

# Voluntary

## Voluntary Benefits

### Short-Term Disability Insurance Plan 15-15-26

#### Benefit

Provides a bi-weekly benefit payment to help replace income lost due to a non-occupational accident or sickness. Disabilities due to pregnancy or complications from pregnancy are covered. Benefits are payable on the 15th calendar day of absence due to an accident or the 15th calendar day of absence due to sickness and are payable for up to a maximum of 26 weeks.

#### Eligibility and Effective Dates

- An employer must be a member of COSE
- Employees must be full-time, working 20-25 hours or more per week
- There is no participation requirement
- Evidence of insurability is not required
- Coverage will become effective on the first of the month following enrollment, provided the employee has completed any waiting period and is actively at work on that date

#### Pre-Existing Condition Limitation

A 12/12 pre-existing limitation applies. A total disability or a partial disability that begins in the 12-month period after the employee's effective date and is caused by, contributed to or results from a pre-existing condition is not covered. A pre-existing condition is a sickness or injury for which the employee, within the 12-month period prior to his or her effective date of coverage, received medical treatment, consultation, care or other services, including diagnostic measures, or had taken prescribed drugs or medicines.

Increases in benefit amounts elected at a later date are subject to this pre-existing condition limitation.

#### Coverage

Employees select a weekly benefit amount in increments of \$50 up to a maximum of 70% of their basic weekly income, not to exceed \$500. The minimum weekly benefit available is \$100.

#### Weekly Benefit Amount

Weekly Benefit	Minimum Annual Employee Salary
\$100	\$7,430
\$150	\$11,140
\$200	\$14,860
\$250	\$18,570
\$300	\$22,285
\$350	\$26,000
\$400	\$29,715
\$450	\$33,430
\$500	\$37,145

#### Payment

Premiums are paid through convenient payroll deduction. Premium continuation is required during disability.

#### Cost

The monthly premiums shown in the table below are based upon the employee's current age:

#### Voluntary Short-Term Disability Coverage Rates

Employer groups with 1 – 150 employees

Age Range	15-15-26 Plan Rate
Under 40	\$0.35
40 to 44	\$0.36
45 to 49	\$0.42
50 to 54	\$0.49
55 to 59	\$0.60
60 to 64	\$0.70
65 to 69	\$0.91
70 and over	\$1.25

Short-term disability monthly rates are per \$10 of benefits.