



The Standard
Short Term Disability Plans and Rates
 2023-24 Plan Year

Member Services
 1-888-469-6322
 OEGB.Benefits@odhsoha.oregon.gov

VOLUNTARY ENROLLMENT - EMPLOYEE PAID PLANS ****Employee paid**

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

Voluntary Enrollment - Employee Paid

	Plan 10	Plan 11	Plan 12
Benefit Waiting Period (Days)	7	7	7
Benefit Duration (Days)	90	90	90
Maximum Weekly Benefit	\$1,500	\$1,500	\$1,500
Benefit Percentage	60%	66 ⅔%	70%
Monthly Premium = Employee's Average Monthly Wage Multiplied By This Rate (Not to exceed Max Monthly Pre-disability Earnings*)	0.00069	0.00076	0.00080

MANDATORY ENROLLMENT - EMPLOYER PAID PLANS

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

Mandatory Enrollment - Employer Paid

	Plan 28	Plan 29**	Plan 30**
Benefit Waiting Period (Days)	7	7	7
Benefit Duration (Days)	90	90	90
Maximum Weekly Benefit	\$1,500	\$1,500	\$1,500
Benefit Percentage	60%	66 ⅔%	70%
Monthly Premium = Employee's Average Monthly Wage Multiplied By This Rate (Not to exceed Max Monthly Pre-disability Earnings*)	0.00072	0.00083	0.00084

MANDATORY ENROLLMENT - EMPLOYEE PAID PLANS

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

Mandatory Enrollment - Employee Paid

	Plan 46**	Plan 47**	Plan 48
Benefit Waiting Period (Days)	7	7	7
Benefit Duration (Days)	90	90	90
Maximum Weekly Benefit	\$1,500	\$1,500	\$1,500
Benefit Percentage	60%	66 ⅔%	70%
Monthly Premium = Employee's Average Monthly Wage Multiplied By This Rate (Not to exceed Max Monthly Pre-disability Earnings*)	0.00040	0.00045	0.00046

**New plans, effective 10/1/2023

*** 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

NOT
 APPLICABLE

NOT
 APPLICABLE





Voluntary Short Term Disability (STD) Insurance

Short Term Disability insurance pays a weekly benefit in the event you cannot work because of a covered illness or injury. An STD benefit replaces a portion of your weekly income, providing funds directly to you to help pay your bills and living expenses. Standard Insurance Company (The Standard) has developed this document to provide you with information about the optional coverage you may select through Oregon Educators Benefit Board.

Eligibility Requirements

Employee

To be eligible for STD insurance coverage:

- You must be a regular employee of an employer participating in the Oregon Educators Benefit Board (OEBB) STD insurance group policy
- You must meet other eligibility requirements included in the member definition of the group policy and as required and determined by OEBB
- Your employer must have elected to make STD coverage available to employees in your classification
- You must not be a full-time member of the armed forces of any country

Please see your human resources representative for additional information on the definition of member and becoming eligible for OEBB STD coverage.

Benefit Amount and Duration

Benefit Percentage

Your weekly STD benefit is 60 percent of the first \$2,500 of your weekly insured predisability earnings, reduced by deductible income

Benefit Waiting Period

7 days*

Plan Minimum Weekly Benefit

\$15

Maximum Benefit Period

60 days. However, STD Benefits will end on the date Long Term Disability benefits become payable to you under a group plan provided by your employer, even if that occurs before the 60 days.

*Late enrollment penalty: If you apply for STD insurance coverage more than 31 days after becoming eligible and then become disabled during the first 12 months of your coverage, your benefit waiting period for a disability caused by any condition other than an accidental injury will be 60 days instead of 7 days:

Becoming Insured

Coverage under STD Plan 1 is voluntary. This means you decide whether or not you wish to apply. If you select coverage, your employer requires that you pay the cost.

Coverage will be effective on the first day of the calendar month following the later of (a) the date you become an eligible employee and complete any eligibility waiting period, or (b) the date you apply, provided you apply within 31 days after becoming eligible and have served any eligibility waiting period. If you do not apply within 31 days after becoming eligible, you may only apply during an OEBB annual enrollment period or within 31 days of a qualifying family status change. In both situations you will be required to submit satisfactory evidence of insurability.

For insurance applied for during an OEBB annual enrollment period, assuming the active work requirement is met, insurance becomes effective on the first day of the plan year following the date you apply. For insurance applied for due to a family status change, assuming the active work requirement is met, insurance becomes effective the first day of the calendar month following the later of (a) the date you apply, and (b) the date of the family status change. Meeting the active work requirement means that if you are not actively at work on the day before the

scheduled effective date of insurance, your insurance will not become effective until the day after you complete one full day of active work as an eligible employee.

Please contact your human resources representative for more information regarding the requirements that must be satisfied for your insurance to become effective.

Understanding Your Plan Design

Definition of Disability	<p>You will be considered disabled if, as a result of physical disease, injury, pregnancy or mental disorder:</p> <ul style="list-style-type: none"> • You are unable to perform with reasonable continuity the material duties of your own occupation, and • You suffer a loss of at least 15 percent in your predisability earnings when working in your own occupation <p>You are not disabled merely because your right to perform your own occupation is restricted, including a restriction or loss of license.</p>
Deductible Income	<p>Deductible income is income you receive or are eligible to receive while STD benefits are payable. Deductible income includes, but is not limited to:</p> <ul style="list-style-type: none"> • Sick pay, annual or personal leave pay, severance pay or other forms of salary continuation (including donated amounts) • Amounts under an unemployment compensation law • Amounts because of your disability under any other group insurance • Disability or retirement benefits under your employer’s retirement plan • Amounts under any state disability income benefit law or similar law • Earnings from work activity while you are disabled, plus the earnings you could receive if you worked as much as your disability allows • Earnings or compensation included in your predisability earnings which you receive or are eligible to receive while STD benefits are payable • Amounts due from or on behalf of a third party because of your disability, whether by judgment, settlement or other method • Any amount you receive by compromise, settlement or other method as a result of a claim for any of the above

Additional Features

Please see your human resources representative for additional information about the features and benefits below.

Rehabilitation Plan	<p>If you are participating in an approved Rehabilitation Plan, The Standard may include payment of some of the expenses you incur in connection with the plan including but not limited to; training and education expenses, family (child and elder) care expenses, job related expenses and job search expenses.</p>
Reasonable Accommodation Expense Benefit	<p>If your employer makes an approved work-site modification that enables you to return to work while disabled, The Standard will reimburse your employer up to a pre-approved amount for some or all of the cost of the modification.</p>
Return to Work Incentive	<p>Rewards employees who return to work on a part-time basis by coordinating disability benefit payments with work earnings to provide 100% of predisability earnings.</p>

Exclusions

You are not covered for a disability caused or contributed to by any of the following:

- Your committing or attempting to commit an assault or felony, or your active participation in a violent disorder or riot
- An intentionally self-inflicted injury
- War or any act of war (declared or undeclared, and any substantial armed conflict between organized forces of a military nature)
- Disability arising out of or in the course of any employment for wage or profit

Limitations

STD benefits are not payable for any period when you are:

- Not under the ongoing care of a physician in the appropriate specialty as determined by The Standard
- Not participating in good faith in a plan, program or course of medical treatment or vocational training or education approved by The Standard, unless your disability prevents you from participating
- Confined for any reason in a penal or correctional institution
- Able to work and earn at least 15 percent of your predisability earnings in your own occupation, but you elect not to work
- Eligible to receive benefits for your disability under a workers' compensation law or similar law

When Benefits End

STD benefits end automatically on the earliest of:

- The date you are no longer disabled
- The date your maximum benefit period ends
- The date you die
- The date benefits become payable under any other disability insurance plan under which you become insured through employment during a period of temporary recovery
- The date you fail to provide proof of continued disability and entitlement to benefits
- The date long term disability benefits become payable to you under a long term disability plan

When Insurance Ends

Insurance ends automatically on the earliest of the following:

- The date the last period ends for which a premium was paid
- The date your employment terminates
- The date the group policy terminates
- The date you cease to meet the eligibility requirements (insurance may continue for limited periods under certain circumstances)
- The date your employer ceases to participate under the group policy

Group Insurance Certificate

If coverage becomes effective, and you become insured, you will receive a group insurance certificate containing a detailed description of the insurance coverage including the definitions, exclusions, limitations, reductions and terminating events. The controlling provisions will be in the group policy. Neither the information presented in this summary nor the certificate modifies the group policy or the insurance coverage in any way.

Rates

If you have questions regarding how to determine your earnings, please contact your human resources representative. Premiums for this coverage will be deducted directly from your paycheck.

To calculate your monthly payroll deduction, use the formula indicated below:

1. Enter your average monthly earnings, not to exceed \$2,500, on Line 1. Line 1: _____
2. Monthly premium rate is 0.00296. Line 2: 0.00296
3. Multiply Line 1 by the amount entered on Line 2. Line 3: _____

The amount shown on Line 3 is your estimated monthly payroll deduction.



Standard Insurance Company

For more than 100 years we have been dedicated to our core purpose: to help people achieve financial well-being and peace of mind. We have earned a national reputation for quality products and superior service by always striving to do what is right for our customers.

Headquartered in Portland, Oregon, The Standard is a nationally recognized provider of group Disability, Life, Dental and Vision insurance and Individual Disability insurance. We provide insurance to more than 24,800 groups, covering over 8 million employees nationwide.* Our first group policy, written in 1951 and still in force today, stands as a testament to our commitment to building long-term relationships.

To learn more about products from The Standard, Contact your human resources department or visit us at www.standard.com.

* As of June 30, 2013, based on internal data developed by Standard Insurance Company.

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GP399-STD, GP 899-STD, GP309-STD,
GP209-STD, GP399-STD/ASSOC, GP399-STD/TRUST