

**With Respect to Texas Employees**

**IMPORTANT NOTICE**

**AVISO IMPORTANTE**

To obtain information or make a complaint:  
You may call Aetna's toll-free telephone number for information or to make a complaint at:

**1-800-MY -Health (694-3258)**

You may also write to Aetna at:

**Aetna Inc.**

2777 Stemmons Freeway, Dallas, TX  
75207

You may contact the Texas Department of Insurance to obtain information on companies, coverages, rights, or complaints at:

**1-800-252-3439**

You may write the Texas Department of Insurance:

P.O. Box 149104

Austin, TX 78714-9104

Fax: (512) 475-1771

Web: <http://www.tdi.state.tx.us>

Email: [ConsumerProtection@tdi.state.tx.us](mailto:ConsumerProtection@tdi.state.tx.us)

**PREMIUM OR CLAIM DISPUTES:**

Should you have a dispute concerning your premium or about a claim you should contact Aetna first. If the dispute is not resolved you may contact the Texas Department of Insurance.

**ATTACH THIS NOTICE TO YOUR POLICY:**

This notice is for information only and does not become a part or condition of the attached document.

Para obtener información o para someter una queja:  
Usted puede llamar al número de teléfono gratis de Aetna's para información o para someter una queja al:

**1-800-MY -Health (694-3258)**

Usted también puede escribir a Aetna:

**Aetna Inc.**

2777 Stemmons Freeway, Dallas, TX  
75207

Puede comunicarse con el Departamento de Seguros de Texas para obtener información acerca de compañías, coberturas, derechos, o quejas llamando al:

**1-800-252-3439**

Puede escribir al Departamento de Seguros de Texas:

P.O. Box 149104

Austin, TX 78714-9104

Fax: (512) 475-1771

Web: <http://www.tdi.state.tx.us>

Email: [ConsumerProtection@tdi.state.tx.us](mailto:ConsumerProtection@tdi.state.tx.us)

**DISPUTAS SOBRE PRIMAS O RECLAMOS:**

Si surge una disputa concerniente a su prima o a una reclamación, debe comunicarse con Aetna primero. Si no se resuelve la disputa puede comunicarse con el Departamento de Seguros de Texas.

**UNA ESTE AVISO A SU POLIZA:**

Este aviso es sólo para propósito de información y no se convierte en parte o condición del documento adjunto.

**THE GROUP CONTRACT UNDER WHICH THIS BOOKLET-CERTIFICATE IS ISSUED IS NOT A POLICY OF WORKERS' COMPENSATION INSURANCE. YOU SHOULD CONSULT YOUR EMPLOYER TO DETERMINE WHETHER YOUR EMPLOYER IS A SUBSCRIBER TO THE WORKERS' COMPENSATION SYSTEM.**

# Summary of Coverage

---

**Employer:** Port of Houston Authority

**Group Policy:** GP-882919-GI

**SOC:** 6A

**Issue Date:** February 13, 2008

**Effective Date:** February 1, 2008

The benefits shown in this Summary of Coverage are available for you.

**This Summary of Coverage may be an electronic version of the Summary of Coverage on file with your Employer and Aetna Life Insurance Company. In case of any discrepancy between an electronic version and the printed copy which is part of the group insurance contract issued by Aetna Life Insurance Company, or in case of any legal action, the terms set forth in such group insurance contract will prevail. To obtain a printed copy of this Summary of Coverage, please contact your Employer.**

## Eligibility

### Employees

You are in an Eligible Class if you are a regular full-time hourly or salaried employee of an Employer participating in this Plan.

In addition, to be in an Eligible Class you must be:

- scheduled to work on a regular basis at least 30 hours per week during your Employer's work week; and
- working within the United States.

Your Eligibility Date is the first day of the calendar month coinciding with or next following the date you complete a probationary period of 12 months of continuous service for your Employer, but not before the later of the Effective Date of this Plan and the date you enter the Eligible Class.

## Enrollment Procedure

You will be required to enroll in a manner determined by Aetna and your Employer.

### Long Term Disability

# Effective Date of Coverage

## Employees

Your coverage will take effect on your Eligibility Date.

*Active Work Rule:* If you happen to be ill or injured and away from work on the date your coverage would take effect, the coverage will not take effect until the date you return to work full-time.

You will be considered to be active at work on any of your Employer's scheduled work days if, on that day, you are performing the regular duties of your job on a full time basis. In addition, you will be considered to be active at work on the following days:

- Any day which is not one of your Employer's scheduled work days if you were active at work on the preceding scheduled work day.
- A normal vacation day.

This rule also applies to an increase in your coverage.

# Disability Coverage

---

## Long Term Disability Benefits

### Employees

*Elimination Period:* The first 90 days of a period of disability.

Scheduled Monthly LTD Benefit: 60% of your monthly predisability earnings.

Maximum Monthly Benefit  
Under this Plan (together with  
all other income benefits) \$ 8,000

Minimum Monthly Benefit The greater of:

- (a) \$ 50; and
- (b) 10% of your Scheduled Monthly LTD Benefit or, if less, 10% of the Maximum Monthly Benefit

### Benefits Actually Payable

Any monthly benefit actually payable will be reduced by "other income benefits." In figuring any monthly benefit, other income benefits do not include income from any employer or income from any occupation for compensation or profit. If you work while disabled, any monthly benefit payable is adjusted as described in the following section.

### *Benefit Adjustment While Disabled and Working*

If, while monthly benefits are payable, you have income from:

- any employer; or
- any occupation for compensation or profit;

which is more than 20% of your adjusted predisability earnings; the monthly benefit will be adjusted as follows:

During the first 12 months that you have such income, the monthly benefit will be reduced only to the extent the sum of the amount of that income and the monthly benefit payable, without any reduction for other income benefits, exceeds 100% of your adjusted predisability earnings.

Thereafter, the monthly benefit will be the product of the following:

(A divided by B) x C where:

A = Your adjusted predisability earnings minus such income.

B = Your adjusted predisability earnings.

C = The monthly benefit payable.

Income means income you receive, while disabled and working, from your Employer and from any other employer. However, any income received from another employer will be considered income only to the extent that it exceeds the amount of income you were receiving from such employer immediately before the date a period of disability started.

## Maximum Benefit Duration\*

Your period of disability will end on the later of:

- The calendar month in which you reach normal retirement age, as determined by the 1983 Amended Social Security Normal Retirement Age; and
- The expiration of the number of months of disability, after the elimination period is met as figured from the following Schedule, if your period of disability starts on or after the date you reach age 62:

### *Maximum Benefit Duration Schedule*

Age When Period of Disability Starts	Months of Disability
62 but less than 63	42 months
63 but less than 64	36 months
64 but less than 65	30 months
65 but less than 66	24 months
66 but less than 67	21 months
67 but less than 68	18 months
68 but less than 69	15 months
69 and over	12 months

### *1983 Amended Social Security Normal Retirement Age*

Year of Birth	Normal Retirement Age
Before 1938	65
1938	65 and 2 months
1939	65 and 4 months
1940	65 and 6 months
1941	65 and 8 months
1942	65 and 10 months
1943 to 1954	66
1955	66 and 2 months
1956	66 and 4 months
1957	66 and 6 months
1958	66 and 8 months
1959	66 and 10 months
After 1959	67

\* Unless your period of disability ends earlier for one or more of the reasons stated in your Booklet-Certificate.

## Pregnancy Coverage

Benefits are payable on the same basis as for a disease if a female employee, while covered under this Plan, is absent from active work because of a disabling pregnancy-related condition. A physician's certification that the employee is disabled because of the condition will be necessary. Further, Aetna may request any additional evidence it believes is necessary before deciding that benefits are payable.

If, during the 3 months before coverage took effect, services are rendered or supplies are received in connection with a pregnancy or a pregnancy is confirmed, the pregnancy is a pre-existing condition whether or not the pregnancy commenced during that 3 month period.

## Adjustment Rule

If, for any reason, a person is entitled to a different amount of coverage, coverage will be adjusted as provided elsewhere in the group contract, except that an increase is subject to any Active Work Rule described in Effective Date of Coverage section of this Summary of Coverage.

Benefits for claims incurred after the date the adjustment becomes effective are payable in accordance with the revised plan provisions. In other words, there are no vested rights to benefits based upon provisions of this Plan in effect prior to the date of any adjustment.

## Disclosure

### *With Respect to New York Employees*

The accident and health insurance evidenced by this Booklet-Certificate provides disability income insurance only. It does NOT provide basic hospital, basic medical or major medical as defined by the New York State Insurance Department.

## General

This Summary of Coverage replaces any Summary of Coverage previously in effect under the group contract. Requests for amounts of coverage other than those to which you are entitled in accordance with this Summary of Coverage cannot be accepted.

The insurance described in this Booklet-Certificate will be provided under Aetna Life Insurance Company policy form GR-29.

**KEEP THIS SUMMARY OF COVERAGE  
WITH YOUR BOOKLET-CERTIFICATE**