Coverage Overview

AOA Member Eligibility

You're eligible to apply for this Long-Term Disability Income Insurance if you are an AOA member, under age 60, actively at work full time at least 30 hours a week, and a U.S. resident.

If you own your own practice, your employees can also apply for the AOA Long-Term Disability Income Insurance through your membership. Employees must be under age 55, reside in the United States, and work at least 30 hours a week to be eligible.

Coverage may not be available in all states; please contact the plan administrator or see the calculator for more details.

NEW — 20% Savings with a Premium Credit

Enjoy 20% savings thanks to a premium credit! Due to a positive financial experience of the program, AOA members receive a 20% SAVINGS on this coverage in the form of a premium credit. This 20% savings is applied as a discount on your statement.

Premiums are not guaranteed. Although future credits are dependent upon actual claims experience and cannot be promised or guaranteed, the Program has been granting premium credits for years.

Tax-Free Benefits Go Straight to You

Benefits for a covered total disability are paid directly to you to help cover expenses and can be used any way you wish. Under current federal tax laws, your benefits are non-taxable when you personally pay the premiums with after-tax dollars. If you own your own business, you may choose to claim your premium as a tax deduction. Contact your tax advisor for more information.

Monthly Benefit up to $12,500

You can apply for a monthly benefit amount from $500 up to $12,500 (in $100 increments), provided the benefit you select does not exceed 60% of your average monthly income. If you're under age 45 and have practiced for six months or less, you can apply for up to $2,000 in monthly benefits.

Member-Only Group Rates

The AOA leveraged the professional status of more than 25,000 optometrists to negotiate member-only group rates, which helps this coverage stand out in comparison to programs you may find on your own or through an employer. Use the calculator to find your monthly cost.

Your Choice of Benefits Payment Period

You can select from the following benefits payment period options for covered total disabilities starting before age 65:

1. Up to **two years**.
2. Up to **five years**.
3. Until **age 65**.

For disabilities starting after you reach age 65, all three choices pay benefits for up to 12 months.

Your Choice of Waiting Period

The waiting period is the length of time you must be totally disabled before benefits are paid. You can choose from five waiting periods: 45, 60, 90, 180 and 365 days. The longer the waiting period, the lower your cost. If you suffer a covered disability due to an organ donation, there is no waiting period.

Protection in Your Own Occupation of Optometry

Unlike some other disability coverage, this policy contains a preferred definition of disability. This insurance pays benefits for a covered total disability if you can't work in your own occupation as an optometrist, not just any job.

What Is Covered

AOA Long-Term Disability Income Insurance pays valuable benefits if a covered injury or illness leaves you totally disabled and unable to perform the material and substantial duties of your occupation. You can also collect benefits for residual disabilities that cause a loss of earnings of at least 20% (and less than 80%) while you're performing at least one of the material and substantial duties of your occupation on either a part-time or full-time basis. You must also be under the regular care of a physician. Material and substantial duties are those that are normally required in your occupation and cannot be reasonably omitted or modified. In addition, a disability that causes a loss of earnings of 80% or more will be considered a total disability.

A covered total disability is an incapacity that completely and continuously prevents you from performing the material and substantial duties of your regular occupation. Such covered disability must begin while you are insured under the policy and be the result of: (1) an injury; (2) a sickness; or (3) an organ donation, provided you have been insured under the policy for at least six consecutive months on the day of such donation.

For a covered disability to be considered to have resulted from an injury, the covered total disability must begin within 90 days after an accident, if the accident occurs while the insured member is insured under the policy. If more than 90 days have elapsed, such covered disability will be considered to have resulted from an injury sickness.

A loss of license, in and of itself, does not constitute an incapacity that prevents you from performing the material and substantial duties of your regular occupation and will not be deemed a covered total disability.

If Your Disability Returns

After you meet your initial waiting period before benefits begin for a disability, any disability due to the same or related medical condition will be treated as one continuous period of disability (meaning your disability benefits can restart with no waiting period) if you become disabled again after returning to continuous full-time work for less than six months. If you worked for six months or more, you will need to satisfy the waiting period again before disability benefits can resume, and it will be considered a separate period of disability.

School Loan Payment Benefit – Up to $200,000

If you choose benefit payment period five years or until age 65, begin insurance before age 40, are licensed optometrists on the insurance date and suffer a permanent covered total disability before age 45, New York Life Insurance Company will pay a monthly benefit up to $200,000, which includes principal and interest, to repay eligible loans that were made to cover expenses for optometry school. This benefit is in addition to your monthly disability benefit and is paid to the financial lending institution.

Premiums Waived During Disability

If a covered accident or injury leaves you totally disabled and unable to work, your premium payments will be waived after you've been totally disabled for three consecutive months. Your coverage will remain in full force while your disability continues from that injury or sickness.

Catastrophic Disability Rider Option

This option can provide an additional benefit of $500 through $8,000, in multiples of $100. The additional benefit cannot exceed 40% of your average monthly income. You can receive this monthly benefit in addition to your base monthly disability benefit if you become catastrophically disabled, defined as any of the following:

- Losing the ability to perform two or more daily living activities for a continuous period of at least 90 consecutive days (bathing, dressing, toileting, transferring, eating, or continence) without help
- Having a terminal illness
- Having a cognitive impairment

Benefits During Vocational Rehabilitation

Any benefits for a covered total disability otherwise payable to you will continue to be payable during participation in an approved rehabilitation program. The nature of the rehabilitation program and the extent of participation by you and New York Life must be satisfactory to both and stated in a written rehabilitation program agreement before any such program can take effect. A rehabilitation program can include (a) a period of work for the purposes of rehabilitation; or (b) other vocational and rehabilitation assistance stated in the rehabilitation program agreement.

Workplace Modification Benefit

If you are disabled and receiving a benefit, New York Life will reimburse up to 100% of the reasonable costs you or your employer incur through modifications to the workplace to accommodate your return to work, and to assist you in remaining at work. The amount New York Life will pay will not exceed the lesser of (a) two monthly benefits; (b) $5,000; or (c) the cost of the modification. To qualify for this reimbursement, you must be disabled according to the terms of the policy and have the reasonable expectation of returning to active employment and remaining in active employment with the assistance of the proposed workplace modification.

Layoff or Leave of Absence Benefit

Insurance will continue beyond the date it would otherwise end if you cease to be at full-time work due to layoff, leave of absence, or a leave of absence required by state law or by the Family and Medical Leave Act of 1993 ("FMLA"). Coverage will continue for up to 30 days during a temporary lay-off or a leave of absence other than state mandated leave or FMLA; or with respect to state and FMLA mandated leaves, the greater of the period required by state law or by FMLA.

The insurance will end on the earliest of (a) 30 days after the temporary lay-off or leave of absence (other than state mandated leave or FMLA) began; (b) the date the lay-off becomes permanent; (c) the date the state mandated leave or FMLA leave ends; or (d) the date insurance would otherwise end.

No-Risk 30-Day Free Look

You are under no obligation today. Once your application is approved and coverage issued, you'll receive a Certificate of Insurance. If you're not completely satisfied with the terms of your Certificate of Insurance, you may return it, without claim, within 30 days. Your coverage will be invalidated, and you will be sent a full refund, no questions asked.

When Coverage Begins

Your coverage will begin on the first of the month following the date your application is approved, provided you are actively at work full-time on the date, meet required evidence of insurability requirements and the premium is paid. If you are not actively at work, the insurance will not take effect until you return to full-time work for at least 10 consecutive workdays, if such day is within three months of the date insurance would otherwise have taken effect and you are still eligible to obtain the insurance on that day.

Benefits will begin on the first day of a covered total disability after completion of the applicable waiting period. Benefits will continue until the earlier of (a) the day the insured ceases to be totally disabled or (b) the end of the maximum benefit period.

When Coverage Ends

Your coverage will end on the date you are no longer at full-time work, you are no longer an AOA member, you reach age 75, you stop paying your premiums when due, you receive covered total disability benefits for the maximum benefit period, you begin active duty in the armed forces, you provide a written request to end insurance, or the group policy ends.

Exclusions and Limitations

The AOA Long-Term Disability Income Insurance Plan does not cover any loss or disability due to crime/illegal occupation/illegal activity: participation in or incarceration resulting from any of the following in a role other than as a victim: (a) the commission of a felony; (b) an illegal occupation or activity; (c) an insurrection; (d) terrorist activity; or (e) a riot. Intentional self-inflicted injury or an attempt at intentionally injuring oneself; while sane. Engagement in any of the following in a role other than a victim: (a) in war, (b) an act of war, or (c) an armed conflict which involves the armed forces of one or more countries; a pre-existing condition; an impairment restriction; a disability that is due to or related to service in the military, naval or air force of any country, alliance or international organization or in a civilian unit which serves such force; a disability that is due to a pregnancy or childbirth or a related medical condition, except for complications of pregnancy; that does not require a doctor's regular care of, or attendance to, the insured; or for any period of disability for which the insured is not under the regular care and attendance of a doctor, except that this requirement will not apply if such care is no longer required for prudent medical management of the injury, sickness or organ donation; occurs during, is due to, or is related to the insured member's travel in, travel on, fall from or descent from any aircraft when the aircraft is used to train, test, or experiment or is part of any military, naval or air force.

For the purpose of satisfying the requirement that the insured be under the "regular care" of a doctor, doctor does not include the insured or a member of his or her immediate family.

Mental Disorder and Chemical Dependency Limitation: If you are disabled due to mental illness or substance abuse, the maximum benefit period for total and residual disability benefits is the lesser of (1) the maximum benefit period shown on your schedule or (2) 24 months during your lifetime. We will continue to pay benefits beyond the limited pay period if you are an inpatient under a physician's care in either a hospital or an institution which treats and cares for mental illness or substance abuse. In no case will benefits be paid beyond the maximum benefit period.

Mental disorder means a condition due to or resulting from psychiatric or psychological conditions, regardless of cause, such as: (a) schizophrenia; (b) depression; (c) manic depressive or bipolar illness; (d) anxiety; (e) personality disorders; and/or (f) adjustment disorders or other conditions, usually treated by a mental health provider or other qualified provider using psychotherapy, psychotropic drugs or other similar modalities used in the treatment of the above conditions. This limitation does not apply to dementia, if due to (a) stroke; (b) trauma; (c) viral infection; (d) Alzheimer's disease; or (e) other conditions not listed above which are not usually treated by a mental health provider using psychotherapy, psychotropic drugs or other modalities.

Chemical dependency means the abuse of or psychological or physical dependency on or addiction to alcohol or a controlled substance. For purposes of this definition, "controlled substance" means a toxic inhalant, a volatile chemical, abusable glue or aerosol paint, or a substance designated as or considered a controlled substance under applicable federal, state or local authority.

The maximum benefit period for all covered disabilities due to or related to mental illness and/or chemical dependency while insured under the policy, whether insurance has been continuous or interrupted, cannot exceed the lesser of (a) 24 months; or (b) the maximum benefit period for a covered disability due to an injury, sickness or organ donation. This limitation does not apply to any period during which the insured is institutionalized.

Pre-Existing Condition Limitation: Pre-existing condition means an injury or sickness or any condition related to such injury or sickness for which a person consults a doctor, receives medical services or supplies or takes any medication during the 12-month period immediately before the insured's initial insurance date. Pre-existing condition does not include (a) any such injury or sickness or condition after such person has been continuously insured under the policy for 12 months; or (b) an injury or sickness or condition classified as an impairment restriction.

Impairment Restriction: Impairment restriction means an exclusion or limitation of insurance on an insured member. An impairment restriction will be (a) established by New York Life; and (b) continued by New York Life if it is in effect on the day before (1) the insured member becomes insured under the policy; or (2) a change in insurance takes

effect; whether or not satisfactory medical evidence of insurability is furnished or medical evidence of insurability is required. All impairment restrictions are stated in the certificate. Insurance with such impairment restrictions is subject to the applicant's acceptance. Payment of one contribution after the insured member is advised of the impairment restriction will establish such acceptance.

Additional exclusions or limitations may apply as a condition of approval of your application for coverage.

Important Information from New York Life Insurance Company

New York Life Insurance Company reserves the right to request medical information to determine applicant's medical eligibility for coverage. Based on the age of the person proposed for insurance and the amount of coverage requested, a physical examination, EKG, blood test or other information may be required. Not all applicants will have to supply additional information. However, if it is required, New York Life will arrange for an independent professional paramedic to contact you to perform these simple tests at your convenience. The exam and blood test are free-of-charge. If we can provide the coverage you requested, we will inform you as to when such coverage will be effective. Under no circumstances will coverage be effective prior to this date. Payment of a premium contribution with your application does not mean that there is any insurance in force before the effective date as determined by New York Life.

IMPORTANT NOTICE:
How New York Life Obtains Information and Underwrites Your Request for the AOA Group Long Term Disability Income Insurance Plan

Information regarding insurability will be treated as confidential. In considering your request for insurance, we will rely on the medical information you provide, and on the information you authorize us to obtain from your physician, other medical practitioners and facilities, other insurance companies to which you have applied for insurance and MIB, LLC. (formerly known as Medical Information Bureau). MIB and other insurance companies may also furnish New York Life, its subsidiaries or the plan administrator with non-medical information (such as driving records, past convictions, hazardous sport or aviation activity, use of alcohol or drugs, and other application for insurance). The information provided may include information that may predate the time frame stated on the medical questions section, if any, on this application. This information may be used during the underwriting and claims processes, where permitted by law.

New York Life may release this information to the Plan Administrator, other insurance companies to which you may apply for life and health insurance, or to which a claim for benefits may be submitted and to others whom you authorize in writing, however, this will not be done in connection with test results concerning Acquired Immune Deficiency Syndrome (AIDS) or Human Immunodeficiency Virus (HIV). We may also make a brief report of your protected health information to MIB, but we will not disclose our underwriting decision.

New York Life will not disclose such information to anyone except those you authorize or where required or permitted by law. Information in our files may be seen by New York Life and Plan Administrator employees, but only on a "need to know" basis in considering your request. Upon receipt of all requested information, we will make a determination as to whether your request for insurance can be approved.

If we cannot provide the coverage you requested, we will tell you why. If you feel our information is inaccurate, you will be given a chance to correct or complete the information in our files. Upon written request to New York Life or MIB, you will be provided with non-medical information. Generally, medical information will be given either directly to the proposed insured or to a medical professional designated by the proposed insured. Your request is handled in accordance with the Federal Fair Credit Reporting Act procedures. If you question the accuracy of the information provided by MIB, you may contact MIB and seek a correction. MIB's information office is: MIB, LLC, 50 Braintree Hill Park, Suite 400, Braintree, MA 02184-8734, telephone 866- 692-6901. For Canadian residents, the address is: MIB Information Office, 330 University Avenue, Suite 501, Toronto, Ontario, Canada M5G 1R7, telephone 416-597-0590. Information for consumers about MIB may be obtained on its website at www.mib.com.

For NM Residents: PROTECTED PERSONS[1] have a right of access to certain CONFIDENTIAL ABUSE INFORMATION[2] we maintain in our files and they may choose to receive such information directly. You have the right to register as a PROTECTED PERSON by sending a signed request to the Administrator at the address listed on the application. Please include your full name, date of birth and address.

[1]**PROTECTED PERSON** means a victim of domestic abuse: who has notified us that he/she is or has been a victim of domestic abuse; and who is an insured person or prospective insured person.

[2]**CONFIDENTIAL ABUSE INFORMATION** means information about: acts of domestic abuse or abuse status; the work or home address or telephone number of a victim of domestic abuse; or the status of an applicant or insured as family member, employer or associate of a victim of domestic abuse or a person with whom an applicant or insured is known to have a direct, close, personal, family or abuse-related relationship.

New York Life Insurance Company 8.12 ed.

Still have questions?

Call the plan administrator at 1-866-331-0180.

Administered by:
A.G.I.A., Inc.
P.O. Box 26860
Phoenix, AZ 85068
1-866-331-0180

A.G.I.A., Inc. is licensed/authorized to transact business in all 50 United States, and the District of Columbia. Their state of domicile is California. Matt Bishop, CA Insurance License #0F00863; Matt Bishop, AR Insurance License #8493373.

Underwritten by:
New York Life Insurance Company
51 Madison Avenue
New York, NY 10010

New York Life Insurance Company's state of domicile is New York and their NAIC ID # is 66915. This is a brief summary of benefits only and is subject to the terms, conditions, exclusions and limitations under Group Policy G-31051-0, on Policy Form GMR/FACE/G-31051-0. New York Life is licensed/authorized to transact business in all 50 United States, District of Columbia, Puerto Rico and Canada. However, not all group policies it underwrites are available in all jurisdictions.

AOA Member dues or contributions are not used for this promotion, program or any other related expenses.

Current Monthly Rates* – Per $100 Benefit (effective 4/1/2025)

Member's Age	45-Day Waiting Period					
	2-Year – Plan 1		5-Year – Plan 2		To Age 65 Plus – Plan 3	
	Non-Smoker	Smoker	Non-Smoker	Smoker	Non-Smoker	Smoker
18-29	$0.30	$0.37	$0.50	$0.62	$0.79	$0.99
30-34	0.36	0.45	0.58	0.72	0.96	1.19
35-39	0.38	0.49	0.75	0.94	1.14	1.43
40-44	0.56	0.70	1.19	1.49	1.81	2.26
45-49	0.74	0.92	1.42	1.77	2.05	2.56
50-54	0.99	1.24	2.58	3.22	3.25	4.06
55-59**	1.64	2.05	2.90	3.62	3.44	4.30
60-64**	2.47	3.09	3.98	4.98	3.98	4.98
65-74***	3.39	4.24	3.39	4.24	3.39	4.24

Member's Age	60-Day Waiting Period					
	2-Year – Plan 1		5-Year – Plan 2		To Age 65 Plus – Plan 3	
	Non-Smoker	Smoker	Non-Smoker	Smoker	Non-Smoker	Smoker
18-29	$0.24	$0.30	$0.40	$0.50	$0.63	$0.79
30-34	0.29	0.36	0.46	0.58	0.77	0.96
35-39	0.31	0.38	0.60	0.75	0.91	1.14
40-44	0.45	0.56	0.95	1.19	1.45	1.81
45-49	0.59	0.74	1.14	1.42	1.64	2.05
50-54	0.79	0.99	2.06	2.58	2.60	3.25
55-59**	1.31	1.64	2.32	2.90	2.75	3.44
60-64**	1.98	2.47	3.19	3.98	3.19	3.98
65-74***	2.72	3.39	2.72	3.39	2.72	3.39

*Rates shown above include the 20% premium credit. Premiums are not guaranteed. Although future credits are dependent upon actual claims experience and cannot be promised or guaranteed, the Program has been granting premium credits for years.

**Rates for ages 55-74 are for renewal only.

***Benefits are payable for up to one year for covered disabilities commencing after age 64 but before age 75.

Note: If you're under age 45 and have been inactive for 6 months or less, your maximum benefit is $2,000.

Current Monthly Rates* – Per $100 Benefit (effective 4/1/2025)

Member's Age	90-Day Waiting Period					
	2-Year – Plan 1		5-Year – Plan 2		To Age 65 Plus – Plan 3	
	Non-Smoker	Smoker	Non-Smoker	Smoker	Non-Smoker	Smoker
18-29	$0.17	$0.21	$0.29	$0.36	$0.46	$0.57
30-34	0.21	0.26	0.33	0.41	0.54	0.68
35-39	0.22	0.28	0.43	0.54	0.66	0.82
40-44	0.32	0.40	0.68	0.85	1.03	1.30
45-49	0.42	0.53	0.81	1.01	1.17	1.46
50-54	0.57	0.70	1.47	1.84	1.86	2.32
55-59**	0.94	1.17	1.66	2.07	1.97	2.46
60-64**	1.41	1.76	2.28	2.85	2.28	2.85
65-74***	1.94	2.42	1.94	2.42	1.94	2.42

Member's Age	180-Day Waiting Period					
	2-Year – Plan 1		5-Year – Plan 2		To Age 65 Plus – Plan 3	
	Non-Smoker	Smoker	Non-Smoker	Smoker	Non-Smoker	Smoker
18-29	$0.16	$0.20	$0.26	$0.33	$0.42	$0.52
30-34	0.19	0.24	0.30	0.38	0.50	0.63
35-39	0.21	0.26	0.40	0.50	0.61	0.76
40-44	0.30	0.37	0.63	0.78	0.96	1.19
45-49	0.39	0.49	0.75	0.94	1.09	1.35
50-54	0.52	0.66	1.36	1.70	1.72	2.14
55-59**	0.86	1.08	1.54	1.92	1.82	2.27
60-64**	1.30	1.63	2.10	2.63	2.10	2.63
65-74***	1.79	2.24	1.79	2.24	1.79	2.24

*Rates shown above include the 20% premium credit. Premiums are not guaranteed. Although future credits are dependent upon actual claims experience and cannot be promised or guaranteed, the Program has been granting premium credits for years.

**Rates for ages 55-74 are for renewal only.

***Benefits are payable for up to one year for covered disabilities commencing after age 64 but before age 75.

Note: If you're under age 45 and have been inactive for 6 months or less, your maximum benefit is $2,000.

Current Monthly Rates* – Per $100 Benefit (effective 4/1/2025)

Member's Age	365-Day Waiting Period					
	2-Year – Plan 1		5-Year – Plan 2		To Age 65 Plus – Plan 3	
	Non-Smoker	Smoker	Non-Smoker	Smoker	Non-Smoker	Smoker
18-29	$0.15	$0.18	$0.25	$0.31	$0.40	$0.50
30-34	0.18	0.22	0.29	0.36	0.48	0.60
35-39	0.19	0.24	0.38	0.47	0.58	0.71
40-44	0.28	0.35	0.59	0.74	0.90	1.13
45-49	0.37	0.46	0.70	0.89	1.02	1.28
50-54	0.50	0.62	1.29	1.61	1.62	2.03
55-59**	0.82	1.02	1.45	1.82	1.72	2.15
60-64**	1.23	1.54	1.99	2.49	1.99	2.49
65-74***	1.70	2.12	1.70	2.12	1.70	2.12

*Rates shown above include the 20% premium credit. Premiums are not guaranteed. Although future credits are dependent upon actual claims experience and cannot be promised or guaranteed, the Program has been granting premium credits for years.

**Rates for ages 55-74 are for renewal only.

***Benefits are payable for up to one year for covered disabilities commencing after age 64 but before age 75.

Note: If you're under age 45 and have been inactive for 6 months or less, your maximum benefit is $2,000.

The premium contributions shown reflect the current rate and benefit structure. Premiums increase on the premium date coinciding with or next following the date that a member enters a new age bracket. Premium contributions may be changed by New York Life Insurance Company on any premium due date and any date on which benefits are changed. However, your rates may change only if they are changed for all other in the same class of insureds under this group policy. For example, a class of insureds is a group of people all with the same issue age, waiting period, and plan benefit option amounts are not guaranteed and are subject to change by agreement between New York Life Insurance Company and the AOA.