

## **ESC 20 Benefits Cooperative**

### **Plan Effective Date: 09/01/09**

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*Explore the coverage that helps you protect your income and your lifestyle.*

### **What is the difference between short term and long term disability insurance?**

**Short Term Disability (STD)** insurance can help you replace a portion of your income during the initial weeks of a disability.

**Long Term Disability (LTD)** insurance helps replace a portion of your income for an extended period of time.

### **Eligibility Requirements**

#### **Short Term Disability:**

All active half-time or full-time employees working at least 18.75 hours per week are eligible to participate.

#### **Long Term Disability:**

All active half-time or full-time employees working at least 18.75 hours per week are eligible to participate.

### **How “disability” is defined under your Plan...**

Generally, you are considered disabled and eligible for short term and long term benefits if, due to sickness, pregnancy or accidental injury, you are receiving appropriate care and treatment and are complying with the requirements of treatment; and for STD, you are unable to earn more than 80% of your Predisability Earnings at your own occupation, or for LTD, you are unable to earn more than 80% of your Predisability Earnings at your own occupation for any employer in your Local economy; and you are unable to perform each of the material duties of your own occupation.

Following the Own Occupation period for LTD, you are considered disabled if, due to sickness, pregnancy or accidental injury, you are receiving appropriate care and treatment and complying with the requirements of treatment and you are unable to earn 60% of your Predisability Earnings at any gainful occupation for any employer in your Local economy for which you are reasonably qualified taking into account your training, education and experience.

For a complete description of this and other requirements that must be met, refer to the Certificate of Insurance/Summary Plan Description provided by your Employer.

### **What is the benefit amount?**

#### **Short Term Disability:**

The Short Term Disability benefit replaces a portion of your predisability earnings, less the income you may receive from other sources (e.g., state-mandated benefits, no-fault auto laws, sick pay, etc.).

The Benefit amount is 60 % of your predisability weekly earnings. The maximum monthly benefit is \$6,000.

#### **Long Term Disability:**

The Long Term Disability benefit replaces a portion of your predisability monthly earnings, less the income you may receive from other sources (e.g., Social Security, Workers' Compensation, etc.).

The Benefit amount is 60% of your predisability monthly earnings. The maximum monthly benefit is \$6,000.



# MetLife® Disability Coverage

## When do benefits begin and how long do they continue?

### Short Term Disability:

Benefits begin after the end of the elimination period. The elimination period begins on the day you become disabled and is the length of time you must wait while being disabled before you are eligible to receive a benefit. The elimination periods are as follows:

#### **Option 1:**

**For Injury/Accident:** 30 days.

**For Sickness (includes pregnancy):** 30 days.

#### **Option 2:**

**For Injury/Accident:** 14 days.

**For Sickness (includes pregnancy):** 14 days.

Benefits continue for as long as you are disabled up to a maximum duration of 26 weeks.

### Long Term Disability:

Benefits begin after the end of the elimination period. The elimination period begins on the day you become disabled and is the length of time you must wait while being disabled before you are eligible to receive a benefit. Your elimination period for Long Term Disability is Option 1: 90 days, Option 2: 180 days.

Your plan's maximum benefit period and any specific limitations are described in the Certificate of Insurance/Summary Plan Description provided by your Employer.

## Additional Disability Plan Benefits:

### Coverage with Your Best Interests in Mind...

When you are ill or injured for a short period, MetLife® believes you need more than a supplement to your income. That's why we offer return-to-work services.

### Services to Help You Get Back to Work Can Include:

#### **Nurse Consultant or Case Manager Services:**

Specialists who personally contact you, your physician and your employer to coordinate an early return-to-work plan when appropriate.

#### **Vocational Analysis:**

Help with identifying job requirements and determining how your skills can be applied to a new or modified job with your employer.

#### **Job Modifications/Accommodations:**

Adjustments (e.g., redesign of work station tools) that enable you to return to your previous job or a similar one.

#### **Retraining:**

Development programs to help you return to your previous job or educate you for a new one.

#### **The Services of Social Security Specialists:**

Can help you obtain Social Security Disability benefits. Can guide you through the initial application and appeals processes. May also help you access legal assistance from attorneys.



## Answers to Some Important Questions...

### **Q. Can I still receive benefits if I return to work part time?**

- A.** Yes. As long as you are disabled and meet the terms of your disability plan, you may qualify for adjusted disability benefits.

Your plan offers financial incentives designed to help you to return to work, even on a part-time basis. While disabled, you may receive up to 100% of your Predisability Earnings when combining benefits, Rehabilitation Incentives, other income sources such as Social Security Disability Benefits and State Disability Benefits, and part-time earnings.

**Short Term Disability coverage** offers Rehabilitation and Family Care Incentives when you participate in an approved Rehabilitation Program. With the Rehabilitation Incentive you can get a 10% increase in your weekly benefit. Following the 4th weekly benefit payment, the Family Care Incentive provides reimbursement up to \$100 per week for eligible expenses, such as child care. If you participate in a Rehabilitation Program while you are disabled, we may reimburse you for expenses you incur in order to move to a new residence recommended as part of the Rehabilitation Program. Expenses must be approved in advance.

**Long Term Disability coverage** also offers Rehabilitation and Family Care Incentives when you participate in an approved Rehabilitation Program. With the Rehabilitation Incentive you can get a 10% increase in your monthly benefit. Under long term disability coverage, the Family Care Incentive provides reimbursement up to \$400 per month for eligible expenses, such as child care, during the first 24 months of disability. If you participate in a Rehabilitation Program while you are disabled, we may reimburse you for expenses you incur in order to move to a new residence recommended as part of the Rehabilitation Program. Expenses must be approved in advance.

### **Q. Are there any limitations for pre-existing conditions?**

- A.** Yes. Your plan may not cover a sickness or accidental injury that arose in the months prior to your participation in the plan. A complete description of the pre-existing condition exclusion is included in the Certificate of Insurance/Summary Plan Description provided by your Employer.

### **Q. Are there any other limitations or exclusions to my coverage?**

- A.** Yes. Under *Short Term Disability*, no payment will be made for any disability caused or contributed to by:

- Elective treatment or procedures, such as cosmetic surgery, sex-change surgery, reversal of sterilization, liposuction, visual correction surgery or in vitro fertilization, embryo transfer procedure, artificial insemination, or other specific procedures.

However, pregnancies and complications from any of these procedures will be treated as a sickness

Under *Short Term and Long Term Disability* coverage no payment will be made for any disability caused or contributed to by:

- War, whether declared or undeclared, or act of war, insurrection, rebellion or terrorist act;
- Active participation in a riot;
- Intentionally self-inflicted injury or attempted suicide;
- Commission of or attempt to commit a felony.

Additionally, for STD and for LTD no payment will be made for a disability caused or contributed to by any injury or sickness for which you are entitled to benefits under Workers' Compensation or a similar law.



# MetLife® Disability Coverage

For Long Term Disability, limited benefits apply for specific conditions, such as mental or nervous disorders or diseases, alcohol, drug, or substance abuse or addiction, neuromuscular, musculoskeletal or soft tissue disorders, and chronic fatigue syndrome and related conditions.

Other limitations or exclusions to your coverage may apply. Please review your Certificate of Insurance/Summary Plan Description provided by your Employer for specific details or contact your benefits administrator with any questions.

The "Plan Benefits" provides only a brief overview of the LTD and STD plans. A more complete description of the benefits provisions, conditions, limitations, and exclusions will be included in the Certificate of Insurance/Summary Plan Description. If any discrepancies exist between this information and the legal plan documents, the legal plan documents will govern.

Long Term Disability ("LTD") and Short Term Disability ("STD") coverages are provided under a group insurance policy (Form GPNP99) issued to your employer by MetLife. This LTD and STD coverages terminates when your employment ceases, when you cease to be an eligible employee, when your LTD and STD contributions cease (if applicable) or upon termination of the group contract by your employer. Like most group insurance policies, MetLife group policies contain certain exclusions, elimination periods, reductions, limitations and terms for keeping them in force. State variations may apply.





# MetLife® Disability Coverage

## ESC 20 Benefits Cooperative Disability Plan Contribution Worksheet

This worksheet allows you to approximate your monthly and annual contributions for Short Term Disability (STD) and Long Term Disability (LTD) coverage effective September 1, 2009. Contribution amounts are based on gross monthly income. Actual contributions will be calculated by the payroll system.

### Short Term Disability Contribution:

|   |             |
|---|-------------|
| <b>A. Annual Earnings</b>                             |             |
| <b>B. Monthly Earnings</b><br>(A. divided by 12)      |             |
| <b>C. Monthly Earnings/100</b>                        |             |
| <b>D. Rate per \$100</b>                              | <b>0.40</b> |
| <b>E. Estimated Monthly Contribution</b><br>(C. x D.) |             |
| <b>F. Estimated Annual Contribution</b><br>(E. x 12)  |             |

### STD Example

|   |             |
|---|-------------|
| <b>A. Annual Earnings</b>                             | \$ 30,000   |
| <b>B. Monthly Earnings</b><br>(A. divided by 12)      | \$ 2,500    |
| <b>C. Monthly Earnings/100</b><br>(B. divided by 100) | \$ 25.00    |
| <b>D. Rate per \$100</b>                              | <b>0.40</b> |
| <b>E. Estimated Monthly Contribution</b><br>(C. x D.) | \$ 10.00    |
| <b>F. Estimated Annual Contribution</b><br>(E. x 12)  | \$ 120.00   |

### Long Term Disability Contribution:

|   |             |
|---|-------------|
| <b>A. Annual Earnings</b>                             |             |
| <b>B. Monthly Earnings</b><br>(A. divided by 12)      |             |
| <b>C. Monthly Earnings/100</b><br>(B. divided by 100) |             |
| <b>D. Rate per \$100</b>                              | <b>0.48</b> |
| <b>E. Estimated Monthly Contribution</b><br>(C. x D.) |             |
| <b>F. Estimated Annual Contribution</b><br>(E. x 12)  |             |

### LTD Example

|   |             |
|---|-------------|
| <b>A. Annual Earnings</b>                             | \$ 30,000   |
| <b>B. Monthly Earnings</b><br>(A. divided by 12)      | \$ 2,500    |
| <b>C. Monthly Earnings/100</b><br>(B. divided by 100) | \$ 25.00    |
| <b>D. Rate per \$100</b>                              | <b>0.48</b> |
| <b>E. Estimated Monthly Contribution</b><br>(C. x D.) | \$ 12.00    |
| <b>F. Estimated Annual Contribution</b><br>(E. x 12)  | \$ 144.00   |

