

	STD		LTD
	Option 1	Option 2	
Benefit Amount	Your choice of \$100 up to \$850 maximum weekly benefit, based on earnings equal to or less than your annual salary.	60% of your weekly pre-disability earnings to a maximum weekly benefit of \$1,500.	60% of pre-disability earnings, not to exceed \$5,500 per month, less income from other sources (e.g., Social Security). Monthly benefit includes a 15% contribution to an individual TIAA-CREF retirement annuity.
Cost	See Option 1 table below	See Option 2 Calculation Worksheet below	UPI-paid
Enrollment Process	If enrolling within the first 31 days of initial eligibility, Open Enrollment, certain Qualifying Events and if increasing coverage due to a salary increase that puts you into the next coverage level within 31 days of the salary increase - Late Enrollment Penalty (LEP) does not apply. Enrollment outside of the above eligibility periods - LEP does apply.	If enrolling within the first 31 days of initial eligibility, Open Enrollment, certain Qualifying Events - Late Enrollment Penalty (LEP) does not apply. Enrollment outside of the above eligibility period - LEP does apply	Enrollment is automatic after becoming benefits-eligible.
EOI Required	If previously denied coverage	If previously denied coverage	N/A

Late Enrollment Penalty (LEP)	If you file a claim for anything other than an accidental injury during the first 12 months after your coverage becomes effective, STD benefits will be subject to the lesser benefit amount for the first 60 days of disability.	If you file a claim for anything other than an accidental injury during the first 12 months after your coverage becomes effective, STD benefits will be subject to the lesser benefit amount for the first 60 days of disability.	N/A
Effective Date	Open Enrollment – 7/1 Initial eligibility, Qualifying Event and salary increase – 1 st of the following month	Open Enrollment – 7/1 Initial eligibility, Qualifying Event and salary increase – 1 st of the following month	1 st day of the month following benefits-eligibility
Benefit Claim Process	Contact HR within 30 days of disability.	Contact HR within 30 days of disability.	Contact HR 3-4 months following disability.
Benefit Waiting Period	29 days from the date of disability or exhaustion of sick leave, whichever is later.	29 days from the date of disability or exhaustion of sick leave, whichever is later.	6 months from the date of disability or exhaustion of sick leave, whichever is later.
Maximum Benefit Period	22 weeks	22 weeks	If disabled prior to age 60, benefit pays to age 65. For age 60 or higher, see plan certificate.
Benefit Taxability	Benefits are not taxable.	Benefits are not taxable.	Benefits are considered taxable income.

Option 1		
Annual Salary Classification	Maximum Weekly Benefit*	Employee Monthly Cost
\$75,000 and above	\$850	\$7.65
\$50,000 - \$74,999	\$575	\$5.18
\$35,000 - \$49,999	\$400	\$3.60
\$24,000 - \$34,999	\$250	\$2.25
\$21,000 - \$23,999	\$225	\$2.03
\$19,000 - \$20,999	\$220	\$1.80
\$16,300 - \$18,999	\$175	\$1.58
\$14,000 - \$16,299	\$150	\$1.35
\$10,800 - \$13,999	\$125	\$1.13
Less than \$10,800	\$100	\$0.90

* You may elect any of the benefit amounts shown up to the maximum weekly benefit for your salary level.

Option 2
<p>Monthly employee cost is calculated on percentage of salary:</p> <p>Employee monthly salary multiplied by .60 = percentage of monthly salary</p> <p>Percentage of monthly salary divided by 100 = amount to determine monthly cost</p> <p>Multiply this amount by the option rate .207 = monthly employee cost (deduction from pay)</p> <p>Example: Employee makes \$5,000.00 per month</p> <p style="padding-left: 40px;">$\\$5,000.00 \times .60 = \\$3,000.00$</p> <p style="padding-left: 40px;">$\\$3,000.00 / 100 = \\30.00</p> <p style="padding-left: 40px;">$\\$30.00 \times .207 = \\6.21 monthly pay deduction</p>