



EQUITABLE



Short-Term Disability

Benefit Summary

City of Noblesville

Effective Date: January 01, 2022

Policy Number: 011199

Class Definition: Class 1: All Active Full Time Employees working at least 30 hours per week

Short-term disability benefits can replace income in challenging times

Even with careful saving and planning, most people count on a steady paycheck to cover their monthly expenses. Unfortunately, it only takes a brief time away from work to upset the balance. You can protect the income you depend on with disability insurance. Whether you need to take time off to recover from an illness or injury, disability insurance can provide a portion of lost income for a period of time, helping alleviate the financial hardship and cover regular expenses—from paying rent to buying groceries.

What your benefits cover:

Benefit Plan and Features	Benefit Amount
Weekly Benefit ¹	60% of pre-disability earnings ²
Maximum Weekly Benefit ¹	\$1,500
Minimum Weekly Benefit	\$25
Benefits Commencement - Injury	15 th Day
Benefits Commencement - Sickness	15 th Day
Maximum Benefit Period	24 weeks

Cost Summary for Short Term Disability	Rate per \$10 of Weekly Covered Benefit
<25	\$0.257
25-29	\$0.261
30-34	\$0.295

Cost Summary for Short Term Disability	Rate per \$10 of Weekly Covered Benefit
35-39	\$0.287
40-44	\$0.302
45-49	\$0.364
50-54	\$0.471
55-59	\$0.620
60-64	\$0.752
65+	\$0.823

¹Reduced by other income benefits

²**Pre-disability Earnings** means Your regular weekly rate of pay from Your Employer in effect on the date immediately prior to the date You became Disabled. Pre-disability Earnings includes any deductions made for pre-tax contributions to a qualified deferred compensation plan, Section 125 plan or flexible spending account and does not include commissions, bonuses, tips and tokens, overtime pay or any other fringe benefits or extra compensation.

More about your Short-Term Disability coverage

If you are working for your employer on the effective date - the waiting period is the first of the month coinciding with or next following 60 continuous days.

If you start working for your employer after the effective date - the waiting period is the first of the month coinciding with or next following 60 continuous days.

An Employee who is employed on the effective date of the policy will receive credit towards satisfying the waiting period for time employed with the employer provided he or she was employed on the day prior to the effective date of the policy.

The following benefits are available:

Disabled and Working Benefit: If, while covered under this benefit, you are disabled and working you can satisfy the elimination period with days of partial or total disability and you can receive a partial disability benefit. Please see your policy for complete details.

Rehabilitative Employment Benefit: If, while you are totally disabled or disabled and working, you accept rehabilitative employment, we will continue to pay a weekly benefit. The weekly benefit we will pay will be equal to your total disability weekly benefit, less 50% of any income received from the rehabilitative employment. The sum of the weekly benefit and total income received from rehabilitative employment may not exceed 100% of your pre-disability earnings. If this sum exceeds the pre-disability earnings, the weekly benefit paid by us will be reduced by the excess amount.

Manage Your Benefits

Go to www.equitable.com/employeebenefits and log on to **EB360**[®] to view your account details.

If you have any questions, please don't hesitate to contact us at 1-866-274-9887.

We look forward to helping you manage your benefits with confidence and ease.

What is not covered?

Exclusions: *What disabilities are not covered?*

The Policy does not cover, and We will not pay a benefit for any disability:

1. unless you are under the regular care of a physician;
2. that is caused or contributed to by war or act of war, whether declared or not;
3. caused by your commission of or attempt to commit a felony;
4. caused or contributed to by your being engaged in an illegal occupation;
5. caused or contributed to by an intentionally self-inflicted injury;
6. for which Workers' Compensation benefits are paid, or may be paid, if duly claimed; or
7. sustained as a result of doing any work for pay or profit for another employer including self-employment.

Coverage Limitations: Are there any limitations on coverage?

The Policy does not cover any Disability:

1. for which benefits are provided under any state or Federal workers compensation, employers liability or occupational disease law;
or
2. sustained as a result of doing any work for pay or profit for any employer, including self-employment.

If you are receiving or are eligible for benefits for a disability under a prior disability plan that:

1. was sponsored by your employer and
2. was terminated before the effective date of the policy;

no benefits will be payable for that disability under the policy.

Pre-existing Condition Limitation: *Are benefits limited for Pre-existing Conditions?*

We will not pay any benefit, or any increase in benefits, under The Policy for any Disability that results from, or is caused or contributed to, by a Pre-existing Condition, unless, at the time You become Disabled, You have been continuously covered under The Policy for 12 months.

Pre-existing Condition means:

1. any accidental bodily injury, sickness, Mental Illness, pregnancy, or episode of Substance Abuse; or
2. any manifestations, symptoms, findings, or aggravations related to or resulting from such accidental bodily injury, sickness, Mental Illness, pregnancy, or Substance Abuse, for which you received Medical Care during the 3 consecutive month period that ends the day before:
 1. your effective date of coverage; or
 2. the effective date of a Change in Coverage.

Medical Care is received when a Physician or other health care provider:

1. is consulted or gives medical advice; or
2. recommends, prescribes, or provides Treatment.

Treatment includes, but is not limited to:

1. medical examinations, tests, attendance or observation; and
2. use of drugs, medicines, medical services, supplies or equipment.

These products only provide disability income insurance. THESE POLICIES ARE NOT MEDICARE SUPPLEMENT PLANS. They do NOT provide basic hospital, basic medical or major medical insurance as defined by the New York State Department of Financial Services. The policies have limitations and exclusions. Optional riders and/or features may incur additional costs. Plan documents are the final arbiter of coverage.

Policy Form/Contract AXEBP15DI; MOEBP15DI and State Variations.

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1290 Avenue of the Americas, New York, NY 10104. (212) 554-1234.

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