

# Savannah Chatham County Public School System Long Term Disability Plan Benefits Original Plan Effective Date: September 1, 2017 Date Prepared: 7/20/2017

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

### What is Long Term Disability insurance?

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

## **Eligibility Requirements:**

All active full-time employees working at least 20 hours per week are eligible to participate.

## How is "Disability" defined under the Plan?

Generally, you are considered disabled and eligible for long term benefits if, due to sickness, pregnancy or accidental injury, you are receiving appropriate care and treatment and complying with the requirements of the treatment and you are unable to earn more than 80% of your pre-disability earnings at your own occupation for any employer in your local economy.

### What is the benefit amount?

The Long Term Disability benefit replaces a portion of your pre-disability monthly earnings, less other income you may receive from other sources<sup>1</sup> during the same Disability (e.g., Social Security, Workers' Compensation, vacation pay etc.).

The Benefit amount is 60% of your pre-disability monthly earnings subject to the plan's maximum monthly benefit.

#### What is the maximum monthly benefit?

The amount of the Long Term Disability benefit may not exceed the maximum monthly benefit established under the plan, regardless of your annual salary amount. The maximum under this plan is \$6,000.

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

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 the greater of maximum STD benefit or 180 days.

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

# 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.

#### Are there Pre-existing conditions?

If the insured employee received treatment within the 3 months prior to his effective date and subsequently within the first 12 months of his insurance is disabled by the same cause for which he has been receiving treatment, no benefits are payable for that disability. If the insured employee receives treatment during the first 3 months following his effective date, benefits will not be payable if he becomes disabled by the same cause for which he was diagnosed or receiving treatment prior to the effective date.

Your plan offers financial and Rehabilitation incentives designed to help you to return to work when appropriate, even on a part-time basis when you participate in an approved Rehabilitation Program.

While disabled, you may receive up to 100% of your pre-disability earnings when combining benefits and Rehabilitation Incentives.

The Family Care Incentive provides reimbursement up to \$350 per month for eligible expenses, such as child care, during the first 24 months of Disability.

You may be eligible for the Moving Expense Incentive if you incur expenses 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 exclusions to my coverage?

- A. Yes. Your plan does not cover any Disability which results from or is 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.

#### Long Term Disability Rates:

\*For 12 months pay periods per year based on income.

	LTD
< 20	0.043
20-24	0.051
25-29	0.094
30-34	0.128
35-39	0.187
40-44	0.332
45-49	0.493
50-54	0.646
55-59	0.731
60-64	0.731
65-69	0.731
70+	0.731