

Voluntary Group Short Term Disability Insurance



Klaben Automotive Group

See your benefit certificate for specific plan details, eligibility definitions, limitations, and exclusions.

Voluntary group short term disability benefit amount: 60% of weekly earnings to a maximum weekly benefit of \$750

If your application is submitted to Anthem more than 31 days after you became eligible, you must submit evidence of insurability and Anthem must approve it in writing.

How benefits are paid

Payments begin for disabilities resulting from accidents and illnesses as follows:

8th day for accident, 8th day for illness

The maximum benefit period determines how long benefits will be paid. The maximum benefit period is 26 weeks.

Partial disability benefits

If you are able to return to work part-time, you may still receive a portion of your short term disability benefit to help fill the gap in your income.

Maternity benefit

Short term disability benefits for pregnancy are provided the same as for a disability caused by an illness.

Resource Advisor

This value-added support program gives you and your family access to work/life resources, at no additional cost to you, including: face-to-face visits with a counselor or online visits via LiveHealth Online; identity monitoring and identity theft victim recovery services; legal and financial consultations; toll-free, 24/7 phone counseling from anywhere in the United States; and unlimited access to Resource Advisor online resources at www.resourceadvisor.anthem.com, program name "AnthemResourceAdvisor". To access Resource Advisor call (888) 209-7840.

Pre-existing conditions

A pre-existing condition is an illness or injury for which you received treatment or where symptoms were present within 3 months prior to your effective date of coverage. A disability that begins in the first 12 months after your effective date will not be covered if it results from a pre-existing condition.

This is not a contract. It is a partial listing of benefits and services that is dependent on the Plan Options chosen. This benefit overview is only one piece of your entire enrollment package. All benefits and services are subject to the conditions, limitations, exclusions and provisions listed in the contract documents: the Certificate, Policy, and/or Trust Agreement for this product. In the event of a conflict between the contract documents and this benefits description, the contract documents will prevail. If you have any questions, please contact your Human Resources/Benefits manager.

Exclusions and limitations are listed in detail in the certificate, policy or trust agreement that applies to this product.

The Value Added additional services are not a part of the certificate, policy or trust agreement and do not modify any insured benefits. The Value Added additional services are provided based on negotiated agreements between the insurance company and certain service providers. Although the insurance company endeavors to make these services available to all policyholders and certificateholders as described, modifications to our agreements with service providers may require that services be periodically modified or terminated. Such modification or termination of services may be made based on cost to the insurer, availability of services, or other business reasons at the discretion of the insurer or service providers.

Cost for voluntary short term disability benefits

Voluntary Group Short Term Disability Rates			
Age	Monthly Rate per \$10 of Weekly Benefit	AGE	Monthly Rate per \$10 of Weekly Benefit
<25	\$.52	50-54	\$.52
25-29	\$.52	55-59	\$.52
30-34	\$.52	60-64	\$.52
35-39	\$.52	65-69	\$.52
40-44	\$.52	70-74	\$.52
45-49	\$.52	75+	\$.52

How to calculate your Weekly Benefit and Monthly Premium Cost

The premium for Voluntary Short Term Disability insurance is calculated based on the Voluntary Short Term Disability **Weekly Benefit**.

To calculate the Weekly Benefit: ANNUAL SALARY / 52 x BENEFIT PERCENTAGE = WEEKLY BENEFIT AMOUNT

To calculate the cost of Voluntary Short Term Disability coverage: WEEKLY BENEFIT AMOUNT / \$10 x RATE = MONTHLY PREMIUM

Age: _____ Monthly Rate per \$10 of Weekly Benefit: _____ (A)

_____ benefit amount X _____ (A) / 10 = _____ (B) **Monthly Premium**

_____ (B)* 12 / 26 (pays per year) = _____ **Bi-weekly Premium**

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