



**HENRICO COUNTY GENERAL GOVERNMENT
AND SCHOOLS
INCOME PROTECTION: SHORT TERM DISABILITY (STD)
SUMMARY OF BENEFITS**

Eligibility	All active, permanent full-time and part-time employees working a minimum of 20 hours per week for Henrico County General Government and Schools.
Current Enrollment Period	Please refer to your Annual Enrollment Information.
Eligibility Waiting Period	<p>The eligibility waiting period is the continuous period of time an employee must be in active service before becoming eligible to enroll for disability coverage.</p> <ul style="list-style-type: none">▪ The eligibility waiting period is satisfied on the date you are hired or on the first of the month following your date of hire.
Date Your Short Term Disability Coverage Starts	<ul style="list-style-type: none">▪ If you are actively at work on the coverage effective date and you enroll for short term disability coverage by no later than the last day of the Annual Enrollment Period, coverage up to the guaranteed issue amount will start on the first of January following the date you submit your enrollment. Coverage above the guaranteed issue amount will go into effect after that coverage is approved by Aetna Life Insurance Company (Aetna).▪ If you are a newly eligible employee and you elect short term disability coverage within 31 days of your eligibility date, your coverage will become effective the date you are hired or on the first of the month following your date of hire.
Actively-at-Work Definition	If the employee is ill or injured and away from work on the date any of his or her Employee Coverage (or any increase in such coverage) would become effective, the effective date of coverage (or increase) will be held up until the date he or she goes back to work for one full day.
Short Term Disability Weekly Benefit	<p>Upon qualifying for benefits, your coverage provides you with income replacement to replace up to 60% of your pre-disability weekly earnings to a maximum weekly benefit* of \$2,500. The minimum weekly benefit is \$25.</p> <p><i>* Short Term Disability benefits are combined with other income benefits, as specified in your Certificate of Insurance Booklet.</i></p>
Short Term Disability Elimination Period (Benefits Begin)	<p>To be eligible for benefits, you must be unable to work due to non-occupational injury or illness. The plan option you elect will determine when benefits begin on a qualifying injury or illness.</p> <ul style="list-style-type: none">▪ Option 1: Benefits begin on the 15th calendar day of a qualifying injury and 15th calendar day of a qualifying illness.▪ Option 2: Benefits begin on the 29th calendar day of a qualifying injury and 29th calendar day of a qualifying illness.▪ Option 3: Benefits begin on the 43rd calendar day of a qualifying injury and 43rd calendar day of a qualifying illness.
Short Term Disability Benefit Period	<p>The plan option you elect will determine the length of time benefits are payable.</p> <ul style="list-style-type: none">▪ Option 1: Benefits are payable for 11 weeks.▪ Option 2: Benefits are payable for 9 weeks.▪ Option 3: Benefits are payable for 7 weeks.

This Summary of Benefits explains the general purpose of the insurance described, but in no way change or affect the policy as it is actually issued. In the event of any discrepancy between any of these documents and the policy, the terms of the policy apply. Complete coverage information is in the certificate of insurance booklet available to each insured individual. Please read it carefully and keep it in a safe place with your other important papers.



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Guaranteed Issue	<p>The guaranteed issue amount is the amount of insurance coverage that you may elect without providing evidence of good health.</p> <p><u>If You Currently Have Coverage And Elect Additional Coverage During the Specified Annual Enrollment Period:</u></p> <ul style="list-style-type: none">▪ <i>If you are currently insured under Option 3</i>, you may elect Option 2 without evidence of good health.▪ <i>If you are currently insured under Option 2</i>, you may elect Option 1 without evidence of good health. <p><u>If You Do Not Currently Have Coverage And Elect Coverage During the Specified Annual Enrollment Period:</u></p> <ul style="list-style-type: none">▪ <i>You may elect Option 3</i> without evidence of insurability. To elect Option 1 or Option 2 evidence of good health is required. <p><u>New Hire (enrolling within 31 days of eligibility)</u> <i>You may elect Option 1, Option 2 or Option 3</i> without evidence of good health.</p>
Evidence of Good Health	<p>You will need to provide evidence of good health for review and approval by Aetna in the following situations:</p> <ul style="list-style-type: none">▪ If you do not enroll during the current enrollment period or within 31 days of eligibility.▪ If you enroll for an option above the guaranteed issue amount.
Pre-existing Condition Limitation	<p>Benefits can be limited for disabilities arising from pre-existing conditions. Pre-existing conditions are disabilities caused by a sickness or injury that was diagnosed or treated or for which prescribed drugs or medicines had been taken during the 3 months before your coverage effective date. No benefit is payable for any disability that is caused by or contributed to by a "pre-existing" condition" until the earlier of a treatment-free period of 6 months from your effective date or 12 consecutive months following your effective date of coverage.</p>
Definition of Disability	<p>You are considered to be disabled if you are not able to perform the material duties of your own occupation solely because of 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 80% or less of your pre-disability earnings because of sickness or injury.</p> <p>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.</p>
Rehabilitation	<p>Our ultimate goal is to help you return to gainful employment. Our consultants review each disability claim and determine if Aetna rehabilitation services would be appropriate and effective. After reviewing your claim, if we feel you would benefit from our services, we will contact you.</p>

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Short Term Disability Cost The cost of this benefit is determined by the plan option you elect and your weekly earnings. Each plan option provides you with an opportunity to design your short term disability coverage to best meet your individual needs.

The table below highlights key plan features of each plan package and the associated rate.

	Option 1	Option 2	Option 3
Elimination Period	14 days	28 days	42 days
Benefit Period	11 weeks	9 weeks	7 weeks
Weekly Benefit: Maximum Benefit	60% up to \$2,500	60% up to \$2,500	60% up to \$2,500
	Rate Per \$10 of Weekly Benefit		
Monthly Rate	\$0.288	\$0.133	\$0.070

Examples: Employee with \$30,000 salary (\$576.92 per week)

If employee elected Option 1:

STD Weekly Benefit: 60% of \$576.92 = \$346.15
 STD Monthly Cost: \$346.15 ÷ \$10 = 34.62 x \$0.288 = \$9.97
 STD Bi-Weekly Cost: \$9.97 x 12 = \$119.64 ÷ 24 = \$4.98

If employee elected Option 2:

STD Weekly Benefit: 60% of \$576.92 = \$346.15
 STD Monthly Cost: \$346.15 ÷ \$10 = 34.62 x \$0.133 = \$4.60
 STD Bi-Weekly Cost: \$4.60 x 12 = \$55.20 ÷ 24 = \$2.30

If employee elected Option 3:

STD Weekly Benefit: 60% of \$576.92 = \$346.15
 STD Monthly Cost: \$346.15 ÷ \$10 = 34.62 x \$0.070 = \$2.42
 STD Bi-Weekly Cost: \$2.42 x 12 = \$29.04 ÷ 24 = \$1.21

** Examples assume the employee is a 12-month employee with gross average weekly salary based on 52 weeks.*

For Schools' employees: Your gross average weekly salary will be determined by dividing your annual salary by your weeks worked. Your weeks worked will be determined by dividing your annual hours worked by the hours you work per week.

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