

Summary of Benefits Short Term Disability - STD:

Short Term Disability		
Class Description	All Active Full Time Employees in 7/7 (30 Hours)	All Active Full Time Employees in 14/14 (30 Hours)
Weekly Benefit Amount	60%	60%
Maximum Weekly Benefit	\$2000	\$2000
Minimum Weekly Benefit*	\$20	\$20
Elimination Period	Accident – 7 days	Accident – 14 days
	Sickness – 7 days	Sickness – 14 days
Benefit Duration	25 weeks	24 weeks
Rehabilitation Incentives included in quote (details in limitations and definitions)	Work Incentive Rehabilitation Program Incentive Family Care Incentive Moving Expense Incentive	Work Incentive Rehabilitation Program Incentive Family Care Incentive Moving Expense Incentive
* The minimum weekly benefit is subject to overpayment situations and any applicable rehabilitation incentives.		

The following limitations and definitions apply to all plans	
Limitations and Definitions	
Definition of Disability	<p>Due to a Sickness, or as a direct result of accidental injury:</p> <ul style="list-style-type: none"> ▪ the employee is receiving Appropriate Care and Treatment and complying with the requirements of such treatment, and ▪ is unable to earn more than 80% of their predisability earnings at their Own Occupation for any employer., and ▪ is unable to perform each of the material duties of their Own Occupation
Pre-Existing Condition	3/12
Pre-Existing Condition Limitation	<p>Pre-existing Condition means a Sickness or accidental injury for which the employee:</p> <ul style="list-style-type: none"> • Received medical treatment, consultation, care, or services; or • Took prescription medication or had medications prescribed in the 3 months before insurance or any increase in the amount of insurance under the certificate takes effect. <p>We will not pay benefits, or any increase in benefit amount due to an elected increase in the amount of insurance for a Disability that results from a Pre-existing Condition, if the employee has been Actively at Work for less than 12 consecutive months after the date their Disability insurance or the elected increase in the amount of such insurance takes effect under the certificate.</p>
Reduction of Benefits:	Benefits will be reduced by income and recoveries from certain other sources including but not limited to: Social Security disability or retirement benefits received or eligible to receive because of Disability;

	<p>any state, public or federal employee retirement or disability plan benefits received or eligible to receive because of Disability, including State Teachers Retirement System (STRS), Public Employee Retirement System (PERS) or Federal Employee Retirement System (FERS); group insurance policies; certain early retirement plans; no-fault auto laws; governmental compulsory benefit plan or program; other disability programs or plans, sick pay, vacation pay, or other salary continuation; Workers' Compensation benefits; occupational disease laws; maritime maintenance and cure; third party recoveries; and unemployment insurance laws or programs.</p> <p>If there is a reasonable basis for You to apply for benefits under the Federal Social Security Act, a government compulsory plan or program, or STRS, PERS or FERS Benefit Plans or Programs, We expect You to apply for them. To apply for Social Security benefits means to pursue such benefits until You receive approval from the Social Security Administration, or a notice of denial of benefits from an administrative law judge. With respect to benefits under a government compulsory plan or program, or STRS, PERS or FERS Benefit Plans or Programs, to apply means to pursue such benefits through all applicable levels of appeal provided for under such benefit plans or programs.</p> <p>We will reduce the amount of Your Disability benefit by the amount of Social Security benefits, We estimate that You, Your Spouse or child(ren) are eligible to receive because of Your Disability or retirement. We will reduce Your Disability benefits by such estimated Social Security benefits starting with the first Disability benefit payment coincident with the date You were eligible to receive Social Security benefits</p> <p>We will reduce Your Disability benefit by the amount of such government compulsory benefit plan or program benefit, or STRS, PERS or FERS benefit that We estimate You are eligible to receive, provided that We have the reasonable means to make such an estimate. We will start to do this with the first Disability benefit payment under this certificate coincident with the date You were eligible to receive such government compulsory benefit plan or program benefit, or STRS, PERS or FERS benefits under any such plans or programs.</p>
Occupational Benefits:	Non-Occupational Coverage
Definition of Predisability Earnings	<p>The amount of the employee's gross salary or wages from his/her employer as of the day before his/her disability began. Predisability earnings includes: Basic earnings only.</p> <p>The term does not include:</p> <ul style="list-style-type: none"> • The grant, award, sale, conversion, and/or exercise of shares of stock or stock options; • The Employer's contributions on Your behalf to any deferred compensation arrangement or pension plan; or • Any other compensation from the Employer.
Work Incentive	While disabled and receiving a Weekly Benefit, employees may receive up to 100% of Predisability Weekly Earnings, including family care

	expense reimbursement, Rehabilitation incentive, return-to-work earnings, and other income benefits.
Rehabilitation Incentive	10% increase in the Weekly Benefit if participating in an approved Rehabilitation Program.
Family Care Incentive	If the employee works or participates in a Rehabilitation Program while they are Disabled, starting with the 4th Weekly Benefit payment, reimbursement may be provided for up to \$100 per week for eligible Family Care expenses incurred by an employee for each eligible family member during the benefit period.
Moving Expense Incentive	If the employee participates in a Rehabilitation Program while they are Disabled, reimbursement may be provided for expenses incurred in order to move to a new residence if recommended as part of the Rehabilitation Program.
Temporary Recovery	If the employee returns to Active Work before completing the Elimination Period and then becomes Disabled, they will have to complete a new elimination period. If the employee returns to Active Work, after they begin to receive Weekly Benefits, for a period of 20 days or less than becomes Disabled again due to the same or related condition, they will not have to complete a new Elimination Period.
Continuity of Coverage	Provided for groups where this plan will replace an inforce insured plan in force on the day immediately preceding the effective date of this plan.
Organ Donor Benefit	10% increase in the Weekly Benefit if Disability is a result of an Organ Transplant Procedure.
Exclusions	
<p>We will not pay for any Disability caused or contributed to by:</p> <ul style="list-style-type: none"> <input type="checkbox"/> War, whether declared or undeclared, or act of war, insurrection, rebellion, or terrorist act; <input type="checkbox"/> Your active participation in a riot; <input type="checkbox"/> Intentionally self-inflicted injury; <input type="checkbox"/> Any injury for which You are entitled to benefits under Workers' Compensation or a similar law <input type="checkbox"/> Attempted suicide; or <input type="checkbox"/> Commission of or attempt to commit a felony. <p>We will not pay Short Term Benefits for any Disability caused or contributed to by elective treatment or procedures, such as:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Cosmetic surgery or treatment primarily to change appearance; <input type="checkbox"/> Reversal of sterilization; <input type="checkbox"/> Liposuction; <input type="checkbox"/> Visual correction surgery; and <input type="checkbox"/> In vitro fertilization, embryo transfer procedure, or artificial insemination. <p>However, pregnancies and complications from any of these procedures will be treated as a Sickness.</p>	