# **Disability Income Protection**

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### **Short-Term Disability Income Protection**

A Short-Term Disability does not have to put your life or income on hold. Short-Term Disability insurance can provide a stable income source to carry you and your family through a temporary disability if you are unable to work due to a covered injury or sickness.

Short-Term Disability benefits begin after you meet the definition of disability and satisfy the waiting period. Benefit payments are issued in arrears on a weekly basis and can continue while you are disabled up to the maximum benefit duration. Please refer to the Short-Term Disability Plan Document for the full plan and exclusion details.

#### **Eligibility for Coverage**

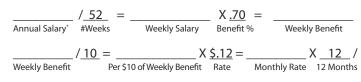
To receive coverage under this plan, you must be an active employee with benefits status.

Employees under Company Number 100, 110, 200, 210, 220, 300, 310 or 320: Jackson Health System provides employer-paid Short-Term Disability. Please refer to the Short-Term Disability Plan Document for full plan and eligibility details.

#### Employees under Company Number 110, 200 or 300:

Jackson Health System provides a "base" Short-Term Disability plan that is employer-paid. Employees have the opportunity to apply for additional income protection under a "buy-up" plan. Please refer to the Short-Term Disability Plan Document for full plan and eligibility details.

#### Example of Short -Term Disability Buy-Up Calculation:



\_26 # of Pay Periods **Biweekly Premium** 

\*Note: "Annual salary is capped at \$111,429, based on the policy's maximum benefit."

Employees under Company Number 400, 410, 500, 600 or 710: Jackson Health System provides a voluntary Short-Term Disability option. The cost of this Short-Term Disability is paid for by you. Please refer to the Short-Term Disability Plan Document for full plan and eligibility details. Use the chart below to determine the premium for your age group.

#### SHORT-TERM BIWEEKLY RATES

| ATTAINED AGE             | <b>Option I Rate</b>      | <b>Option II Rate</b>  |
|--------------------------|---------------------------|------------------------|
|                          | (\$425 maximum)           | (\$700 maximum)        |
| Age 18 – 29              | \$7.51                    | \$9.78                 |
| -                        |                           |                        |
| Age 40 – 49              | \$12.26                   | \$15.95                |
| Age 50 – 59              | \$15.23                   | \$19.80                |
| Age 60 and over          | \$18.30                   | \$23.80                |
| *Please note that pre-ex | only applies to the Volun | tary STD plan, does no |
|                          |                           |                        |

apply to those in company codes 100, 210, 220, 310, 320, 110, 200, 300"

#### Is coverage guaranteed?

Employees are guaranteed coverage. However, coverage is subject to pre-existing condition limitations. Benefits will not be paid for a Total Disability:

- 1. Caused by;
- 2. Contributed to by; or
- 3. Resulting from;

A pre-existing Condition unless the Insured has been actively at work for one (1) full day following the end of twelve (12) consecutive months from the date he/she became an Insured.

Pre-existing Condition means any sickness or injury for which the Insured received medical treatment, consultation, care or services, including diagnostic procedures, or took prescribed drugs or medicines, during the three (3) months immediately prior to the Insured's effective date of insurance.



## Long-Term Disability **Income Protection**

#### How long are my benefits payable?

If you are disabled before age 62, you can receive monthly payments up to age 65. For disabilities that commence between ages 62 and 69, you can receive payments on a decreasing scale, with a maximum one year benefit period for disabilities that commence at age 69 or older.

#### Is coverage guaranteed?

Employees are guaranteed coverage. However, coverage is subject to pre-existing condition limitation.

#### How do I report a Long-Term

#### **Disability claim?**

Claim forms can be obtained by calling 1-800-866-2301.

### What rates will I pay for these plans?

Long-Term Disability

The cost of this insurance program is paid for by you. Use the chart below to determine the amount for your age group.

#### LONG-TERM DISABILITY BIWEEKLY RATES

| ATTAINED AGE | Option I Rate     | Option II Rate    |
|--------------|-------------------|-------------------|
|              | (\$2,500 maximum) | (\$6,000 maximum) |
| Age 18 – 29  | \$2.47            | \$3.70            |
| Age 30 – 39  | \$4.58            | \$6.88            |
| Age 40 – 49  | \$11.18           | \$16.77           |
| Age 50 – 59  | \$22.27           | \$33.40           |
| -            | \$18.25           |                   |

This information is a brief description of the important features of the plan. It is not the contract. Terms and conditions of coverage are set forth in Reliance Standard group policy number LTD 669887. The group policy is subject to its laws of the jurisdiction in which it is issued. The availability of this offer may change. Please keep this material as a reference.

#### JacksonBenefits.org

#### Important facts about Long-Term Disability

Work Incentive Benefits – are designed to allow a disabled employee to return to work while considered disabled and to continue to receive monthly benefits. During the first 12 months you return to work, if, for any month during this period, the sum of your Long-Term Disability benefit, current earnings and any additional other income benefits exceeds 100% of your covered earnings, your disability benefit will be reduced by the excess amount.

If an Insured is receiving a Monthly Benefit because he/she is considered Totally Disabled after 12 months and is able to perform Rehabilitative Employment, you will continue to receive the Monthly Benefit less an amount equal to 50% of earnings received through such Rehabilitative Employment.

**Rehabilitation During Disability** – An Insured will be considered able to perform Rehabilitative Employment if a Physician or licensed or certified rehabilitation specialist determines that he/she can perform such employment. If an insured refuses such Rehabilitative Employment, benefits will terminate.

**Reasonable Accommodation Benefits** – The insurance carrier may reimburse your employer for expenses incurred in making a reasonable accommodation to return the disabled employee to any occupation for your employer. The maximum reimbursement will not exceed \$2,000.

#### What is the Elimination Period and **Interruption Period?**

Elimination Period - The period of consecutive days of total disability for which no benefit is payable. It begins on the first day of total disability.

Interruption Period - If, during the Elimination Period, an Insured returns to active work for less than 30 days, then the same or related total disability will be treated as continuous. Days that the Insured is actively at work during this Interruption Period will not count toward the Elimination Period. This interruption of the Elimination Period will not apply to an Insured who becomes eligible under any other group long term disability insurance plan.

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### **Covered Earnings**

Covered Earnings, as used in the Schedule of Benefits, means the Insured's monthly salary as reported by the Employer on the day just before the date of disability. Earnings does not include commissions, overtime pay, bonuses, or any other special compensation not received as basic salary. Covered Earnings are determined initially on the date an Employee applies for coverage. A change in the amount of Covered Earnings is effective on the date of change, provided the Insured is actively at work on the effective date of the change. If the Insured is not actively at work on that date, the effective date of the change will be deferred until the date the Insured returns to active work.

#### How do I file a claim?

- Call Matrix Absence Management at the toll-free hotline as soon as possible 1-877-202-0055 (24/7 for telephonic claims filing)
- You may also file your claim online, 24 hours a day, seven days a week at: matrixabsence.com
- Short-Term Disability or FMLA claims may be filed by using the mobile app. Search for "Matrix eServices" in your smartphone or tablet's app store.

### For Housestaff Members: **Group Long-Term Disability**

Jackson Health System provides eligible Housestaff Residents and Fellows with Group Long-Term Disability Income Protection while they are employed by JHS. The amount of coverage is 60% of salary to a maximum of \$3,500. Long-Term Disability benefits start after you are disabled for the 90-day elimination period. Benefits continue for each period of total disability until Social Security Normal Retirement Age (SSNRA).

You are considered disabled if as a result of illness or injury you are unable to perform the material duties of your regular occupation. If you return to work and are earning less than your pre-disability earnings, a proportionate benefit may be payable.

### **Optional Long-Term Disability Income Protection**

Additional Disability Income Insurance, called Optional Long-Term Disability Income Protection is available. You are guaranteed coverage if you decide to enroll and you can keep the coverage at the same discounted rate when you leave Jackson Health System.

Long-Term Disability benefits are available up to \$3,500 per month. The benefits start after you have been disabled for the 90-day elimination period and are tax free. The plan covers you in your Own Specialty. The level premiums will be determined by your age and specialty at enrollment time.

For more information on your policy or if you wish to enroll in the optional disability, please contact The Lawrence D. Share Company at 305-577-3937 or email jmhinfo@ldshare.com

#### Voluntary Short-Term Disability

В

| Veekly Benefit Amount                  | 60% of earnings to a ma<br>Option 1: \$425<br>Option 2: \$700                                      |
|--|--|
| limination Period                      | Greater of: 14 consecutiv<br>Accident and Sickness or<br>of extended illness or acc<br>sick leave. |
| Benefit Duration                       | Maximum of 24 weeks  |
| Pre-Existing Limitation clause applies |  |

#### Employer-Paid Short-Term Disability

| Eligible Company Numbers                            | Plan  |
|---|---|
| Employees under Company Numbers: 210, 220, 310, 320 | Elimination Period: Greater of:<br>days (8 calendar days) or expir<br>extended illness or accumulate<br>Benefit Duration: Maximum of<br>- 210, 220: 12 weeks<br>- 310, 320: 25 weeks<br>Pre-Existing Limitation: None |

#### Employer-Paid Short Term Disability with Employee-Paid Buy-up Option

| Eligible Company Numbers  | Plan  |
|---|---|
| Employees under Company Numbers: 110,<br>200 & 300 – <b>Base Plan (Employer-Paid)</b> | Benefit: 60% of weekly earnir<br>maximum of \$1,000<br>Elimination Period: Greater o<br>days (8 calendar days) or expi<br>extended illness or accumulat<br>Benefit Duration: Maximum of<br>- 110, 200: 12 weeks<br>- 300: 25 weeks<br>Pre-Existing Limitation: None |
| Employees under Company Numbers: 110, 200 & 300 – Buy-up Plan (Employee-Paid)         | Benefit: 70% of weekly earni maximum of \$1,500   |

#### Voluntary Long-Term Disability

| Monthly Benefit Amount      | 60% of earnings to a max of:<br>Option 1: \$2,500<br>Option 2: \$6,000 |
|-----------------------------|--|
| Elimination Period          | 180 Days   |
| Benefit Duration            | SSNRA or ADEA – B Age  |
| Pre-existing Limitation     | 3/12   |
| Workplace Modification      | 100% up to \$2,000 Max   |
| Survivor Income Benefit     | 3x monthly benefit   |
| Social Security Integration | Direct with Family SS offset   |
| Own Occupation Coverage     | Yes, 24 months   |
| Spouse Benefit              | None   |
| Conversion                  | Yes  |

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