# <sup>plan</sup> highlights Group Long Term Disability Insurance



Virginia Commonwealth University Health System Authority

## Coverage

Disability income protection insurance provides a benefit for long term disability resulting from a covered injury or sickness. Benefits begin at the end of the elimination period and continue while you are disabled up to the maximum benefit duration.

## Eligibility

All Active Regular Full-Time and Part-Time Staff Team Members working 20 hours or more per week, except for any person working on a temporary, Pro Re Nata (PRN), Temporary Twelve Week Worker, seasonal or team member included in another class.

### **Contribution Requirements**

**Core:** Coverage is 100% Employer Paid. **Buy-Up:** Coverage is 100% Team Member Paid.

## **Elimination Period**

**Core**: 90 consecutive days of total disability; **Buy-Up**: 90 consecutive days of total disability.

## **Benefit Amount**

- Core: The benefit amount is equal to 50% of your monthly covered earnings, from a minimum of \$100, to a maximum benefit of \$6,875 per month.
- Buy-Up: The benefit amount is equal to 60% of your monthly covered earnings, from a minimum of \$100, to a maximum benefit of \$8,100 per month.

#### **Features**

- Conversion Privilege
- Military Services Leave of Absence
- FMLA Continuation
- Interruption and Recurrent Provisions
- Own Occupation Coverage 24 Months
- Rehabilitation Provision
- Residual and Partial Disability
- Survivor Benefit 3 months
- Transfer of Coverage Provision
- Work Incentive & Child Care Provisions
- Worksite Modification Benefit

#### Value-Added Services

- Travel Assistance Services
- ID Theft Recovery Services

#### Limitations

- Pre-Existing Condition Limitation: 12/12/24
- Limited Benefit Period for Other Specific Conditions – 24 months
- Mental & Nervous Limitation 24 months outpatient
- Substance Abuse Limitation 24 months
- Offsets: your benefit may be reduced by other income sources such as, but not limited to, Social Security, Workers Compensation, State Disability Plans

### **Maximum Benefit Duration**

Benefits will not extend beyond the longer of your Social Security Normal Retirement Age or Duration of Benefits below:

Age at Disablement	Duration of Benefits
Under Age 60	To Age 65
Age 60 through 68	Lesser of 5 Years or to Age 70
Age 69 and over	1 Year

# PREMIUM WORKSHEET Group Long Term Disability Insurance



Virginia Commonwealth University Health System Authority

**Buy-Up**: The benefit amount is equal to 60% of your monthly covered earnings, to a maximum benefit of \$8,100 per month.

#### To calculate your bi-weekly payroll deduction, use the formula indicated below:

1.	Enter your Annual Earnings.	1.	\$_		-	Rate per \$100 of
2.	<b>Divide</b> your annual earnings by 12 (monthly earnings). Average monthly income cannot exceed \$13,500.	2.	\$_		-	covered payroll 0.369
3.	Multiply the amount on Line 2 by 0.369.	3.	\$_		-	
4.	<b>Divide</b> the amount on Line 3 by 100 and enter the amount on Line 4 to get your monthly payroll deduction.	4.	\$_		-	
5.	<b>Multiply</b> the amount on Line 4 by 12, then Divide by 26 to get your bi-weekly payroll deduction.	5.	\$_		-	
Example Calculation:						
1.	Enter your Annual Earnings.	1.	\$	50,000	_	
2.	<b>Divide</b> your annual earnings by 12 (monthly earnings). Average monthly income cannot exceed \$13,500.	2.	\$	4,167	_ (monthly earnin	gs)
3.	Multiply the amount on Line 2 by 0.369.	3.	\$	1,537.62	_	
4.	<b>Divide</b> the amount on Line 3 by 100 and enter the amount on Line 4 to get your monthly payroll deduction.	4.	\$	15.38	_ (monthly payrol	I deduction)
5.	<b>Multiply</b> the amount on Line 4 by 12, then Divide by 26 to get your bi-weekly payroll deduction.	5.	\$	7.10	_ (bi-weekly payro	oll deduction)

This Plan Highlight is not a complete description of the insurance coverage. Insurance is provided under group policy form LRS-6564, et al, et al. This is not a binding contract. Should there be a difference between this Plan Highlight and the contract, the contract will govern. The Certificate of Coverage will be made available to you that describes the benefits in greater detail; however a benefit will not be paid if caused or contributed by an exclusion listed in the Certificate. Product features and availability may vary by state.

Coverage is underwritten by Reliance Standard Life Insurance Company, which is licensed in all states (except New York), the District of Columbia, Puerto Rico, the U.S. Virgin Islands and Guam. In New York, insurance products and services are offered by First Reliance Standard Life Insurance Company, Home Office, New York, NY. Where applicable, absence services are provided by Matrix Absence Management, Inc.