

# Summary of Coverage

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**Employer:** University of Connecticut

**Group Policy:** GP-473072

**SOC:** 1A

**Issue Date:** September 12, 2008

**Effective Date:** September 1, 2007

The benefits shown in this Summary of Coverage are available for you.

**This Summary of Coverage may be an electronic version of the Summary of Coverage on file with your Employer and Aetna Life Insurance Company. In case of any discrepancy between an electronic version and the printed copy which is part of the group insurance contract issued by Aetna Life Insurance Company, or in case of any legal action, the terms set forth in such group insurance contract will prevail. To obtain a printed copy of this Summary of Coverage, please contact your Employer.**

## Eligibility

### Employees

You are in an Eligible Class if you are an employee who elects Plan 1 and are eligible for State-subsidized medical benefits, or a faculty member eligible for State-subsidized medical benefits resulting solely from your employment at the University of Connecticut.

In addition, to be in an Eligible Class you must be:

- working within the United States.

Your Eligibility Date, if you are then in an Eligible Class, is the Effective Date of this Plan. Otherwise, it is the date you commence active work for your Employer or, if later, the date you enter the Eligible Class.

## Enrollment Procedure

You will be required to enroll in a manner determined by Aetna and your Employer. This will allow your Employer to deduct your contributions from your pay. Be sure to enroll within 60 days of your Eligibility Date.

The Disability coverage is fully contributory. You must pay the required contributions in full. Your contributions toward the cost of this coverage will be deducted from your pay and are subject to change.

Temporary Disability Income - Plan 1

# Effective Date of Coverage

## Employees

Your coverage will take effect on the later to occur of:

- your Eligibility Date; and
- the date your enrollment is received.

If you did not request to be enrolled by your Employer within 60 days of the date you are first eligible for group temporary disability income coverage sponsored by your Employer, coverage will not take effect until you submit evidence of good health that is both acceptable to Aetna and consistent with your Employer's enrollment guidelines.

*Active Work Rule:* If you happen to be ill or injured and away from work on the date your coverage would take effect, the coverage will not take effect until the date you return to work full-time.

You will be considered to be active at work on any of your Employer's scheduled work days if, on that day, you are performing the regular duties of your job on a full time basis. In addition, you will be considered to be active at work on the following days:

- Any day which is not one of your Employer's scheduled work days if you were active at work on the preceding scheduled work day.
- A normal vacation day.

This rule also applies to an increase in your coverage.

# Disability Coverage

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## Temporary Disability Income Coverage

### Employees

After any Elimination Period, this Plan will pay the Temporary Disability Income Benefit during a disability absence. The absence must start while you are covered. A disability absence is time lost from work because of a disease or injury.

### Elimination Period

Benefits start on the 30th calendar day for a disability period due to disease or injury.

### Weekly Benefit

The following Weekly Benefit is payable for up to the Maximum Weekly Benefit Period of a disability, after any applicable Elimination Period:

**Weekly Benefit** 67% of your Predisability Earnings calculated on a weekly basis

**Maximum Weekly Benefit** \$ 1,500 (together with all other income benefits)

**Minimum Weekly Benefit** \$ 50

**Maximum Weekly Benefit Period** 22 weeks

### Benefits Actually Payable

Any weekly benefit actually payable will be reduced by "other income benefits." In figuring any weekly benefit, other income benefits do not include income from any employer or income from any occupation for compensation or profit. If you work while disabled, any weekly benefit payable is adjusted as described in the following section.

### Benefit Adjustment While Disabled and Working

If, while benefits are payable, you have income from:

- any employer; or
- from any occupation for compensation or profit;

which is more than 20% of your Predisability Earnings, the benefit will be reduced only to the extent the amount of that income and the benefit payable, without any reduction for other income benefits, exceeds 100% of your Predisability Earnings.

Income means income you receive, while disabled and working, from your Employer and from any other employer. However, any income received from another employer will be considered income only to the extent that it exceeds the amount of income you were receiving from such employer immediately before the date a period of disability started.

## **Pregnancy Coverage**

Benefits are payable on the same basis as for a disease if a female employee, while covered under this Plan, is absent from active work because of a disabling pregnancy-related condition. A physician's certification that the employee is disabled because of the condition will be necessary. Further, Aetna may request any additional evidence it believes is necessary before deciding that benefits are payable.

## **Adjustment Rule**

If, for any reason, a person is entitled to a different amount of coverage, coverage will be adjusted as provided elsewhere in the group contract, except that an increase is subject to any Active Work Rule described in Effective Date of Coverage section of this Summary of Coverage.

Benefits for claims incurred after the date the adjustment becomes effective are payable in accordance with the revised plan provisions. In other words, there are no vested rights to benefits based upon provisions of this Plan in effect prior to the date of any adjustment.

## **Disclosure**

### **The following applies to Residents of New York State:**

The accident and health insurance evidenced by this Booklet-Certificate provides disability income insurance only. It does NOT provide basic hospital, basic medical or major medical as defined by the New York State Insurance Department.

## **General**

This Summary of Coverage replaces any Summary of Coverage previously in effect under the group contract. Requests for amounts of coverage other than those to which you are entitled in accordance with this Summary of Coverage cannot be accepted.

The insurance described in this Booklet-Certificate will be provided under Aetna Life Insurance Company policy form GR-29.

**KEEP THIS SUMMARY OF COVERAGE  
WITH YOUR BOOKLET-CERTIFICATE**