

# Long - Term Income Protection

## Security

*For you and Your Family*



### **What is the purpose of the Long-Term Income Protection Program?**

The purpose of the Long-Term Income Protection Program is to assure that you will continue to receive a portion of your current income should you become disabled for more than 90 days.

### **Who is covered?**

All regular full-time employees have County provided Basic Long-Term Income Protection.

### **When does coverage start?**

Basic coverage begins on the first day that you are actively at work following full-time employment for six months.

### **What does the Long-Term Income Protection Program cover?**

The Basic Program, at no cost to you, provides a benefit of 60% of your salary up to \$50,000 once you have been disabled from your job for 90 days. In addition to the basic coverage, for a small monthly premium you may purchase the same 60% coverage for that portion of your salary which is above \$50,000.

### **Example of Benefit Level:**

<u>Annual Covered Salary</u>	<u>Annual Benefit</u>
\$50,000 (Basic)	\$30,000
\$55,000	\$33,000
\$60,000	\$36,000

### **How can I protect my salary which is above \$50,000?**

If your salary is greater than \$50,000, you may enroll to purchase Additional Coverage for the difference between \$50,000 and your total annual salary. The premium rate is \$.50 per \$100 of annual salary per year.

### **Example of Premium for Additional Coverage:**

Annual Salary	\$57,000
Basic Coverage	50,000
Amount to be purchased	7,000

$\$7,000 \div \$100 = 70 \times \$0.50 = \$35.00 \div 24 \text{ pay periods} = \$1.46$  per pay period for biweekly employees.

**NOTE: This calculation will vary for employees on a 10 or 12 month pay schedule.**

### **Do I need to increase my Additional Coverage as my salary increases?**

No, your Additional Coverage automatically increases with your salary.

### **When may I sign up for the Additional Coverage?**

You may apply for the Additional Coverage at any time. However, if you apply more than 31 days after you complete six months of service or 31 days after the date your annual salary exceeds \$50,000 you must, at your own expense, provide evidence of good health and proof of insurability. Should you fail to provide such evidence, the County reserves the right to deny the additional coverage.

### **How are pre-existing conditions covered?**

You are entitled to a benefit due to a pre-existing condition provided (1) you have not received medical treatment, consultation, care or services including diagnostic measures, nor taken prescribed drugs for a period of at least 90 consecutive calendar days prior to your coverage effective date or (2) you have been a member for twelve consecutive months.

### **How will I receive this benefit?**

Benefits are payable at the end of each covered month unless there are unusual delays in receiving the required information. Benefits will be pro-rated for any covered period of less than a full month.

### **Will I always receive a benefit if I am disabled?**

No. The Plan benefit is offset by other income sources including, but not limited to, VRS, Social Security, Workers' Compensation and County sponsored leave or income continuation. If your income from such sources is equal to or greater than 60% of your salary, you will not receive a benefit from this Plan.

Additionally, your disability is reviewed periodically and benefits may terminate if you no longer meet eligibility requirements as set forth in the Plan.

### **How / When to apply for benefits?**

Employees who learn that they may be out of work for more than 90 days should complete an Employee Claim Form and return it to the address listed below. The claim form is available from the Human Resources, Benefits Division or online at [www.co.henrico.va.us/hr/benefits](http://www.co.henrico.va.us/hr/benefits). This form should be completed and returned as soon as possible so that the decision on eligibility for benefits will not be delayed.

County of Henrico Human Resources Department  
Benefits Division  
P.O. Box 90775  
Henrico, VA 23273  
804-501-7302  
[www.co.henrico.va.us/hr/benefits](http://www.co.henrico.va.us/hr/benefits)

This summary explains the general purpose of the Program. In the event of any discrepancy between this summary and the Plan, the terms of the Plan apply. If you have questions concerning this Program, please contact the County of Henrico Human Resources Department.