

VOYA FINANCIAL SHORT TERM DISABILITY – RATES GUARANTEED UNTIL JULY 1, 2027

For Groups with less than 10 Employee lives			
Short-Term Disability Benefits	Option 1	Option 2	Option 3
Eligibility:	All Eligible Employees working at least 20 hrs/wk	All Eligible Employees working at least 20 hrs/wk	All Eligible Employees working at least 20 hrs/wk
Elimination Period:			
Accident	7 Days	7 Days	7 Days
Illness	7 Days	7 Days	7 Days
Weekly Benefit Percentage	60%	60%	60%
Minimum Weekly Benefit	\$50	\$50	\$50
Maximum Weekly Benefit	\$1,252	\$1,500	\$1,500
Definition of Disability	Non-Occupational	Non-Occupational	Non-Occupational
Maximum Benefit Duration	52 Weeks	26 Weeks	13 Weeks
Benefit Integration	Offset Applies	Offset Applies	Offset Applies
Pre-Existing Condition	None	None	None
Age Banded Rates	Option 1	Option 2	Option 3
Rate per \$10: Under age 30	\$0.88*	\$0.67*	\$0.50*
Rate per \$10: 30-34	\$0.90*	\$0.68*	\$0.52*
Rate per \$10: 35-39	\$0.67*	\$0.52*	\$0.38*
Rate per \$10: 40-44	\$0.50*	\$0.39*	\$0.30*
Rate per \$10: 45-49	\$0.57*	\$0.44*	\$0.34*
Rate per \$10: 50-54	\$0.68*	\$0.54*	\$0.40*
Rate per \$10: 55-59	\$0.93*	\$0.72*	\$0.55*
Rate per \$10: 60-64	\$1.10*	\$0.87*	\$0.64*
Rate per \$10: 65+	\$1.31*	\$1.03*	\$0.75*

Example Calculations

	Option 1	Option 2	Option 3
Annual Salary	\$50,000.00	\$50,000.00	\$50,000.00
Weekly salary (annual/52)	\$961.54	\$961.54	\$961.54
Covered weekly salary (weekly X .60)	\$576.92	\$576.92	\$576.92
Divide by 10 (covered weekly/10)	\$57.69	\$57.69	\$57.69
Multiply above by Premium Rate	\$45.58	\$35.77	\$26.54

Covered weekly must be capped if it surpasses maximum weekly benefit

	Option 1	Option 2	Option 3
Annual Salary	\$150,000.00	\$150,000.00	\$150,000.00
Weekly salary (annual/52)	\$2,884.62	\$2,884.62	\$2,884.62
Covered weekly salary (weekly X .60)	\$1,730.77	\$1,730.77	\$1,730.77
Capped maximum weekly coverage/benefit	\$1,252.00	\$1,500.00	\$1,500.00
Divide capped by 10 (capped weekly/10)	\$125.20	\$150.00	\$150.00
Multiply above by Premium Rate	\$98.91	\$93.00	\$69.00

* Rates provided on Ancillary invoice may vary slightly because of rounding.

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THIS SUMMARY IS INTENDED TO COMPARE COVERAGE BENEFITS ONLY. THE ACTUAL PLAN CONTRACT SHOULD BE CONSULTED FOR A DETAILED DESCRIPTION OF COVERAGE BENEFITS AND LIMITATIONS.

VOYA FINANCIAL LONG TERM DISABILITY – RATES GUARANTEED UNTIL JULY 1, 2027

For Groups with less than 10 Employee lives				
Long Term Disability Benefits	Option 1	Option 2	Option 3	Option 4
Eligibility:	All Eligible Employees working at least 20 hrs/wk	All Eligible Employees working at least 20 hrs/wk	All Eligible Employees working at least 20 hrs/wk	All Eligible Employees working at least 20 hrs/wk
Elimination Period	90 Days (1)	180 Days (2)	90 Days (1)	180 Days (2)
Monthly Benefit Percentage	60%	60%	60%	60%
Maximum Monthly Benefit	\$5,000	\$5,000	\$10,000	\$10,000
Own Occupation Timeframe or Coverage Period	24 Months	24 Months	24 Months	24 Months
Disability Earnings Test	80%	80%	80%	80%
Definition of Disability	Earnings & Occupation	Earnings & Occupation	Earnings & Occupation	Earnings & Occupation
Recurrent Disabilities	6 Months	6 Months	6 Months	6 Months
Mental Health/Substance Abuse Limitations	24 Months	24 Months	24 Months	24 Months
Maximum Benefit Duration	To Age 65 or SSNRA	To Age 65 or SSNRA	To Age 65 or SSNRA	To Age 65 or SSNRA
Pre-Existing Condition	3/12	3/12	3/12	3/12
Age Banded Rates	Option 1 – 90 days	Option 2 – 180 days	Option 3 – 90 days	Option 4 – 180 days
Rate per \$100: 0-24 (Under age 25)	\$0.131*	\$0.103*	\$0.144*	\$0.113*
Rate per \$100: Age 25-29	\$0.177*	\$0.130*	\$0.195*	\$0.143*
Rate per \$100: Age 30-34	\$0.225*	\$0.168*	\$0.247*	\$0.192*
Rate per \$100: Age 35-39	\$0.289*	\$0.214*	\$0.318*	\$0.236*
Rate per \$100: Age 40-44	\$0.374*	\$0.280*	\$0.411*	\$0.308*
Rate per \$100: Age 45-49	\$0.485*	\$0.365*	\$0.534*	\$0.415*
Rate per \$100: Age 50-54	\$0.634*	\$0.476*	\$0.698*	\$0.542*
Rate per \$100: Age 55-59	\$0.830*	\$0.625*	\$0.914*	\$0.688*
Rate per \$100: 60+ (Over age 60)	\$1.083*	\$0.812*	\$1.191*	\$0.893*

Example Calculation

Example based on an individual under age 25

Monthly Covered Salary X Rate/100

Monthly Covered Salary = Annual Salary/12

50,000/12 = \$4,166

\$4,166 (monthly covered salary) X 0.131 (rate)/100 = 5.46

(1) Benefit begins after 90 days

(2) Benefit begins after 180 days

Definitions:

Elimination Period – Benefits begin the day after the elimination period ends.

Own Occupation Timeframe or Coverage Period – Employee’s disability will be evaluated on their ability to perform their own occupations to a certain degree.

Recurrent Disabilities – Refers to the instance where an employee recovers temporarily from a disability and returns to work, but then the disability resurfaces. If the disability resurfaces within a set time frame, the elimination period does not have to be satisfied again.

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