

County of San Diego



Voluntary Short-Term Disability and Paid Family Leave

Class 1 - Maximum Benefit Duration of 3 Weeks for STD

All active, Full-time Employees of the Employer who are classified as the following:

- EM - Executive Management
- EO - Elected Officials
- NA - Not Represented Administrator
- NE - Not Represented Executive Employees
- UM or SD1 - Unclassified Management
- PM - Public Defender Management
- CRX - Unclassified
- CS - County Counsel Supervisor
- CC - Deputy County Counsel
- AM - Child Support Program Attorney Supervisor
- AS - Child Support Program Attorney
- DA - Deputy District Attorney
- DI - District Attorney Investigators
- DM - District Attorney Investigators - Mid-management employees
- PD - Public Defenders
- CEM or SD6 - Classified Management
- MA or SD2 - Management
- NS - Not Represented Support Management
- DS - Deputy Sheriffs
- SM - Sheriff Management
- NM - Not Represented Managers
- RTM - Management or RTU - Unclassified employees of SDCERA - San Diego County Employees Retirement Association
- SR1 - Unclassified or SR2 - Management employees working at San Dieguito River Park

Regularly working a minimum of 20 hours per week

Benefits At-A-Glance

Voluntary Short-term Disability Insurance

The Lincoln Short-term Disability Insurance Plan:

- Provides a cash benefit when you are out of work for up to 3 weeks due to injury, illness, surgery, or recovery from childbirth
- Provides a partial cash benefit if you can only do part of your job or work part time
- Features group rates for County employees
- Offers a fast, no-hassle claims process
- PFL is now included with this benefit
- For Claims questions please reach out to Lincoln Financial Group at Claims@lfg.com or 888-480-8710
- For Enrollment questions please reach out to Lincoln Financial Group at 888-480-8710
- Unless you are newly eligible, this coverage can be added outside of the annual enrollment only during a qualified family status change
- Once enrolled, you cannot drop this coverage outside of annual enrollment unless you move to a new job classification impacting your STD class eligibility

Short-term Disability

Weekly benefit amount	60% of your base weekly salary, up to a maximum of \$1,620 per week
Sickness elimination period	7 days
Accident elimination period	7 days
Maximum coverage period	3 weeks

Sickness Elimination Period

- You must be out of work for 7 days due to an illness before you can collect disability benefits. You can begin collecting benefits on day 8

Accident Elimination Period

- You must be out of work for 7 days due to an accidental injury before you can collect disability benefits. You can begin collecting benefits on day 8

Pre-existing Condition

- If you have a medical condition, including pregnancy, that begins before your coverage takes effect, and you receive treatment for this condition within the 3 months leading up to your coverage start date, you may not be eligible for disability benefits for that condition until you have been covered by the plan for 12 months
- You may still be eligible for PFL. See Paid Family Leave section for further details

Benefits Integration

- Your short-term disability benefits can coordinate with income from other sources, such as continued income or sick pay from your employer, during your disability
- Benefits will be offset by social security payments, any income received from the employer and catastrophic leave donations
- You cannot receive more than 100% of your pre-disability income

Additional Plan Benefits	
5% Rehabilitation Assistance	Included
Premium Waiver	Included
Family Income Benefit	Included
Portability	Included
C- Section	Included

Benefit Exclusions & Reductions

Like any insurance, this short-term disability insurance policy does have some exclusions. You will not receive benefits if:

- Your disability is the result of a self-inflicted injury or act of war
- Your disability is the result of an occupational injury/ sickness
- You are not under the regular care of a doctor when you request disability benefits

Your benefits may be reduced if you are eligible to receive benefits from:

- A retirement plan
- Social Security
- Any form of employment
- Workers' Compensation

A complete list of benefit exclusions and reductions is included in the policy. State restrictions may apply to this plan.

Maternity / Post-Partum	Your Maximum Coverage
Vaginal Delivery	3 weeks
C-Section Delivery	3 weeks
Bonding Leave (after disability)	8 weeks

This is not intended as a complete description of the insurance coverage offered. Controlling provisions are provided in the policy, and this summary does not modify those provisions or the insurance in any way. This is not a binding contract. A certificate of coverage will be made available to you that describes the benefits in greater detail. Refer to your certificate for your maximum benefit amounts. Should there be a difference between this summary and the contract, the contract will govern.

Insurance products (policy series GL1101) are issued by The Lincoln National Life Insurance Company (Fort Wayne, IN), which does not solicit business in New York, nor is it licensed to do so. Product availability and/or features may vary by state. Limitations and exclusions apply.



Voluntary Short-term Disability Premium

Here’s how little you pay with group rates:

Your estimated semi-monthly premium is determined by multiplying your weekly salary amount (up to \$2,700) by your benefit percentage, divide by \$10.00, and multiple by your age-banded premium rate. If your weekly salary exceeds \$2,700, then use \$2,700 as your static weekly salary.

Example: Age 39. Weekly Salary \$800.00 x 60% = \$480.00/\$10.00 = \$48.00 x 0.210 = \$10.08

\$

weekly salary

X

.60

benefit percentage

/

\$10.00

X

age-banded premium rate

= \$

semi-monthly premium

Premium Rate Table

Age band	Premium Rate
0 – 49	\$0.265
50-54	\$0.265
55 - 59	\$0.295
60 - 64	\$0.340
65 +	\$0.375

Paid Family Leave

Be there when your loved ones need you most.

Benefits At-A-Glance

AT A GLANCE:

- Paid Family Leave coverage allows you to take paid leave to bond with a new child, care for a seriously ill family member or attend to family matters if a family member is called to active duty
- Leave may be taken on a continuous or intermittent basis. Intermittent time must be taken in full day increments

Plan Design

Benefit

- 60% of your base weekly earnings, up to a maximum of \$1,620 per week

Benefits Integration

- Employees may receive up to- but not exceeding- 100% of their average weekly wage when receiving a combination of PFL benefits and any Accrued Leave benefits i.e. PTO, vacation, accrued sick leave, etc.

Duration

- Paid Family Leave (PFL) benefits may last for up to 8 weeks. You can use up to 8 weeks of PFL within 12 months, no matter the number of qualifying events, based on a rolling calendar year look back

Elimination Period

- None

Pre-existing Condition

- Not applicable

Benefit Exclusions & Reductions

Like any insurance, the Paid Family Leave insurance policy does have some exclusions. You will not receive benefits if:

- You are eligible for unemployment insurance from any state, or the federal government
- You are receiving regular wages. However, wages plus PFL benefits may be paid in an amount, which does not exceed the employee's regular weekly wage, exclusive of overtime, immediately prior to the commencement of the family care leave
- Any benefits payable under workers' compensation

Your benefits may be reduced if you are eligible to receive benefits from:

- A state disability plan or similar compulsory benefit act or law