

Hampton City Schools (#473328) - Full Time
Your Summary of Short Term Disability (STD) Benefits
Benefit Election Period: **08/11/2016 to 08/26/2016**

Your Voluntary Short Term Disability Benefits
Financial protection during illness or injury

Coverage Basics

When am I eligible for coverage?	You qualify if you are an active, full-time or job share employees working at least 18 hours a week. You must be working in an eligible group as defined by your employer.
What is the Voluntary Short Term Disability benefit?	67% of your Pre-disability Earnings* up to \$1,700 a week. All eligible employees may purchase Options 1, 2, and 3, which are a combined STD and LTD. Option 4 is only available to eligible employees who have a balance of at least 55 days of sick leave at the time of election. <small>*Generally, Pre-disability Earnings include your total income before taxes and any deductions for pre-tax contributions. For definition of your Pre-disability earnings please consult your Booklet-Certificate for additional information.</small>
Are all types of illnesses and injuries covered?	Generally, Short Term Disability (STD) does not replace Workers' Compensation and only covers off-the-job illnesses and injuries. STD pays benefits for illnesses or injuries that are unrelated to your occupation or workplace. Pregnancy is covered and treated same as illness.
When does my Voluntary Short Term Disability benefit begin?	To be eligible for benefits, you must be continuously and totally disabled due to a qualifying injury or illness. <u>Option 1</u> - Benefits begin on the 15th calendar day of a qualifying injury or illness. <u>Option 2</u> - Benefits begin on the 29th calendar day of a qualifying injury or illness. <u>Option 3</u> - Benefits begin on the 43rd calendar day of a qualifying injury or illness.
How long does Voluntary Short Term Disability benefit?	<u>Option 1</u> - Benefits are payable for up to 11 weeks while you remain benefit eligible. <u>Option 2</u> - Benefits are payable for up to 9 weeks while you remain benefit eligible. <u>Option 3</u> - Benefits are payable for up to 7 weeks while you remain benefit eligible.

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Is there anything else I should know about my plan?

Definition of Disability

You are considered to be disabled if you are not able to perform the material duties of your own occupation solely because of a non-occupational disease or injury. You will not be deemed to be performing the material duties of your own occupation if you are performing some of the material duties of your own occupation and your income is 20% or less of your pre-disability earnings because of sickness or injury. If your own occupation requires a professional or occupational license or certification of any kind, you will not be considered disabled solely because of loss of license or certification.

Rehabilitation

Our ultimate goal is to help you return to gainful employment. Our consultants review each claim and determine if rehabilitation services would be appropriate and effective. After reviewing your claim, if we feel you would benefit from our services, we will contact you. During your active participation in an Aetna Approved Rehabilitation Program, Aetna will pay you an additional 10% of your monthly benefit after all applicable reductions for other income benefits. Not more than a maximum of \$500 monthly, for a one time maximum of 6 consecutive months for each period of disability will be paid.

Additional Comments

Voluntary Short Term Disability (STD)

Monthly Rate for Option 1: \$0.350 per \$10 of Weekly Benefit

Monthly Rate for Option 2: \$0.208 per \$10 of Weekly Benefit

Monthly Rate for Option 3: \$0.150 per \$10 of Weekly Benefit

For example: An employee, earning \$38,500 annually (Option 1)

$\$38,500 \div 43 = \895.35 Weekly Salary
 $\$895.35 \times 67\% = \599.89 Weekly Benefit Amount
 $\$599.89 \div 10 \text{ (Units)} = 59.99$ Number of \$10 Units
 $59.99 \times \$0.35 = \21.00 Cost Per Month

_____ \div _____ = _____
Annual Earnings Weeks* Weekly Earnings

_____ \times 67% = _____
Weekly Earnings Weekly Benefit Amount

_____ \div \$10 = _____
The Lesser of Weekly Benefit Number of \$10 Units
Amount or \$1,700 of Weekly Benefit

_____ \times _____ = _____
Number of \$10 Units Rate Monthly Cost
of Weekly Benefit

*10 month employees use 43 weeks.
11 month employees use 47 weeks.
12 month employees use 52 weeks.

Please note Option 1-3 require the employee to also purchase LTD, which requires an additional premium.