

YOUR GROUP SHORT TERM DISABILITY (STD) PLAN: BENEFITS HIGHLIGHTS



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



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

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

COVERAGE INFORMATION

WEEKLY BENEFIT	MINIMUM WEEKLY BENEFIT	MAXIMUM WEEKLY BENEFIT	BENEFITS START	MAXIMUM DURATION OF BENEFITS
75% of your Pre-Disability Base Pay	The greater of \$25 or 10% of the benefit, before the deduction of Other Income Benefits	\$2,000, reduced by Other Income Benefits	On the 31 st calendar day of disability	182 calendar days, to include the first 30 calendar days (Elimination Period) of disability

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 STD Plan Booklet.

WHEN SHOULD I FILE A CLAIM?

You must file a STD claim within 15-calendar days from the date of your disability if you will be absent from work for at least 30-calendar days.

HOW DO I FILE A CLAIM?

You may file a STD claim with The Hartford via phone at 1-877-484-9731 (8 a.m. to 8 p.m. ET, Monday – Friday) or online at abilityadvantage.thehartford.com.

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EXCLUSIONS AND LIMITATIONS

This coverage includes certain limitations and exclusions. The STD Plan Booklet details all provisions, limitations, and exclusions for this coverage.

GROUP SHORT TERM DISABILITY COVERAGE

GENERAL EXCLUSIONS

- Injury, sickness, Mental Condition, Substance Abuse, or pregnancy not being treated by a Health Care Provider;
- Disability caused or contributed to by war or act of war (declared or not);
- Disability caused by your commission of or attempt to commit a felony, or to which a contributing cause was your being engaged in an illegal occupation;
- Disability caused or contributed to by an intentionally self-inflicted injury; or
- Injury sustained as a result of doing any work for pay or profit from another employer

OTHER INCOME BENEFITS

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

1. the United States Social Security Act, the Civil Service Retirement System, the Railroad Retirement Act, the Jones Act, the Canada Pension Plan, the Quebec Pension Plan or similar plan or act that you, your spouse, or your children are eligible to receive because of your disability;
2. a plan or arrangement of coverage, whether insured or not, as a result of employment by or association with the employer, or as a result of membership in or association with a group, association, union, or other organization;
3. the Veteran's Administration or another foreign or domestic governmental agency for the same disability;
4. a governmental law or program that provides disability or unemployment benefits as a result of your job with the employer;
5. an individual insurance policy where the premium is wholly or partially paid by the employer;
6. a temporary or permanent disability benefits under a workers' compensation law, occupational disease law, or similar law including the salary supplement;
7. compulsory "no-fault" (or personal injury protection (PIP)) automobile insurance; or
8. the portion of a settlement or judgement of a lawsuit that represents or compensates for your loss of earnings for the disability.

This example is for purposes of illustrating the effect of the benefit calculations and is not intended to reflect the situation of a particular claimant under the summary plan document:

Employee's weekly Pre-Disability Base Pay:	\$1,000
STD benefits percentage:	75%
Total amount of STD benefit per week is	$\$1,000 \times 0.75 = \mathbf{\$750}$ (assumes no other income benefits)

This Benefits Highlights document explains the general purpose of the STD 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 STD Plan Booklet, the terms of the STD Plan Booklet apply.