

# PEBB Short Term Disability

## Eligibility & Effective Dates

Only permanent PEBB-eligible employees may enroll in this benefit. Seasonal and intermittent employees are not eligible to enroll.

If you enroll during Open Enrollment, your coverage becomes effective January 1 of the new plan year. If you enroll outside of Open Enrollment, your coverage becomes effective the first of the following month.

## Description of Benefits

The benefit covers 60 percent of your insured earnings. For short-term disability, the insured earnings amount is based on your weekly earnings in effect on your last full day of work. When your insured earnings increase (for example, with a pay increase), your premium rate increases. Insured earnings do not include overtime pay, bonuses, or dollars received when you opt out of medical coverage.

- The maximum of insured earnings for short-term disability insurance is limited to \$2,769.
- The maximum weekly benefit is \$1,662 before reduction of deductible income.
- The minimum weekly benefit is \$25 per week following reduction of deductible income.
- The benefit if you are disabled less than one week is one-seventh of the weekly benefit for each day you are disabled.

Deductible income means other income you are eligible to receive because of your disability. This includes:

- A portion of your earnings from work while disabled
- Sick leave or other salary continuation, including donated leave (but not vacation or personal business leave)
- A portion of the benefits you are eligible to receive under any other group disability program. This includes state disability income benefits from the Public Employees Retirement System
- Workers' compensation benefits
- Social Security benefits payable to you and your dependents
- For members employed by the Oregon University System, benefits you are eligible to receive under any employer-sponsored individual disability policy arranged for individuals in a common group

## Duration of Benefit

The maximum duration of the benefit is

- 4 weeks if the disability is caused by a pre-existing condition
- 13 weeks if the disability is not caused by a pre-existing condition

## Premium Rates

The premium rate is 0.0064 times your gross monthly salary.

Example:

- Your gross monthly salary is \$3,234.
- \$3,234 times 0.0064 equals \$20.70, the premium that is deducted from your salary.

## Waiting Periods

The short-term disability insurance plan has a waiting period. The length of the waiting period depends on whether your disability:

- is the result of sickness or pregnancy.
- is caused by accidental injury.
- begins while you are scheduled to be away from work.

## Circumstances of Disability Waiting Period

- Sickness or pregnancy: Seven days
- Accidental injury: Zero days
- While scheduled to be away from work: The period ending the day before you are scheduled to return to work.

**Example:** You are on scheduled vacation leave beginning October 1 and are scheduled to return to work October 10. You injure yourself on October 5. Your doctor will not allow you to return to work until November 5. In this case, the last day of your benefit waiting period is October 9 -- the day before you were scheduled to return to work. You will receive disability benefits October 10 through November 4, as long as you continue to be disabled.

## Pre-existing Condition Period

The plan will look back for evidence of a pre-existing condition if you file a short-term disability claim within 12 months of becoming insured. Otherwise, the plan will look back three months from the time you submit a claim.

## Tax Treatment

For this short-term disability insurance program, payroll deducts the monthly premium after taxes. However, any short-term disability dollars you receive through this benefit are not taxed.

# PEBB Long Term Disability

## Eligibility & Effective Dates

Only permanent PEBB-eligible employees may enroll in this benefit. Seasonal and intermittent employees are not eligible to enroll.

If you enroll during Open Enrollment, your coverage becomes effective January 1 of the new plan year. If you enroll outside of Open Enrollment, your coverage becomes effective the first of the following month.

## Description of Benefit

The benefit covers a percentage of your monthly insured earnings. You determine the percentage when you choose from the four options. For long-term disability, the insured earnings amount is based on your monthly earnings in effect on your last full day of work. When your insured earnings increase (for example, with a pay increase), your premium rate increases. Insured earnings do not include overtime pay, bonuses, or dollars received when you opt out of medical coverage.

The maximum of insured earnings for long-term disability insurance is limited to \$12,000. The maximum monthly benefit (before reduction of deductible income) is \$7,200 if you choose option 1 or 2, or \$8,000 if you choose option 3 or 4. The minimum is \$50. The maximum weekly benefit is \$1,662 before reduction of deductible income.

Deductible income means other income you are eligible to receive because of your disability. This includes:

- A portion of your earnings from work while disabled
- Sick leave or other salary continuation, including donated leave (but not vacation or personal business leave)
- A portion of the benefits you are eligible to receive under any other group disability program. This includes state disability income benefits from the Public Employees Retirement System
- Workers' compensation benefits
- Social Security benefits payable to you and your dependents
- For members employed by the Oregon University System, benefits you are eligible to receive under any employer-sponsored individual disability policy arranged for individuals in a common group

## Duration of Benefit

Your maximum benefit period is determined by your age when disability begins, as follows:

**61 or younger to age 65, or 3 years 6 months, if longer**

**62 3 years, 6 months**

**63 3 years**

**64 2 years, 6 months**

**65 2 years**

**66 1 year, 9 months**

**67 1 year, 6 months**

**68 1 year, 3 months**

**69 or older 1 year**

## Premium Rates

This insurance may replace a portion of your monthly income should you become disabled. You must self pay for this coverage; the state does not provide a benefit amount for this benefit.

<b>Long-term Disability Premium Rates</b> Premium = Rate X month salary				
Option	Rate	Waiting Period	Coverage	Coverage Maximum/Minimum
1	\$0.0051	90 days	60% of first \$12,000 minus deductible income	\$7,200 before reduction by deductible income/\$50
2	\$0.0018	180 days		
3	\$0.0106	90 days	66 2/3% of first \$12,000 minus deductible income	\$8,000 before reduction by deductible income/\$50
4	\$0.0027	180 days		

This benefit has a waiting period. The waiting period is the amount of time you must wait before you start receiving a weekly payment after you become disabled. It is either 90 or 180 days, depending on the option you choose.

Here is an example to illustrate your premium cost based on your choice of options:

**You choose option 1 -- with a 90-day waiting period and a monthly benefit amount of 60 percent of your pre-disability earnings.**

Your gross monthly salary (before any deductions)	\$1,900
Times premium	X 0.0051
Premium amount you pay each month	\$9.69

## Tax Treatment

For this long-term disability insurance program, payroll deducts the monthly premium after taxes. However, any long-term disability dollars you receive through this benefit are not taxed.

## Additional Benefits

This plan offers additional benefits to help you return to work after you become disabled. Review the online plan certificate for information on these features.

## Pre-existing Condition Period

The plan will look back for evidence of a pre-existing condition if you file a long-term disability claim within 12 months of becoming insured. Otherwise, the plan will look back three months from the time you submit a claim.

**OEBB: Short Term and Long Term Disability Summary**

Long Term Disability Enrollments	39,539
Short Term Disability Enrollments	9,007

Employees enrolled in Long Term Disability Only	32,919
Employees enrolled in Short Term Disability Only	2,387
Employees Enrolled in both Short Term & Long Term Disability	6,620

Long Term Disability -- Detail Plan Enrollment			
Plan	Mandatory	Voluntary	Total Mandatory + Voluntary
Long Term Disability -60 Day@50%	684	392	1,076
Long Term Disability -60 Day@60%	1,688	257	1,945
Long Term Disability -60 Day@66.66%	4,904	131	5,035
Long Term Disability -90 Day@50%	66	181	247
Long Term Disability -90 Day@60%	3,478	315	3,793
Long Term Disability -90 Day@66.66%	9,310	942	10,252
Long Term Disability (Mandatory/Employee)-60 Day@50%	61		61
Long Term Disability (Mandatory/Employee)-60 Day@60%	3,155		3,155
Long Term Disability (Mandatory/Employee)-60 Day@66.66%	1,509		1,509
Long Term Disability (Mandatory/Employee)-90 Day@50%	54		54
Long Term Disability (Mandatory/Employee)-90 Day@60%	5,339		5,339
Long Term Disability (Mandatory/Employee)-90 Day@66.66%	4,966		4,966
Long Term Disability (Mandatory/Employer-\$2000 Max)-90 Day@66.66%	82		82
Long Term Disability (Mandatory/Employer-\$3000 Max)-90 Day@66.66%	328		328
Long Term Disability (Mandatory/Employer-\$4000 Max)-90 Day@66.66%	787		787
Long Term Disability (Mandatory/Employer-\$6000 Max)-90 Day@66.66%	195		195
Long Term Disability (Mandatory/Employee-\$2000 Max)-90 Day@66.66%	121		121
Long Term Disability (Mandatory/Employee-\$3000 Max)-90 Day@66.66%	594		594
<b>Total Long Term Disability</b>	<b>37,321</b>	<b>2,218</b>	<b>39,539</b>

Short Term Disability -- Detail Plan Enrollment			
Plan	Mandatory	Voluntary	Total Mandatory + Voluntary
Short Term Disability -7 Day Elimination/60 Day@60%	324	291	615
Short Term Disability -7 Day Elimination/60 Day@66.66%	33	319	352
Short Term Disability -7 Day Elimination/60 Day@70%	705	211	916
Short Term Disability (Mandatory/Employee)-7 Day Elimination/60 Day@70%	509		509
Short Term Disability -14 Day Elimination/60 Day@60%		760	760
Short Term Disability -14 Day Elimination/60 Day@66.66%	19	996	1,015
Short Term Disability -14 Day Elimination/60 Day@70%		13	13
Short Term Disability -30 Day Elimination/60 Day@60%		843	843
Short Term Disability -30 Day Elimination/60 Day@66.66%		20	20
Short Term Disability -30 Day Elimination/60 Day@70%		147	147
Short Term Disability -7 Day Elimination/90 Day@60%	672	524	1,196
Short Term Disability -7 Day Elimination/90 Day@66.66%		361	361
Short Term Disability -7 Day Elimination/90 Day@70%	44	63	107
Short Term Disability -14 Day Elimination/90 Day@60%		241	241
Short Term Disability -14 Day Elimination/90 Day@66.66%	314	1,318	1,632
Short Term Disability -14 Day Elimination/90 Day@70%		3	3
Short Term Disability -30 Day Elimination/90 Day@60%		25	25
Short Term Disability -30 Day Elimination/90 Day@66.66%	205	47	252
<b>Total Short Term Disability</b>	<b>2,825</b>	<b>6,182</b>	<b>9,007</b>

## PEBB: Short Term and Long Term Disability Summary

Long Term Disability Enrollments	27,870
Short Term Disability Enrollments	28,304

Employees enrolled in Long Term Disability Only	6,447
Employees enrolled in Short Term Disability Only	6,881
Employees Enrolled in both Short Term & Long Term Disability	21,423

### Long Term Disability -- Detail Plan Enrollment

Plan	Enrollments
90-Day @ 60%	13,451
180-Day @ 60%	5,298
90-Day @ 66 2/3%	5,149
180-Day @ 66 2/3%	3,972
<b>Total Long Term Disability</b>	<b>27,870</b>

### Short Term Disability -- Detail Plan Enrollment

Plan	Mandatory
Short Term Disability - 60% Benefit	28,304

**The Standard**  
**Long Term Disability Plans and Rates**  
2017-18 Plan Year (No change from 2016-17)

**VOLUNTARY ENROLLMENT - EMPLOYEE PAID PLANS**

Allows each employee to choose whether or not they wish to enroll.  
Premiums must be paid by the employee.

	Voluntary Enrollment - Employee Paid					
	Plan 1	Plan 2	Plan 3	Plan 4	Plan 5	Plan 6
Benefit Waiting Period (Days)	60	60	60	90	90	90
Maximum Monthly Benefit	\$8,000	\$8,000	\$8,000	\$8,000	\$8,000	\$8,000
Benefit Percentage	50%	60%	66 ⅔%	50%	60%	66 ⅔%
Monthly Premium = Employee's Average Monthly Wage Multiplied By This Rate (Not to exceed Maximum Monthly Pre-disability Earnings*)	0.00412	0.00553	0.00694	0.00329	0.00447	0.00553

**MANDATORY ENROLLMENT - EMPLOYER PAID PLANS**

Requires all employees to enroll. Premiums must be paid by the employer.

	Mandatory Enrollment - Employer Paid					
	Plan 7	Plan 8	Plan 9	Plan 10	Plan 11	Plan 12
Benefit Waiting Period (Days)	60	60	60	90	90	90
Maximum Monthly Benefit	\$8,000	\$8,000	\$8,000	\$8,000	\$8,000	\$8,000
Benefit Percentage	50%	60%	66 ⅔%	50%	60%	66 ⅔%
Monthly Premium = Employee's Average Monthly Wage Multiplied By This Rate (Not to exceed Maximum Monthly Pre-disability Earnings*)	0.002	0.00295	0.00389	0.00165	0.00235	0.00318

**MANDATORY ENROLLMENT - EMPLOYEE PAID PLANS**

Requires all employees to enroll. Premiums must be paid by the employee.

	Mandatory Enrollment - Employee Paid					
	Plan 13	Plan 14	Plan 15	Plan 16	Plan 17	Plan 18
Benefit Waiting Period (Days)	60	60	60	90	90	90
Maximum Monthly Benefit	\$8,000	\$8,000	\$8,000	\$8,000	\$8,000	\$8,000
Benefit Percentage	50%	60%	66 ⅔%	50%	60%	66 ⅔%
Monthly Premium = Employee's Average Monthly Wage Multiplied By This Rate (Not to exceed Maximum Monthly Pre-disability Earnings*)	0.00329	0.00436	0.00553	0.00259	0.00353	0.00447

**\* Maximum Monthly Pre-disability Earnings:**

- For 50% Plan: The first \$16,000 of employee's monthly pre-disability earnings
- For 60% Plan: The first \$13,333 of employee's monthly pre-disability earnings
- For 66 ⅔% Plan: The first \$12,000 of employee's monthly pre-disability earnings



**MANDATORY ENROLLMENT - EMPLOYER PAID PLANS**

Requires all employees to enroll. Premiums must be paid by the employer.

	Mandatory Enrollment - Employer Paid			
	Plan 19	Plan 20	Plan 21	Plan 22
Benefit Waiting Period (Days)	90	90	90	90
Maximum Monthly Benefit	\$2,000	\$3,000	\$4,000	\$6,000
Benefit Percentage	66 ⅔%	66 ⅔%	66 ⅔%	66 ⅔%
Monthly Premium = Employee's Average Monthly Wage Multiplied By This Rate (Not to exceed Maximum Monthly Pre-disability Earnings**)	0.00295	0.00306	0.00311	0.00318

**MANDATORY ENROLLMENT - EMPLOYEE PAID PLANS**

Requires all employees to enroll. Premiums must be paid by the employee.

	Mandatory Enrollment - Employee Paid	
	Plan 23	Plan 24
Benefit Waiting Period (Days)	90	90
Maximum Monthly Benefit	\$2,000	\$3,000
Benefit Percentage	66 ⅔%	66 ⅔%
Monthly Premium = Employee's Average Monthly Wage Multiplied By This Rate (Not to exceed Maximum Monthly Pre-disability Earnings**)	0.00400	0.00418

**\*\* Maximum Monthly Pre-disability Earnings:**

- For \$2,000 plan: The first \$3,000 of employee's monthly predisability earnings
- For \$3,000 plan: The first \$4,500 of employee's monthly predisability earnings
- For \$4,000 plan: The first \$6,000 of employee's monthly predisability earnings
- For \$6,000 plan: The first \$9,000 of employee's monthly predisability earnings





**The Standard**  
**Short Term Disability Plans and Rates**  
2017-18 Plan Year (No change from 2016-17)

**VOLUNTARY ENROLLMENT - EMPLOYEE PAID PLANS**

Allows each employee to choose whether or not they wish to enroll. Premiums must be paid by the employee.

	Voluntary Enrollment - Employee Paid								
	Plan 1	Plan 2	Plan 3	Plan 4	Plan 5	Plan 6	Plan 7	Plan 8	Plan 9
Benefit Waiting Period (Days)	7	7	7	14	14	14	30	30	30
Benefit Duration (Days)	60	60	60	60	60	60	60	60	60
Maximum Weekly Benefit	\$1,500	\$1,500	\$1,500	\$1,500	\$1,500	\$1,500	\$1,500	\$1,500	\$1,500
Benefit Percentage	60%	66 ⅔%	70%	60%	66 ⅔%	70%	60%	66 ⅔%	70%
Monthly Premium = Employee's Average Monthly Wage Multiplied By This Rate (Not to exceed Maximum Monthly Pre-disability Earnings*)	0.00741	0.00823	0.00864	0.00572	0.00635	0.00667	0.00384	0.00429	0.00451

	Plan 10	Plan 11	Plan 12	Plan 13	Plan 14	Plan 15	Plan 16	Plan 17
Benefit Waiting Period (Days)	7	7	7	14	14	14	30	30
Benefit Duration (Days)	90	90	90	90	90	90	90	90
Maximum Weekly Benefit	\$1,500	\$1,500	\$1,500	\$1,500	\$1,500	\$1,500	\$1,500	\$1,500
Benefit Percentage	60%	66 ⅔%	70%	60%	66 ⅔%	70%	60%	66 ⅔%
Monthly Premium = Employee's Average Monthly Wage Multiplied By This Rate (Not to exceed Maximum Monthly Pre-disability Earnings*)	0.00857	0.00952	0.00999	0.00674	0.00748	0.00785	0.00467	0.00519

**\* Maximum Monthly Pre-disability Earnings:**

- For 60% Plan: The first \$10,833 of employee's monthly pre-disability earnings
- For 66 ⅔% Plan: The first \$9,750 of employee's monthly pre-disability earnings
- For 70% Plan: The first \$9,286 of employee's monthly pre-disability earnings

### MANDATORY ENROLLMENT - EMPLOYER PAID PLANS

Requires all employees to enroll. Premiums must be paid by the employer.

	Mandatory Enrollment - Employer Paid									
	Plan 19	Plan 20	Plan 21	Plan 22	Plan 23	Plan 25	Plan 28	Plan 31	Plan 32	
Benefit Waiting Period (Days)	7	7	7	14	14	30	7	14	14	
Benefit Duration (Days)	60	60	60	60	60	60	90	90	90	
Maximum Weekly Benefit	\$1,500	\$1,500	\$1,500	\$1,500	\$1,500	\$1,500	\$1,500	\$1,500	\$1,500	
Benefit Percentage	60%	66 ⅔%	70%	60%	66 ⅔%	60%	60%	60%	66 ⅔%	
Monthly Premium = Employee's Average Monthly Wage Multiplied By This Rate (Not to exceed Maximum Monthly Pre-disability Earnings*)	0.00386	0.00429	0.00451	0.00306	0.0034	0.0021	0.00451	0.00355	0.00394	

	Plan 34	Plan 35
Benefit Waiting Period (Days)	30	30
Benefit Duration (Days)	90	90
Maximum Weekly Benefit	\$1,500	\$1,500
Benefit Percentage	60%	66 ⅔%
Monthly Premium = Employee's Average Monthly Wage Multiplied By This Rate (Not to exceed Maximum Monthly Pre-disability Earnings*)	0.00242	0.00269

### MANDATORY ENROLLMENT - EMPLOYEE PAID PLANS

Requires all employees to enroll. Premiums must be paid by the employee.

	Mandatory Enrollment - Employee Paid		
	Plan 37	Plan 39	Plan 48
Benefit Waiting Period (Days)	7	7	7
Benefit Duration (Days)	60	60	90
Maximum Weekly Benefit	\$1,500	\$1,500	\$1,500
Benefit Percentage	60%	70%	70%
Monthly Premium = Employee's Average Monthly Wage Multiplied By This Rate (Not to exceed Maximum Monthly Pre-disability Earnings*)	0.00523	0.00617	0.00581

**\* Maximum Monthly Pre-disability Earnings:**

- For 60% Plan: The first \$10,833 of employee's monthly pre-disability earnings
- For 66 ⅔% Plan: The first \$9,750 of employee's monthly pre-disability earnings
- For 70% Plan: The first \$9,286 of employee's monthly pre-disability earnings