

# VOLUNTARY LONG TERM DISABILITY INSURANCE

Prepared for the employees of the County of San Diego

## Long Term Disability (LTD) Insurance Coverage

<b>Eligibility</b>	<p>All active, Full-time Employees of the Employer classified as</p> <ul style="list-style-type: none"> <li>AE - Appraisal, Fiscal and Purchasing employees</li> <li>CE - Confidential employees</li> <li>CL - Clerical employees</li> <li>CM - Construction, Maintenance, Operation and Repair employees</li> <li>CR - Crafts employees</li> <li>FS - Food Service employees</li> <li>HS - Health Service employees</li> <li>MM - Middle Management employees</li> <li>PO - Probation Officers</li> <li>PR - Professional employees</li> <li>PS - Public Service employees</li> <li>RN - Registered Nurses</li> <li>SO - Supervising Probation Officers</li> <li>SS - Social Worker Supervisors</li> <li>SW - Social Workers</li> <li>DS - Deputy Sheriffs</li> <li>DI - District Attorney Investigators</li> <li>DM - District Attorney Investigators – Mid-management employees</li> <li>CNM, SD6, RTN - Confidential Non-Management</li> <li>SR5 - Confidential Non-Management employees</li> </ul>				
<b>Monthly Benefit</b>	<p>Regularly working a minimum of 20 hours per week.</p> <table> <tr> <td data-bbox="396 1224 594 1251"><b>Benefit Amount</b></td><td data-bbox="634 1224 1149 1251">Up to 60% of your monthly covered earnings</td></tr> <tr> <td data-bbox="396 1274 518 1302"><b>Maximum</b></td><td data-bbox="634 1274 837 1302">\$5,000 per month</td></tr> </table>	<b>Benefit Amount</b>	Up to 60% of your monthly covered earnings	<b>Maximum</b>	\$5,000 per month
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<b>Maximum</b>	\$5,000 per month				
<b>Elimination Period</b>	The latter of exhausting any accrued vacation days or a total of 180 days of disability before benefits may be payable.				
<b>Cost</b>	The cost of this insurance program is paid for by you. Please see rates listed under the Long Term Disability Plan Details & Features section.				
<b>Benefit Reductions</b>	Benefits will be offset by social security payments, State disability and any income received from the employer. Vacation balances must be exhausted prior to utilizing the benefit.				

### Long Term Disability Plan Details & Features

#### Definition of Disability

**Disability** means that, solely because of a covered injury or sickness, you are unable to perform the material duties of your regular occupation and you are unable to earn 80% or more of your indexed earnings from working in your regular occupation. After benefits have been payable for 24 months, you are considered disabled if solely due to your injury or sickness, you are unable to perform the material duties of any occupation for which you are (or may reasonably become) qualified by education, training or experience, and you are unable to earn 80% or more of your indexed earnings. We will require proof of earnings and continued disability.

### Covered Earnings

Covered earnings means your wages or salary, not including bonuses, commissions and other extra compensation.

### Earnings While Disabled

During the first 24 months that benefits are payable, benefits will be reduced if benefits plus income from employment exceeds 100% of pre-disability covered earnings. After that, benefits will be reduced by 50% of earnings from employment.

### Pre-existing Conditions –

Benefits are not payable for medical conditions for which you incurred expenses, took prescription drugs, received medical treatment, care or services (including diagnostic measures,) during the 6 months just prior to the most recent effective date of insurance.

Benefits are not payable for any disability resulting from a pre-existing condition unless the disability occurs after you have been insured under this plan for at least 12 months after your most recent effective date of insurance.

### Cost

The cost of this insurance program is paid by you. The cost per \$100 of monthly covered earnings are shown below. *Costs are subject to change.*

Age	Rate per \$100 of Monthly Covered Earnings
<20	\$0.070
20-24	\$0.070
25-29	\$0.090
30-34	\$0.173
35-39	\$0.270
40-44	\$0.404
45-49	\$0.544
50-54	\$0.753
55-59	\$0.799
60-64	\$0.843
65-69	\$0.876
70+	\$0.898

### Benefit Duration

Once you qualify for benefits under this plan, you continue to receive them until the end of the benefit period shown below, or until you no longer qualify for benefits, whichever occurs first. Your benefit period begins on the first day after you complete your elimination period. Should you remain disabled, your benefits continue according to the later of your Social Security Normal Retirement Age, or the following schedule, depending on your age at the time you become disabled

Duration of Payments	Age at Disability							
	62 or Younger	63	64	65	66	67	68	69+
Number of Months Benefits Paid	To age 65 or the date the 42 <sup>nd</sup> monthly benefit is payable, if later	36	30	24	21	18	15	12

\*SSNRA means the Social Security Normal Retirement Age in effect under the Social Security Act on the Policy Effective Date.

### Limited Benefit Period

Disabilities caused by or contributed to by any one or more of the following conditions are subject to a

lifetime limit of 24 months: Anxiety-disorders, delusional (paranoid) or depressive disorders, eating disorders, mental illness, somatoform disorders (including psychosomatic illnesses).

Benefits are payable during periods of hospital confinement for these conditions for hospitalizations lasting more than 14 consecutive days that occur before the 24-month lifetime limit is exhausted. Once the 24-month benefits are exhausted, the plan pays no further benefits.

Disabilities caused by or contributed to by any one or more of the following conditions are subject to a lifetime limit of 24 months: Alcoholism, drug addiction or abuse.

Benefits are payable during periods of hospital confinement for these conditions for hospitalizations lasting more than 14 consecutive days that occur before the 24-month lifetime limit is exhausted. Once the 24-month benefits are exhausted, the plan pays no further benefits.

### **Family Survivor Benefit**

If you die while receiving disability benefits, we will pay a survivor benefit based on 100% of the total of your last month's benefit plus the amount of any disability earnings by which this benefit had been reduced for that month. This plan pays a single lump sum equal to 3 months of benefits. We pay this benefit directly to your lawful spouse, or to your children in equal shares, if there is no lawful spouse. If you have no lawful spouse or children, we pay this benefit to your estate.

## **Additional Plan Details & Features**

### **Exclusions**

This plan does not pay benefits for a disability which results, directly or indirectly, from any of the following: Suicide, attempted suicide, or whenever you injure yourself on purpose; war or any act of war, whether or not declared; active participation in a riot; commission of a felony; the revocation, restriction or non-renewal of your license, permit or certification necessary for you to perform the duties of your occupation, unless solely due to injury or sickness otherwise covered by the policy.

In addition, we will not pay disability benefits for any period of disability during which you are incarcerated in a penal or corrections institution for any reason.

### **Plan Termination**

Coverage terminates if the group policy is terminated, if you cease to be in active service, if you are no longer a member of an eligible class of employees, the day after the last date for which premium has been paid by you or the employer, or the date you become eligible for a plan of benefits intended to replace this coverage.

If you are disabled and receiving benefits under this plan, your benefits and coverage will continue until the expiration of your benefit period, or until you no longer qualify for benefits under the plan, whichever comes first.

### **When Coverage Takes Effect**

Your coverage takes effect on the later of the program's effective date, the date you become eligible, the date we receive your completed enrollment form, or the date you authorize any necessary payroll deductions.

If you have to submit evidence of good health, your coverage takes effect on the date we agree, in writing, to cover you.

If you're not actively at work on the date your coverage would otherwise take effect, you'll be covered on the date you return to work.

This information is a brief description of the important features of the plan. It is not a contract. Terms and conditions of insurance are set forth in Group Policy No. VDT-961881. Please refer to your Certificate of Insurance or Summary Plan Description for more detailed information. Coverage is underwritten by Life Insurance Company of North America, a Cigna company. "Cigna" and the Tree of Life logo are registered service marks of Cigna Intellectual Property, Inc. © Cigna 2015