFITS

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|------------------------------------|--|
| Employer(s): | MACOMB INTERMEDIATE SCHOOL DISTRICT |
| Plan Number: | 6454 |
| Original Plan Effective Date: | July 1, 2005 |
| Revised Effective Date: | June 1, 2014 |
| Eligible Class: | Class 09: Custodians |
| Employer Premium Contribution: | 100% |
| Elimination Period: | The lesser of 365 days or the end of Short Term Disability benefits |
| Minimum Hourly Work Requirement: | 15 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 for up to 12 months while on Paid or Unpaid Leave |
| Definition of Disability: | Partial |
| 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: | 10 Working Days |
| Recurrent Disability: | 6 months |
| Predisability Earnings: | Base pay plus amounts contributed by Employee to fringe benefits under an IRC Section 125 plan |
| Maximum Monthly Covered Salary: | \$4,625 |

LTD Benefit Percentage: 60%

Maximum Monthly Benefit: \$2,775

Guarantee Issue: \$2,775

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

Maximum Benefit Period:

| Age at Disablement | Benefit Duration |
|--|------------------|
| Less than 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 and older | 12 months |
| *To the later of (1) the specified length of time as state above; or (2) the day before attaining the Social Security Normal Retirement Age as stated in the 1983 revision or any later revision of the United States Social Security Act. | |

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

State Disability Benefits: No Application required for MI PSERS

Social Security Integration: Full Family

Freeze Type: General Freeze

Mental Disorder Limitation: 24 Months unless hospital confined, with recovery

Substance Abuse Limitation: 24 Months unless hospital confined, with recovery

Special Conditions Limitation: 24 Months Lifetime

Claim Payment Method: Monthly

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|------------------------------------|--|
| Employer(s): | MACOMB INTERMEDIATE SCHOOL DISTRICT |
| Plan Number: | 6454 |
| Original Plan Effective Date: | July 1, 2005 |
| Revised Effective Date: | June 1, 2014 |
| Eligible Class: | Class 03: Non-Bargaining Employees- Accountants, Comptroller, Purchasing/Compliance Officers, Transportation Supervisors, Secretaries and Coordinators |
| Employer Premium Contribution: | 100% |
| Elimination Period: | The lesser of 365 days or the end of Short Term Disability benefits |
| Minimum Hourly Work Requirement: | 15 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 for up to 12 months while on Paid Leave Coverage with premium payment for up to 12 months while on Unpaid Leave |
| Definition of Disability: | Partial |
| 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: | 10 Working Days |
| Recurrent Disability: | 6 months |

Predisability Earnings: Base pay plus amounts contributed by Employee to fringe benefits under an IRC Section 125 plan

Maximum Monthly Covered Salary: \$8,203

LTD Benefit Percentage: 60%

Maximum Monthly Benefit: \$4,922

Guarantee Issue: \$4,922

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

Maximum Benefit Period:

| Age at Disablement | Benefit Duration |
|--|------------------|
| Less than 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 and older | 12 months |
| *To the later of (1) the specified length of time as state above; or (2) the day before attaining the Social Security Normal Retirement Age as stated in the 1983 revision or any later revision of the United States Social Security Act. | |

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

State Disability Benefits: No Application required for MI PSERS

Social Security Integration: Full Family

Freeze Type: General Freeze

Mental Disorder Limitation: 24 Months unless hospital confined, with recovery

Substance Abuse Limitation: 24 Months unless hospital confined, with recovery

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|------------------------------------|--|
| Employer(s): | MACOMB INTERMEDIATE SCHOOL DISTRICT |
| Plan Number: | 6454 |
| Original Plan Effective Date: | July 1, 2005 |
| Revised Effective Date: | June 1, 2014 |
| Eligible Class: | Class OI: Deputy Superintendent, Assistant Superintendent, Legislative Representative, Principals, Assistant Principals, Data Processing Manager, Supervisors, Directors and Assistant Directors |
| Employer Premium Contribution: | 100% |
| Elimination Period: | The lesser of 365 days or the end of Short Term Disability benefits |
| Minimum Hourly Work Requirement: | 15 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 for up to 12 months while on Paid or Unpaid Leave |
| Definition of Disability: | Partial |
| 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: | 10 Working Days |
| Recurrent Disability: | 6 months |

Predisability Earnings: Base pay plus amounts contributed by Employee to fringe benefits under an IRC Section 125 plan

Maximum Monthly Covered Salary: \$12,245

LTD Benefit Percentage: 60%

Maximum Monthly Benefit: \$7,347

Guarantee Issue: \$7,347

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

Maximum Benefit Period:

| Age at Disablement | Benefit Duration |
|--|------------------|
| Less than 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 and older | 12 months |
| *To the later of (1) the specified length of time as state above; or (2) the day before attaining the Social Security Normal Retirement Age as stated in the 1983 revision or any later revision of the United States Social Security Act. | |

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

State Disability Benefits: No Application required for MI PSERS

Social Security Integration: Full Family

Freeze Type: General Freeze

Mental Disorder Limitation: 24 Months unless hospital confined, with recovery

Substance Abuse Limitation: 24 Months unless hospital confined, with recovery

SCHEDULE OF BENEFITS

| | |
|------------------------------------|--|
| Employer(s): | MACOMB INTERMEDIATE SCHOOL DISTRICT |
| Plan Number: | 6454 |
| Original Plan Effective Date: | July 1, 2005 |
| Revised Effective Date: | June 1, 2014 |
| Eligible Class: | Class 05: Paraprofessionals |
| Employer Premium Contribution: | 100% |
| Elimination Period: | The lesser of 365 days or the end of Short Term Disability benefits |
| Minimum Hourly Work Requirement: | 15 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 for up to 12 months while on Paid or Unpaid Leave |
| Definition of Disability: | Partial |
| 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: | 10 Working Days |
| Recurrent Disability: | 6 months |
| Predisability Earnings: | Base pay plus amounts contributed by Employee to fringe benefits under an IRC Section 125 plan |
| Maximum Monthly Covered Salary: | \$2,813 |

LTD Benefit Percentage: 60%

Maximum Monthly Benefit: \$1,688

Guarantee Issue: \$1,688

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

Maximum Benefit Period:

| Age at Disablement | Benefit Duration |
|--|------------------|
| Less than 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 and older | 12 months |
| *To the later of (1) the specified length of time as state above; or (2) the day before attaining the Social Security Normal Retirement Age as stated in the 1983 revision or any later revision of the United States Social Security Act. | |

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

State Disability Benefits: No Application required for MI PSERS

Social Security Integration: Full Family

Freeze Type: General Freeze

Mental Disorder Limitation: 24 Months unless hospital confined, with recovery

Substance Abuse Limitation: 24 Months unless hospital confined, with recovery

Special Conditions Limitation: 24 Months Lifetime

Claim Payment Method: Monthly

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| | |
|------------------------------------|--|
| Employer(s): | MACOMB INTERMEDIATE SCHOOL DISTRICT |
| Plan Number: | 6454 |
| Original Plan Effective Date: | July 1, 2005 |
| Revised Effective Date: | June 1, 2014 |
| Eligible Class: | Class 04: Professional (Teachers, Direct Service and Consultants) |
| Employer Premium Contribution: | 100% |
| Elimination Period: | The lesser of 365 days or the end of Short Term Disability benefits |
| Minimum Hourly Work Requirement: | 15 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 for up to 12 months while on Paid or Unpaid Leave |
| Definition of Disability: | Partial |
| 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: | 10 Working Days |
| Recurrent Disability: | 6 months |
| Predisability Earnings: | Base pay plus amounts contributed by Employee to fringe benefits under an IRC Section 125 plan |

Maximum Monthly Covered Salary: \$9,715

LTD Benefit Percentage: 66.67%

Maximum Monthly Benefit: \$6,477

Guarantee Issue: \$6,477

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

Maximum Benefit Period:

| Age at Disablement | Benefit Duration |
|--|------------------|
| Less than 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 and older | 12 months |
| *To the later of (1) the specified length of time as state above; or (2) the day before attaining the Social Security Normal Retirement Age as stated in the 1983 revision or any later revision of the United States Social Security Act. | |

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

State Disability Benefits: No Application required for MI PSERS

Social Security Integration: Full Family

Freeze Type: General Freeze

Mental Disorder Limitation: 24 Months unless hospital confined, with recovery

Substance Abuse Limitation: 24 Months unless hospital confined, with recovery

Special Conditions Limitation: 24 Months Lifetime

Claim Payment Method: Monthly

SCHEDULE OF BENEFITS

| | |
|------------------------------------|--|
| Employer(s): | MACOMB INTERMEDIATE SCHOOL DISTRICT |
| Plan Number: | 6454 |
| Original Plan Effective Date: | July 1, 2005 |
| Revised Effective Date: | June 1, 2014 |
| Eligible Class: | Class 07: Bargaining Unit Secretaries |
| Employer Premium Contribution: | 100% |
| Elimination Period: | The lesser of 365 days or the end of Short Term Disability benefits |
| Minimum Hourly Work Requirement: | 15 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 for up to 12 months while on Paid or Unpaid Leave |
| Definition of Disability: | Partial |
| 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: | 10 Working Days |
| Recurrent Disability: | 6 months |
| Predisability Earnings: | Base pay plus amounts contributed by Employee to fringe benefits under an IRC Section 125 plan |
| Maximum Monthly Covered Salary: | \$5,015 |

LTD Benefit Percentage: 60%

Maximum Monthly Benefit: \$3,009

Guarantee Issue: \$3,009

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

Maximum Benefit Period:

| Age at Disablement | Benefit Duration |
|--|------------------|
| Less than 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 and older | 12 months |
| *To the later of (1) the specified length of time as state above; or (2) the day before attaining the Social Security Normal Retirement Age as stated in the 1983 revision or any later revision of the United States Social Security Act. | |

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

State Disability Benefits: No Application required for MI PSERS

Social Security Integration: Full Family

Freeze Type: General Freeze

Mental Disorder Limitation: 24 Months unless hospital confined, with recovery

Substance Abuse Limitation: 24 Months unless hospital confined, with recovery

Special Conditions Limitation: 24 Months Lifetime

Claim Payment Method: Monthly

SCHEDULE OF BENEFITS

| | |
|------------------------------------|--|
| Employer(s): | MACOMB INTERMEDIATE SCHOOL DISTRICT |
| Plan Number: | 6454 |
| Original Plan Effective Date: | July 1, 2005 |
| Revised Effective Date: | June 1, 2014 |
| Eligible Class: | Class 06: Data Processing Technicians |
| Employer Premium Contribution: | 100% |
| Elimination Period: | The lesser of 365 days or the end of Short Term Disability benefits |
| Minimum Hourly Work Requirement: | 15 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 for up to 12 months while on Paid or Unpaid Leave |
| Definition of Disability: | Partial |
| 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: | 10 Working Days |
| Recurrent Disability: | 6 months |
| Predisability Earnings: | Base pay plus amounts contributed by Employee to fringe benefits under an IRC Section 125 plan |
| Maximum Monthly Covered Salary: | \$6,938 |

LTD Benefit Percentage: 60%

Maximum Monthly Benefit: \$4,163

Guarantee Issue: \$4,163

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

Maximum Benefit Period:

| Age at Disablement | Benefit Duration |
|--|------------------|
| Less than 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 and older | 12 months |
| *To the later of (1) the specified length of time as state above; or (2) the day before attaining the Social Security Normal Retirement Age as stated in the 1983 revision or any later revision of the United States Social Security Act. | |

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

State Disability Benefits: No Application required for MI PSERS

Social Security Integration: Full Family

Freeze Type: General Freeze

Mental Disorder Limitation: 24 Months unless hospital confined, with recovery

Substance Abuse Limitation: 24 Months unless hospital confined, with recovery

Special Conditions Limitation: 24 Months Lifetime

Claim Payment Method: Monthly