

Plan Highlights

Group Short Term Disability Insurance



State of Michigan-Department of State Police

COVERAGE

Disability income protection insurance provides a benefit for short 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

Each active, Full-time employee and member of the State of Michigan-Department of State Police and active, Full-Time employee who transfers, on a mandatory basis, from the Michigan State Police to Michigan Department of Information Technology Management & Budget or Michigan Civil Service and who is scheduled to work at least 30 hours per week, except any person who is employed on a temporary or seasonal basis. Any subsequent transfer of employees from the Michigan Department of Information Technology or Michigan Civil Service to another Michigan State Government Department will result in termination of insurance coverage under this policy.

BENEFIT AMOUNT

The benefit amount is equal to 70% of your weekly covered earnings, to a maximum benefit of \$200 per week.

DAY BENEFITS BEGIN

Injury (accident): Benefits begin on the 1st consecutive day of disability.
Sickness (illness): Benefits begin on the 8th consecutive day of disability.

MAXIMUM BENEFIT DURATION

Benefits for one period of disability will be paid up to a maximum of 104 weeks.

CONTRIBUTION REQUIREMENTS

Coverage is 100% Employee Paid.

FEATURES

- ▶ Maternity covered as any other illness
- ▶ Non-occupational coverage
- ▶ Partial Disability
- ▶ FMLA Continuation
- ▶ Military Services Leave of Absence Continuation

LIMITATIONS

- ▶ Pre-Existing Condition Limitation – 3/12

EXCLUSIONS

Benefits will not be payable for any disability caused or contributed by: an intentionally self-inflicted Injury; an act of war (declared or undeclared); an Injury or Sickness that occurs while confined in any penal or correctional institution; while confined in any penal or correctional institution; committing a felony; caused or contributed to by any of the following: cosmetic surgery or treatment primarily to change appearance; or in vitro fertilization; or embryo transfer procedures; or artificial insemination; or reversal of sterilization; or liposuction; or radial keratotomy.

For a comprehensive list of exclusions and limitations, and any applicable benefit offsets, please refer to the Certificate of Insurance. The Certificate also provides all requirements necessary to be eligible for coverage and benefits.

This Plan Highlights is a brief description of the key features of the RSL insurance plan. The availability of the benefits and features described may vary by state. It is not a certificate of insurance or evidence of coverage. Insurance is provided under group policy form LRS-6451, et al.