



**Gwinnett County Public Schools**  
**Short-Term Disability Plan Document**  
**Effective January 1, 2022**

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**Plan Highlights**

- The Plan provides compensation for employees by paying a Short-Term Disability insurance benefit while they are disabled from performing the essential functions of their job.
- The Short-Term Disability Plan is a self-insured plan. The term ‘self-insured’ refers to plans funded by employee and employer contributions, which are placed into a specific fund. Plan expenses are paid from the fund.
- Participation in the Plan is available to new employees upon attending an Employee Benefits Orientation. The options to apply, increase, or decrease coverage are available to all benefit-eligible employees during the annual Open Enrollment process.
- An employee applying for benefits must submit a Short-Term Disability Claim Form to the Benefits and Leave Administration Office within 12 months from the date of disability.
- Benefits begin on the 15<sup>th</sup> day of a continuous disability and are accrued on a calendar-day basis.
- The Plan provides benefits of the plan amount for which the employee is enrolled. Benefits range from \$225 to \$500 per week. Benefits are paid on the 15<sup>th</sup> of each month.

### Purpose

Gwinnett County Public Schools offers a Short-Term Disability plan (the Plan) to all benefits-eligible employees for their personal disability. The Plan provides financial compensation to employees by paying an insurance benefit to the employee while he or she is disabled from performing the essential functions of his or her job.

The Plan will pay a maximum benefit period of 180 calendar days, per disability. The amount paid is based on the Plan the employee is eligible for and the amount of salary earned at the time the disability begins.

### Plan Administrator

The Director of Benefits and Leave Administration is the Plan Administrator, and has full authority to operate and interpret the Plan. The Director and/or designee(s) is responsible for reviewing and evaluating claim applications, as well as determining, on a periodic basis, that a claimant continues to qualify to receive disability benefits.

Responsibility for reviewing and evaluating an appeal of a denied claim is delegated to the Executive Director of Human Resources.

### Eligibility and Effective Date of Coverage

An employee becomes eligible to receive benefits from the Plan on the first day of the month after the 6<sup>th</sup> payroll deduction has been made.

Employees have three plans to choose from, ranging from \$225 - \$500 weekly.

|   | Basic Plan                         | Plan A                             | Plan B                             |
|---|------------------------------------|------------------------------------|------------------------------------|
| <b>Benefit Amount</b>                     | up to 2/3 salary                   | up to 2/3 salary                   | up to 2/3 salary                   |
| <b>Maximum Weekly Benefit</b>             | \$225                              | \$300                              | \$500                              |
| <b>Maximum Benefit Period</b>             | 180 calendar days                  | 180 calendar days                  | 180 calendar days                  |
| <b>Minimum Salary for Maximum Benefit</b> | \$17,550                           | \$23,400                           | \$39,000                           |
| <b>Benefits Begin</b>                     | 15 <sup>th</sup> day of disability | 15 <sup>th</sup> day of disability | 15 <sup>th</sup> day of disability |
| <b>Monthly Premium</b>                    | \$8                                | \$14                               | \$20                               |

### **Enrollment Procedures**

As a new hire, you will have guaranteed issuance of the Plan you choose without medical underwriting. If you do not enroll as a new hire, you may apply during the annual Open Enrollment period and complete the required medical underwriting. Approval or denial of Open Enrollment applications will be based on the information received by Benefits and Leave Administration Office. It is the employee's responsibility to ensure that all underwriting documentation required for Open Enrollment applications is received by the Benefits and Leave Administration Office.

### **Claims Approval**

In order to be approved to receive benefits from the Plan, the employee must:

1. Have had a minimum of six Plan payroll deductions on or prior to the beginning date of disability;
2. Have been actively at work or using accrued leave on the working day prior to the beginning date of disability;
3. Apply to receive Plan benefits within 12 calendar months of the beginning date of disability;
4. Be unable to perform the essential functions of his or her job due to a documented disability;
5. Be under appropriate and continuous care of a licensed health care provider, and provide the Short-Term Disability Claim form and other medical documentation to the Benefits and Leave Administration Office.
  - a. All statements must include the extent of disability, including restrictions and treatment preventing the employee from performing their essential job functions, and the expected duration of the disability.

The Plan has a 14-calendar day elimination period per disability occurrence. Benefit payments under the Plan will begin on the 15<sup>th</sup> continuous day of a documented disability.

It is the employee's responsibility to inform Benefits and Leave Administration of any changes in the medical condition for which he or she is receiving Plan payments. This includes a change in providers and/or treatment. The employee must also provide updated information upon request of the Plan Administrator and/or designee(s).

Plan claims will be paid or denied following a review by the Plan Administrator and/or designee(s). While a claim is pending, the Plan Administrator, at Plan expense, has the right to request an Independent Medical Evaluation(s) of the employee by a physician of the Plan's choosing.

An employee may receive Short-Term Disability benefits while using accrued leave.

**Payments**

Benefits under the Plan will not exceed two-thirds (2/3) of the employee's normal wages earned at the time the disability began. Normal wages do not include coaching supplements or over-time pay.

Employees who have been released by a physician or medical provider to return to work on a reduced work schedule, and have been approved to return to work by Human Resources, may receive reduced Plan benefits for up to four calendar weeks immediately after returning to work. For example, an employee who is released to work half-time returns to work four hours per day would receive 50% of the Plan benefit for which he or she qualifies.

Plan benefits are available for Gwinnett County Public Schools work-related accidents or illnesses. Workers' Compensation income benefits and Short Term Disability benefits cannot be paid concurrently. Claims changed from disability to Workers' Compensation after a payment is made will result in the employee refunding funds back to the district.

Employees receiving Long-Term Disability payments are not eligible to receive Plan benefits.

Plan payments are issued on the 15<sup>th</sup> of each month. Supporting documentation must be received by the 5<sup>th</sup> of each month in order for payment to be issued.

The Plan Administrator reserves the right to require repayment in the event Plan benefits are paid to an employee who is no longer disabled.

**Maximum Benefit Period**

The Plan will pay a maximum benefit of 180 calendar days, per disability. If an employee is disabled for more than one illness and the illnesses run concurrently, Plan benefits will be paid for a total of 180 calendar days.

**Recurrence of Disability**

Plan benefits shall resume without having to satisfy another elimination period if an employee returns to active work and becomes disabled again for the same illness or injury if:

1. The second disability began no later than six calendar months from the last day of the first occurrence, AND
2. The first occurrence of the disability did not exhaust the maximum benefit period of 180 days.

All prior days of disability under the first occurrence shall count toward the maximum benefit period of 180 days. Once the maximum benefit period is exhausted, the employee will be eligible to receive additional Plan benefits for the same illness only after completing one full calendar year of benefit eligible employment from the end of the previous illness.

### **Benefits End Date**

Benefit payments will end on:

1. The date that a licensed health care provider indicates that the employee is no longer disabled;
2. The date the employee fails to provide appropriate medical documentation;
3. The date that an Independent Medical Evaluation finds the employee no longer disabled;
4. The date that an employee refuses an Independent Medical Evaluation;
5. The date that the employee is deceased;
6. The date that the benefit is no longer active, due to job termination or discontinuation of the benefit enrollment during Open Enrollment; and/or,
7. The date that the maximum benefit is paid.

Benefits under the Plan will not be payable for the following:

1. Any illness or injury that the employee is not seeking treatment by a licensed health care provider or medical provider;
2. Any loss caused by war or act of war, declared or not;
3. Intentionally self-inflicted injury, regardless of mental competency;
4. Injury which occurs while employee commits or attempts to commit a crime;
5. Injury suffered in a fight in which the employee is the aggressor; and/or,
6. The portion of time that the employee is confined in a penal or correctional institution as a result of conviction for a criminal or other public offense.

### **Definitions**

A licensed health care provider includes medical doctors, doctors of osteopathy, doctors of chiropractic, nurse practitioners, physician assistants, clinical psychologist, clinical social workers, or a professional with a license in the United States whose practice provides skilled services for the promotional, preventative, curative, or rehabilitative health care services for an individual.

### **Other Information**

Gwinnett County Public Schools reserves the right to designate the annual “Open Enrollment” period and can, at its discretion, declare more than one (1) per year.

Gwinnett County Public Schools reserves the right to increase or decrease the benefit levels or premiums at any time. Should Gwinnett County Public Schools elect to change the benefit levels, the Plan will pay out the benefit currently being received by a disabled employee before adjusting the benefit to the new level.

Gwinnett County Public Schools reserves the right to amend or discontinue the Plan at its discretion. Should the Gwinnett County Public Schools decide to discontinue the Plan, it will pay out all the existing claims properly received on or before the date of discontinuance of the Plan, provided the claim for benefits is approved.

Gwinnett County Public Schools (and the Plan Administrator) has the final discretion and authority to interpret the Plan, including any ambiguous or uncertain terms, and to decide all questions of law and fact under the Plan. While the Board has final authority, others have the responsibility for the administration and operation of the Plan on a day-to-day basis.