

County of San Diego



Voluntary Short Term Disability Class 1

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 The County of San Diego employees
- Offers a fast, no-hassle claims process

Short-term Disability

Weekly benefit amount	60% of your weekly salary, limited to \$1,500 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
- *Vacation balances must be exhausted prior to receiving benefits*

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
- *Vacation balances must be exhausted prior to receiving benefits*

Pre-existing Condition

- If you have a medical condition 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 benefits for that condition until you have been covered by the plan for 12 months

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
- This allows you to receive up to 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

Open Enrollment

- When you are first offered this coverage (and during approved open enrollment periods), you can take advantage of this important coverage with no health examination.

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

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 monthly premium is determined by multiplying your weekly salary amount (up to \$2,500) by your benefit percentage, divide by \$10.00, and multiple by your age-banded premium rate. If your weekly salary exceeds \$2,500, then use \$2,500 as your static weekly salary.

Example: Age 39. Weekly Salary \$800.00 x 60% = \$480.00/\$10.00 = \$48.00 x .48 = \$23.04

$$\begin{array}{r}
 \$ \frac{\text{weekly salary}}{\text{weekly salary}} \\
 \times \frac{.60}{\text{benefit percentage}} \\
 / \frac{\$10.00}{\$10.00} \\
 \times \frac{\text{age-banded premium rate}}{\text{age-banded premium rate}} \\
 = \$ \frac{\text{monthly premium}}{\text{monthly premium}}
 \end{array}$$

Age band	Premium Rate
0 - 49	0.480
50 - 54	0.480
55 - 59	0.530
60 - 64	0.620
65 - 99	0.690

The Lincoln National Life Insurance Company

Please see prior page for product information.

Voluntary Short-term Disability Insurance Premium Calculation