

County of San Diego

Long-Term Disability

All active, Full-Time Employees of the Employer classified as the following:

- AM, AS and DA - District Attorney
- CC and CS - County Counsel
- EM, NA, NE, NS, SD1 and UM - Unclassified
- EO - Elected Officials
- NA and NE - SDCERA Unclassified
- PD and PM - Public Defender
- SR1 - San Dieguito River Park Unclassified
- SR2 - San Dieguito River Park Management
- RTU - SDCERA Unclassified

Regularly working a minimum of 20 hours per week



What is it?

Long-Term disability Insurance pays you a portion of your salary while you're away from work or recovering from a covered illness or injury.

Why is this coverage valuable?

When you're unable to collect your normal paycheck due to injury or illness, your disability policy provides money that can help you pay your bills.

Your long-term disability Coverage

Long-term disability																									
Union code	• AM • AS • CC • CS • DA • EM • EO • NA • NE • NS • PD • PM • SD1 • SR1 • SR2 • RTU • UM Regularly working a minimum of 20 hours per week																								
Contributions	Your employer pays the cost of your coverage																								
Coverage amount	66.67% of your monthly salary to a maximum of \$12,000 per month																								
Coverage period for own occupation • This is the coverage period for the trade or profession in which you were employed at the time of your disability (also known as your own occupation). • You may be eligible to continue receiving benefits if your disability prohibits you from any employment for which you are reasonably suited through your training, education, and experience. In this case, your benefits are extended through the end of your maximum coverage period (benefit duration).	24 months																								
Maximum payment period	<table> <tr> <th>Age at disability</th><th>Maximum benefit period</th></tr> <tr> <td>Under 60</td><td>To age 65 (but not less than five years)</td></tr> <tr> <td>60</td><td>60 months</td></tr> <tr> <td>61</td><td>48 months</td></tr> <tr> <td>62</td><td>42 months</td></tr> <tr> <td>63</td><td>36 months</td></tr> <tr> <td>64</td><td>30 months</td></tr> <tr> <td>65</td><td>24 months</td></tr> <tr> <td>66</td><td>21 months</td></tr> <tr> <td>67</td><td>18 months</td></tr> <tr> <td>68</td><td>15 months</td></tr> <tr> <td>69+</td><td>12 months</td></tr> </table>	Age at disability	Maximum benefit period	Under 60	To age 65 (but not less than five years)	60	60 months	61	48 months	62	42 months	63	36 months	64	30 months	65	24 months	66	21 months	67	18 months	68	15 months	69+	12 months
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Elimination period	30 days																								
Pre-existing condition(s): Any condition or symptom for which you, in the specified time period before coverage in this plan, consulted with a physician, received treatment, or took prescribed drugs.	3 months lookback; 12 months after exclusion																								



Exclusions, limitations, and reductions

Like any insurance, this long-term disability insurance policy does have some exclusions. You won't receive benefits if:

- Your disability is the result of a self-inflicted injury or act of war
- Your disability occurs while you're committing a felony or misdemeanor, or participating in a riot
- Your disability occurs while you're imprisoned for committing a felony
- Your disability occurs while you're residing outside of the United States or Canada for more than 12 consecutive months for a purpose other than work

Your benefits may be reduced if you're 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
- Salary continuance
- Sick leave

*Salary Continuance is established and maintained by the Employer for the benefit of Employees; and continues payment of all or part of an Insured Employee's Pre-disability Income for a specified period after he or she becomes Disabled. It does not include compensation the Employer pays an Insured Employee for work actually performed during a Disability.

This is an incomplete list of benefit exclusions. A complete list is included in the policy. State variations apply.

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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.

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