

YOUR GROUP LONG TERM DISABILITY (LTD) PLAN: BENEFITS HIGHLIGHTS



More than 1 in 4 adults in the U.S. has some type of disability.¹

A disability can happen to anyone. Long Term Disability (LTD) insurance provides you with partial income replacement for a long period of time if you become disabled due to a covered injury or sickness.



To learn more about your LTD plan, visit de.gov/statewidebenefits (Select your *group*, then select *Disability Insurance*)

Here you will find the LTD Plan Booklet, Disability Insurance Program (DIP) Rules and Regulations, Frequently Asked Questions, online courses, information on return to work, and more.

COVERAGE INFORMATION

MONTHLY BENEFIT	MINIMUM MONTHLY BENEFIT	MAXIMUM MONTHLY BENEFIT	BENEFITS START	MAXIMUM DURATION OF BENEFITS
60% of your Pre-Disability Base Pay	The greater of \$100 or 10% of the benefit, before the deduction of Other Income Benefits	\$8,000	On the 183 rd calendar day of disability	Until you are no longer disabled or reach age 65, whichever occurs first

QUESTIONS AND ANSWERS

AM I ELIGIBLE FOR COVERAGE?

You are eligible for this coverage if you are hired into a position covered by the Delaware State Employees' Pension Plan on or after January 1, 2006. *Includes* retired Delaware State Troopers who are hired into a position covered by the Delaware State Employees' Pension Plan as of July 1, 2008.

WHAT IS THE COST OF COVERAGE?

You do not contribute towards the cost of coverage. The cost of the coverage is paid in full by the State of Delaware.

DO I NEED TO ENROLL?

No, your employer will automatically enroll you for this coverage.

WHEN DOES COVERAGE BEGIN?

Your coverage in this plan becomes effective once you are actively at work for one full day.

WHEN DOES COVERAGE END?

Your coverage will end when you no longer meet eligibility conditions, you leave your employer, or the coverage is no longer offered.

WHAT DOES IT MEAN TO BE DISABLED?

Due to accidental bodily injury, sickness, mental illness, substance abuse or pregnancy you are unable to perform the essential duties of your occupation, and as a result, you are earning 20% or less of your Pre-Disability Base Pay or you are able to perform some, but not all, of the essential duties of your occupation and as a result, you are earning more than 20% but less than 80% of your Pre-Disability Base Pay. Pre-Disability Base Pay is defined in your LTD Plan Booklet.

WHEN CAN I APPLY FOR LTD BENEFITS?

Prior to the exhaustion of your Short Term Disability (STD) benefit period, The Hartford will send an LTD application to your home to complete and return to The Hartford for benefit consideration.

WHO CAN I CONTACT WITH QUESTIONS ABOUT LTD?

Call The Hartford at 1-877-484-9731.

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EXCLUSIONS AND LIMITATIONS

This coverage includes certain limitations and exclusions. The LTD Plan Booklet details all provisions, limitations, and exclusions for this insurance coverage. A copy of the certificate can be obtained from your employer.

GROUP LONG TERM DISABILITY INSURANCE

GENERAL EXCLUSIONS

- You must be under the regular care of a health care provider to receive benefits
- You cannot receive disability insurance benefit payments for disabilities that are caused or contributed to by:
 - War or act of war (declared or not)
 - The commission of, or attempt to commit a felony, or to which a contributing cause was your being engaged in an illegal occupation
 - An intentionally self-inflicted injury
 - Injury sustained as a result of doing any work for pay or profit from another employer

PRE-EXISTING CONDITIONS

- Your LTD insurance excludes the benefits you can receive for pre-existing conditions. In general, if you were diagnosed or received care for a condition before the effective date of your certificate, you will be covered for a disability due to that condition only if:
 - You have not received treatment for your condition for 3 months before the effective date of your insurance, or
 - You have not received treatment for your condition for 12 months after the effective date of your insurance, or
 - You have been insured under this coverage for 12 months prior to your disability commencing, so you can receive benefits even if you're receiving treatment, or
 - You have already satisfied the pre-existing condition requirement of your previous insurer

OTHER INCOME BENEFITS

Your LTD benefit payments will be reduced by other income you receive or are eligible to receive due to your disability, including:

1. temporary, permanent disability, or impairment benefits under a Workers' Compensation Law, the Jones Act, occupational disease law, similar law or substitutes or exchanges for such benefits;
2. governmental law or program that provides disability or unemployment benefits as a result of your job with your employer;
3. plan or arrangement of coverage, whether insured or not, which is received from your employer as a result of employment by or association with your employer or which is the result of membership in or association with any group, association, union or other organization;
4. mandatory "no-fault" automobile insurance plan;
5. disability benefits under: a) the United States Social Security Act or alternative plan offered by a state or municipal government; b) the Railroad Retirement Act; c) the Canada Pension Plan, the Canada Old Age Security Act, the Quebec Pension Plan or any provincial pension or disability plan; or d) similar plan or act; 21 that you, your spouse and/or children, are eligible to receive because of your disability; or
6. disability benefit from the Department of Veterans Affairs, or any other foreign or domestic governmental agency: a) that begins after you become disabled; or b) that you were receiving before becoming disabled, but only as to the amount of any increase in the benefit attributed to your disability.

This example is for purposes of illustrating the effect of the benefit reductions and is not intended to reflect the situation of a particular claimant under the Policy:

Employee's monthly Pre-Disability Base Pay: \$3,000

LTD benefits percentage: 60%

Maximum monthly benefit: $\$3,000 \times 0.60 = \$1,800$

Employee's monthly Social Security disability benefit: \$900

Total amount of LTD benefit per month is $\$1,800 - \$900 = \mathbf{\$900}$ (assumes no other income benefits)

¹Center for Disease Control and Prevention "Disability Impacts All of Us," September 2020: <https://www.cdc.gov/ncbddd/disabilityandhealth/infographic-disability-impacts-all.html>, as viewed on 10/14/2020

This Benefits Highlights document explains the general purpose of the LTD coverage being offered and is provided for illustrative purposes only and is not a contract. In the event of a discrepancy between this document and the LTD Plan Booklet, the terms of the LTD Plan Booklet apply.