



Offered by Life Insurance Company of North America, a Cigna company

**Employee-Paid  
SHORT-TERM DISABILITY INSURANCE**

**SUMMARY OF BENEFITS**

Prepared for: New Albany Floyd County Consolidated School Corporation

Disability insurance pays a portion of your salary if you're unable to work due to a covered disability. When reviewing this coverage, consider how long you can personally go without receiving a paycheck.

**Who Can Elect Coverage?:**

You: All active Employees of the Employer regularly working a minimum of 15 hours per week in the United States, who are citizens or permanent resident aliens of the United States.

You will be eligible for coverage immediately.

**Available Coverage:**

Gross Weekly Benefit <sup>1</sup>	Maximum Gross Weekly Benefit	Benefit Waiting Period	Maximum Benefit Period
Units of \$25	Lesser of 60% of your weekly covered earnings or \$1,000	14 Days for accident 14 Days for sickness	13 Weeks for accident 13 Weeks for sickness

**Employee's Monthly Cost of Coverage:**

Age	Monthly Rate per \$10 of Weekly Benefit
0-19	\$0.624
20-24	\$0.624
25-29	\$0.624
30-34	\$0.624
35-39	\$0.624
40-44	\$0.624
45-49	\$0.624
50-54	\$0.624
55-59	\$0.693

Age	Monthly Rate per \$10 of Weekly Benefit
60-64	\$0.807
65-69	\$0.886
70-74	\$0.886
75-79	\$0.886
80-84	\$0.886
85-89	\$0.886
90-94	\$0.886
95-99	\$0.886

*Actual per pay period premiums may differ slightly due to rounding.  
Rates vary by age and may be subject to change in the future.*

**How to Calculate Your Bi-Weekly Cost:**

- Step 1:** Use the chart above to find your Monthly rate based on age. Multiply this rate by your gross weekly benefit.
- Step 2:** Divide the total by 10. The result is your Monthly cost.
- Step 3:** Multiply your Monthly Cost by 12.
- Step 4:** Divide by 26. The result is your **Bi-Weekly Cost**.

### Important Definitions and Policy Provisions:

**Disability** - "Disability" or "Disabled" means if solely because of a covered injury or sickness, you are unable to perform the material duties of your regular job and you are unable to earn 80% or more of your covered earnings from working in your regular job. We will require proof of earnings and continued disability.

**Covered Earnings** -Employee's annual wage or salary excluding bonuses, commissions, overtime pay, and extra compensation.

**When Benefits Begin** - You must be continuously Disabled for 14 Days for an accident and 14 Days for a sickness before benefits will be paid for a covered Disability.

**How Long Benefits Last** - Once you qualify for benefits under this plan, the maximum number of weekly Disability benefits is 13 Weeks for an accident and 13 Weeks for a sickness. Disability benefits will end sooner if you no longer qualify for benefits.

**When Coverage Takes Effect** - Your coverage takes effect on the plan or policy effective date, the date you become eligible, the date we receive your completed enrollment form, or the date you authorize any necessary payroll deductions, whichever is the latest date. If you're not actively at work on the date your coverage would otherwise take effect, your coverage will take effect on the date you return to work. If you have to submit evidence of good health, your coverage takes effect on the date we agree, in writing, to cover you.

### Benefit Reductions, Conditions, Limitations and Exclusions:

**Effects of Other Income Benefits** - This plan is structured to prevent your total benefits and post-disability earnings from equaling or exceeding pre-disability earnings. Therefore, we reduce this plan's benefits by an amount equal to any Social Security retirement and/or disability benefits payable to you, your dependents, or a qualified third party on behalf of you or your dependents. Your disability benefits will not be reduced by any Social Security disability benefits you are not receiving as long as you cooperate fully in efforts to obtain them and agree to repay any overpayment when and if you do receive them. Disability benefits will be reduced by amounts received through other government programs, sick pay, employer funded retirement benefits, workers' compensation, franchise/group insurance, auto no-fault, and damages for wage loss. For details, see your Certificate of Insurance.

**Pre-existing Condition Limitation** - Benefits are not payable for medical conditions for which you incurred expenses, took prescription drugs, received medical treatment, care or services (including diagnostic measures), or for which a reasonable person would have consulted a physician during the 6 months just prior to the most recent effective date of insurance. Benefits are not payable for any disability resulting from a pre-existing condition unless the disability occurs after you have been insured under this plan for at least 12 months after your most recent effective date of insurance.

**Termination of Disability Benefits** - Your benefits will terminate when your Disability ceases, when your benefit duration period is exceeded, you earn more than your allowable Covered Earnings, or the date you refuse to participate in rehabilitation services.

**Exclusions** - This plan does not pay benefits for a Disability which results, directly or indirectly, from any of the following:

- Suicide, attempted suicide, or intentionally self-inflicted injury while sane or insane.
- war or any act of war, whether or not declared.
- active participation in a riot;
- commission of a felony;
- the revocation, restriction or non-renewal of an Employee's license, permit or certification necessary to perform the duties of his or her occupation unless due solely to Injury or Sickness otherwise covered by the Policy.
- any cosmetic surgery or surgical procedure that is not Medically Necessary.
- an Injury or Sickness for which the Employee is entitled to benefits from Workers' Compensation or occupational disease law.
- an Injury or Sickness that is work related.

In addition, the plan does not pay disability benefits any period of Disability during which you are incarcerated in a penal or corrections institution.

1. Your benefit amount will be reduced by any amounts payable to you by any of the sources listed under the "Effects of Other Income Benefits" section.
2. Costs are subject to change.

Terms and conditions of coverage for Short Term Disability insurance are set forth in Group Policy No. VDT 962693. This is not intended as a complete description of the insurance coverage offered. This is not a contract. Complete coverage details, including premiums, are contained in the Policy Certificate. If there are any differences between this summary and the group policy, the information in the group policy takes precedence. Product availability and/or features may vary by state. Please keep this material as a reference. Insurance coverage is issued on group policy form number: Policy Form TL-004700. Coverage is underwritten by Life Insurance Company of North America, 1601 Chestnut St. Philadelphia, PA 19192.

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