

2015 Short and Long Term Disability (STD/LTD)

Class 1 = All active Non PERA vested regular full, part-time or special employees over age 18 working at least 20 hours per week, who have less than 5 years of PERA service, **all active full-time Sworn employees** over age 18 working at least 20 hours per week upon employment use Class 1 rates for STD.

Class 2 = All active PERA vested regular full, part-time or special employees over age 18 working at least 20 hours per week, who have 5 or more years of PERA service.

Class 3 = Full-time sworn employees over age 18 working at least 20 hours per week (LTD only).

Short and Long Term Disability Plans, Evidence of Insurability and Payroll Deductions

- If you are not currently enrolled in a disability plan and elect coverage for the first time, your coverage is subject to Evidence of Insurability (EOI). Coverage and premiums begin when approval is received from the provider.
- Cost is based on current age, salary and class. Premiums will be adjusted with changes in pay or vesting during the year.

Short Term Disability

- Benefits are payable for **non-work related** injuries or illnesses only, and offsets apply.
- For accident and illness, benefits begin after 7 days or after accumulated sick leave is exhausted, whichever is greater.
- Benefits are paid for a maximum of 25 weeks for Class 1, and 8 weeks for Class 2.
- **NEW in 2015 - \$1250 weekly benefit.** This plan pays a benefit of up to 60% of your weekly covered earnings to a maximum of \$1250 per week. Benefits are reduced by any amounts payable to you from other income sources.
- Initial premium is based on current age, salary and class. Premiums will be adjusted with changes in pay or vesting during the year.
- Premium is based on Monthly Benefit Amount divided by \$100, multiplied by the Age Factor.

Short Term Disability Age Factor

Age Bracket	Class 1	Class 2
Under 30	.646	.300
30 – 34	.623	.300
35 – 39	.577	.277
40 – 44	.623	.300
45 – 49	.669	.323
50 – 54	.808	.392
55 – 59	.946	.461
60 – 64	1.246	.554
65 plus	1.477	.646

Cost Example:

Annual Base Salary..... \$45,000
 Monthly Base Salary..... \$3750.00
 Years of Service..... 4 (Class 1)
 Age on January 1..... 35

Short Term Disability

\$3750 X 60% = \$2,250
 \$2,250 / 100 = \$22.50
 \$22.50 X .577 = \$12.98
 \$12.98 Monthly / 2 = \$6.49
 Semi-monthly cost = \$6.50

Long Term Disability

\$3750 / \$100 = \$37.50
 \$37.50 X .504 = \$18.90
 \$18.90 Monthly / 2 = \$9.45
 Semi-monthly cost = \$9.45

Long Term Disability

- The disability plans do not pay benefits for any disability resulting from a pre-existing condition unless the disability occurs after you have been insured under this plan for 12 consecutive months. Pre-existing conditions are those for which you have incurred expenses, taken prescription drugs or medicines, received medical treatment, care or services (including diagnostic measures), or consulted a physician during the 6 months immediately prior to the most recent effective date of insurance.
- All classes will have offsets applied for Workers' Compensation, PERA Disability, Social Security, sick leave, salary continuation, etc.
- Before benefits are payable you must be continuously disabled for 180 days following your date of disability.
- To receive benefits under the plan, you must be disabled (as defined by the plan). Benefits are payable until the end of the benefit period or until you no longer qualify for benefits, whichever occurs first.
- The plan pays a benefit of up to 60% of your monthly covered earnings to a maximum of \$7,500 per month. Your benefit will be reduced by any amounts payable to you from other income sources (minimum benefit is \$50).
- Premium is Monthly Covered Earnings divided by \$100, multiplied by the Age Factor.

Long Term Disability Age Factor

Age Bracket	Class 1	Class 2	Class 3
18 – 24	.190	.058	.132
25 – 29	.232	.075	.174
30 – 34	.339	.132	.257
35 – 39	.464	.182	.389
40 – 44	.927	.315	.629
45 – 49	1.499	.563	1.101
50 – 54	1.954	.861	1.731
55 – 59	2.153	1.027	2.078
60 – 64	1.962	.985	1.938
65 plus	1.962	.985	1.938

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Steps to take for Open Enrollment:

<p>If you are NOT making changes:</p>	<p>No action is required.</p>
<p>If you want to enroll in Short and/or Long Term Disability:</p>	<p>Please print the “Evidence of Insurability Form” that is available on the Benefits and Wellness, Open Enrollment section of the City Website. Once you have completed the form please make a copy for your records and mail the original to:</p> <p>CIGNA Group Insurance CBCA, Inc. P.O. Box 1326 Fort Worth, TX 76101-1326</p> <p><i>The form must be postmarked by on or before the last day of Open Enrollment.</i></p>