

# MetLife Short Term Disability Insurance Plan Summary

## KAIROS HEALTH ARIZONA INC.

### **What is Short Term Disability insurance?**

**Short Term Disability (STD)** insurance can help you replace a portion of your income during the initial weeks of a Disability.

### **Eligibility Requirements**

#### **Short Term Disability:**

All active full-time employees working at least 20 hours per week are eligible to participate.

### **How is “Disability” defined under the Plan?**

Generally, you are considered disabled and eligible for short term benefits if, due to sickness, pregnancy or accidental injury, you are receiving appropriate care and treatment and complying with the requirements of the treatment and you are unable to earn more than 80% of your predisability earnings at your own occupation. For a complete description of this and other requirements that must be met, refer to the Certificate of Insurance provided by your Employer or contact your MetLife benefits administrator with any questions.

### **What is the benefit amount?**

#### **Short Term Disability:**

The Short Term Disability benefit replaces a portion of your predisability earnings, less the income that was actually paid to you during the same Disability from other sources<sup>1</sup> (e.g., state disability benefits, no-fault auto laws, sick pay, vacation pay, etc.).

The Benefit amount is 60% of your predisability weekly earnings; subject to the plan's maximum weekly benefit of \$1,000.

### **When do benefits begin and how long do they continue?**

#### **Short Term Disability:**

Benefits begin after the end of the elimination period. The elimination period begins on the day you become disabled and is the length of time you must wait while being disabled before you are eligible to receive a benefit. The elimination periods are/is as follows:

**For Injury:** 14 days.

**For Sickness (includes pregnancy):** 14 days.

Benefits continue for as long as you are disabled up to a maximum duration of 11 weeks of Disability.

Your plan's maximum benefit period and any specific limitations are described in the Certificate of Insurance provided by your Employer.

## **Additional Disability Plan Benefits:**

### **Coverage with Your Best Interests in Mind...**

When you are ill or injured for a long time, MetLife believes you need more than a supplement to your income. That's why we offer return-to-work services.

### **Services to Help You Get Back to Work Can Include:**

#### ***Nurse Consultant or Case Manager Services:***

Specialists who personally contact you, your physician and your employer to coordinate an early return-to-work plan when appropriate.

#### ***Vocational Analysis:***

Help with identifying job requirements and determining how your skills can be applied to a new or modified job with your employer.

#### ***Job Modifications/Accommodations:***

Adjustments (e.g., redesign of work station tools) that enable you to return to work.

#### ***Retraining:***

Development programs to help you return to your previous job or educate you for a new one.

#### ***Financial Incentives:***

Allow you to receive Disability benefits or partial benefits while attempting to return to work.

## **Answers to Some Important Questions...**

### **Q. *Can I still receive benefits if I return to work part time?***

**A.** Yes. As long as you are disabled and meet the terms of your Disability plan, you may qualify for adjusted Disability benefits.

Your plan offers financial and Rehabilitation incentives designed to help you to return to work when appropriate, even on a part-time basis when you participate in an approved Rehabilitation Program. While disabled, you may receive up to 100% of your predisability earnings when combining benefits, Rehabilitation Incentives other income sources such as state disability benefits, and part-time earnings.

With the Rehabilitation Incentive you can get a 10% increase in your weekly benefit.

If you work or participate in a rehabilitation program while disabled, following the 4th weekly benefit payment, the Family Care Incentive provides reimbursement up to \$100 per week for eligible expenses, such as child care.

You may be eligible for the Moving Expense Incentive if you incur expenses in order to move to a new residence recommended as part of the Rehabilitation Program. Expenses must be approved in advance.

### **Q. *Are there any exclusions for pre-existing conditions?***

**A.** Yes. For the first 12 months your plan may not cover a sickness or accidental injury that arose in the 3 months prior to your participation in the plan. Thereafter, provided you remain disabled, the sickness or accidental injury may be covered. A complete description of the pre-existing condition exclusion is included in the Certificate of Insurance provided by your Employer

**Q. Are there any exclusions to my coverage?**

- A.** Yes. Your plan does not cover any Disability which results from or is caused or contributed to by:
- Elective treatment or procedures, such as cosmetic surgery, sex-change surgery, reversal of sterilization, liposuction, visual correction surgery, in-vitro fertilization, embryo transfer procedure, artificial insemination or other specific procedures.
- However, pregnancies and complications from any of these procedures will be treated as a sickness.
- War, whether declared or undeclared, or act of war, insurrection, rebellion or terrorist act;
  - Active participation in a riot;
  - Intentionally self-inflicted injury or attempted suicide;
  - Commission of or attempt to commit a felony.

Additionally, no payment will be made for a Disability caused or contributed to by any injury or sickness for which you are entitled to benefits under Workers' Compensation or a similar law.

The "Plan Benefits" provides only a brief overview of the STD plan. A more complete description of the benefits provisions, conditions, limitations, and exclusions will be included in the Certificate of Insurance. If any discrepancies exist between this information and the legal plan documents, the legal plan documents will govern.

Short Term Disability ("STD") coverage is provided under a group insurance policy (Form GPNP99) issued to your employer by MetLife. This STD coverage terminates when your employment ceases, when you cease to be an eligible employee, when your STD contributions cease (if applicable) or upon termination of the group contract by your employer. Like most group insurance policies, MetLife's group policies contain certain exclusions, elimination periods, reductions, limitations and terms for keeping them in force. State variations may apply.

1 Under certain circumstances, MetLife may estimate the amount of income you may receive from other sources.



## KAIROS HEALTH ARIZONA, INC.

### Disability Plan Contribution Worksheet

This worksheet allows you to approximate your monthly and annual contributions for Short Term Disability (STD) coverage. Contribution amounts are based on gross weekly income. Actual contributions will be calculated by the payroll system.

<b>AGE BAND</b>	<b>RATE (PER \$10 COVERED BENEFIT)</b>
<45	\$0.39
45 to 49	\$0.48
50 to 54	\$0.60
55 to 59	\$0.73
60 to 64	\$0.87
65+	\$1.04

#### STD Example:

<b>A. Annual Earnings =</b>	\$ 30,000
<b>B. Weekly Earnings =</b> <i>(A divided by 52)</i>	\$ 576.92
<b>C. Weekly Benefit =</b> <i>(B x 60% )</i>	\$ 346.15
<b>D. Value Per \$10 =</b> <i>(C divided by 10)</i>	34.62
<b>E. Estimated Monthly Contribution</b> <i>(D multiplied by 0.20)</i>	\$ 6.92

#### Short Term Disability Contribution:

<b>A. Annual Earnings =</b>	\$
<b>B. Weekly Earnings =</b> <i>(A divided by 52)</i>	\$
<b>C. Weekly Benefit =</b> <i>(B x 60% )</i>	\$
<b>D. Value Per \$10 =</b> <i>(C divided by 10)</i>	
<b>E. Estimated Monthly Contribution =</b> <i>(D multiplied by the applicable age-banded rate)</i>	\$