



Good news—your insurance coverage is easy to understand. This benefit summary gives a basic outline of your insurance coverage including benefits that can be used now, and much more!

Voluntary Group Short Term Disability Insurance

iTech Solutions, Inc.
Benefits effective 12/01/2017

Voluntary Group Short Term Disability Insurance provides security when you need it most. You can feel confident knowing that, even if you experience an illness or injury that prevents you from working, you may receive benefits to help replace your lost income. Please review 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 \$1,500
The benefit amount is the payment you may receive if you become disabled. See your benefit certificate for specific information about how your benefit is calculated, including offsets and deductions from your benefit.

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 25 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 support program comes with your short term disability coverage to give you and your family private access to work/life resources, at no additional cost to you, including: counseling sessions for qualifying events; identity theft victim recovery services; legal and financial consultations; toll-free, 24/7 phone consultations and referrals from anywhere in the United States; and unlimited access to Resource Advisor online resources at www.resourceadvisor.anthem.com, program name "anthemresourceadvisor". You can also access Resource Advisor benefits by calling (888) 209-7840.

SpecialOffers@Anthemsm

This program gives you and your family money saving discounts on products and services that promote better health and well-being. To find out more about SpecialOffers@Anthemsm discounts and benefits, go to anthem.com/specialoffers.

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.

Cost for voluntary short term disability benefits

Voluntary Group Short Term Disability Rates			
Age	Monthly Rate per \$10 of Coverage	AGE	Monthly Rate per \$10 of Coverage
<25	.37	50-54	.581
25-29	.368	55-59	.737
30-34	.386	60-64	.879
35-39	.382	65-69	.989
40-44	.425	70-74	1.286
45-49	.48	75+	1.672

How to Calculate Your Premium

In the above rate chart, you will see monthly rates per \$10 of coverage. Find your age band and note the rate, then complete the information below to find your monthly, weekly, bi-weekly or semi-monthly premium.

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

_____ annual salary/52*60% = _____ weekly benefit(B) – *round to next \$10*

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

_____ (C) * 12 / 52 (pays per year) = _____ Weekly Premium

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

_____ (C)* 12 / 24 (pays per year) = _____ Semi-Monthly Premium

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.

Disability insurance benefits provided under Certificate Form Number DLS A NY 0205 C. The expected benefit ratio for the Disability policies is 60%. This ratio is the portion of future premiums which the company expects to return as benefits, when averaged over all people with this policy.