Hybrid Disability Spring Training

April 22, 2025

April 24, 2025







Devonne Whitfield, Hybrid Disability Specialist



Nancy Grasso, Regional Vice President Ritter Jonas, Sr. Business Development Executive



Lori Donato, Account Manager Stephen Lovings, Sr. Employee Benefits Consultant

Agenda:

- Updates
- Billing & Remittance
- Hybrid Disability Plan Review
- Counting 125 Work Days
- Claims Process
- Contacts & Resources
- Leave Policies
- Additional Coverage Options
- Prizes



Updates



Updates as of April 1, 2025

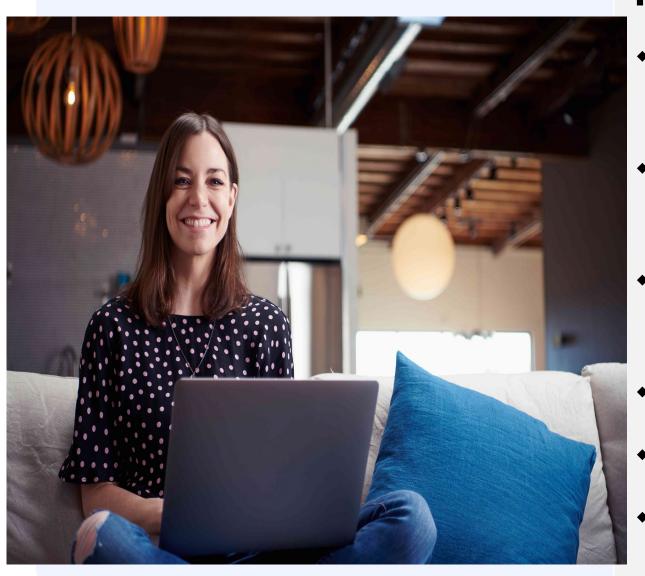
- Acquisition and rebranding of Anthem Life to The Standard
- ❖ Anthem Life name and logo will be updated to reflect The Standard with almost everything else staying the same



Updates as of April 1, 2025

- Perks at Work has been discontinued
- Resource Advisor EAP will now be provided by our partner, Carelon
- Carelon is a leader in EAP
- Same great services as today





Resource Advisor:

- Confidential member assistance program
- Up to 3 sessions per problem with a counselor plus resources
- Employee and their household family members
- ❖ Available 24/7
- Included in your plan
- Free to the employer

Resource Advisor Information

Phone number: 888-209-7840

URL: Carelonwellbeing.com/resourceadvisor

- Resource Advisor flier is located on the VAcorp Hybrid Disability Website
 - Hybrid Disability VAcorp



New Legislation Effective 7/1/2026

- Emergency Dispatchers are eligible to participate in the hybrid plan
- Employers shall provide the costs for funding the participation in the hybrid plan
- Updates posted in Employer Update Newsletter







Billing & Remittance



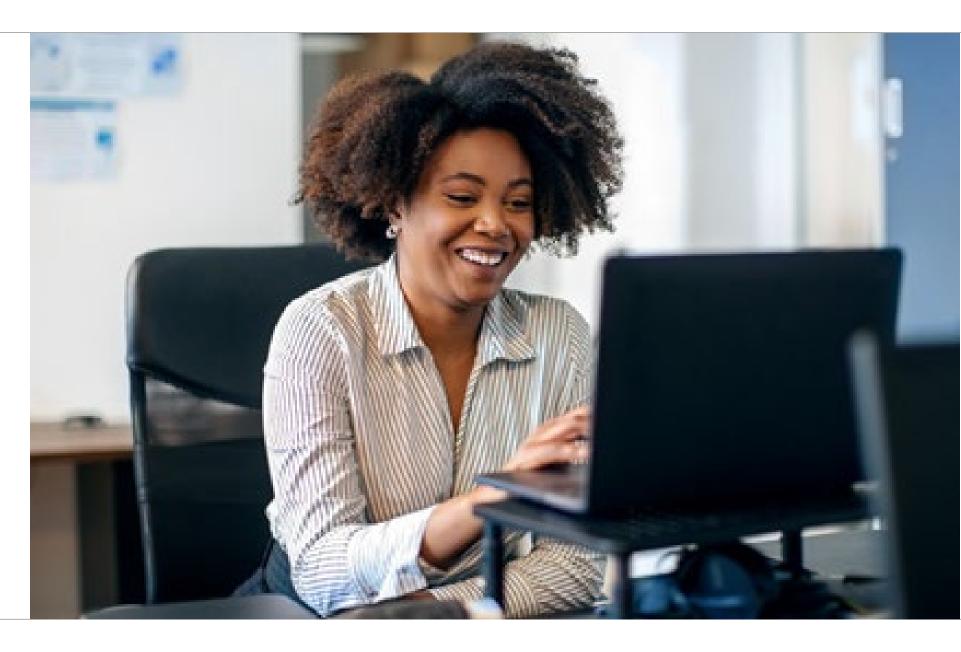
Billing & Remittance

Send the following together in one envelope:

- 1. Completed Invoice
- 2. VRS Snapshot(s)
- 3. Payment

Include all entities and departments covered under your VRS Organization Code (DSS, PSA, etc.)





Invoice

- The invoice is a formatted spreadsheet that will automatically calculate the cost when you enter the number of lives and creditable compensation.
- Mistakes affecting the amount paid can be corrected.
- If a deduction was not paid for an employee, correct this by paying the extra amount and reporting as an adjustment the following month. Enter a brief explanation in the Adjustment Description field.
- Refrain from following a pattern of overpaying one month, then using the "credit balance" in subsequent months.

Monthly Invoice for the Hybrid Disability Program



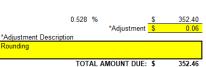
| Employer Member #: | 123EX |
|--------------------|------------|
| Employer Name: | EXAMPLE |
| Reporting Period: | April 2025 |



Short term disability and long term disability for Hybrid Retirement Employees

Payment due to VACORP by 5/15/2025

45 Number of Lives \$66,742.99 Monthly Creditable Compensation



Please send this invoice with your check payable to:

Vacorp 1819 Electric Rd, Suite C Roanoke, VA 24018

Payment is due by May 15,2025. Late fees of 1.5% will be assessed if received more than 30 days after the due date

Please direct billing inquiries to:

billing-hybriddisability@riskprograms.com or call VAcorp Member Services at (844) 986-2705

VRS Snapshot

- VRS Snapshot corroborates number of lives and creditable compensation
- VRS snapshot is found on the Navigator website
 - Contribution Summary page, under Other Details, select the DC Plan Contributions tab
- Send snapshot for the same month as the reporting period
- Schools send two snapshots:
 - Non-professionals (non-administrative school staff) and Professionals (teachers and administrative staff) even none are enrolled in that period

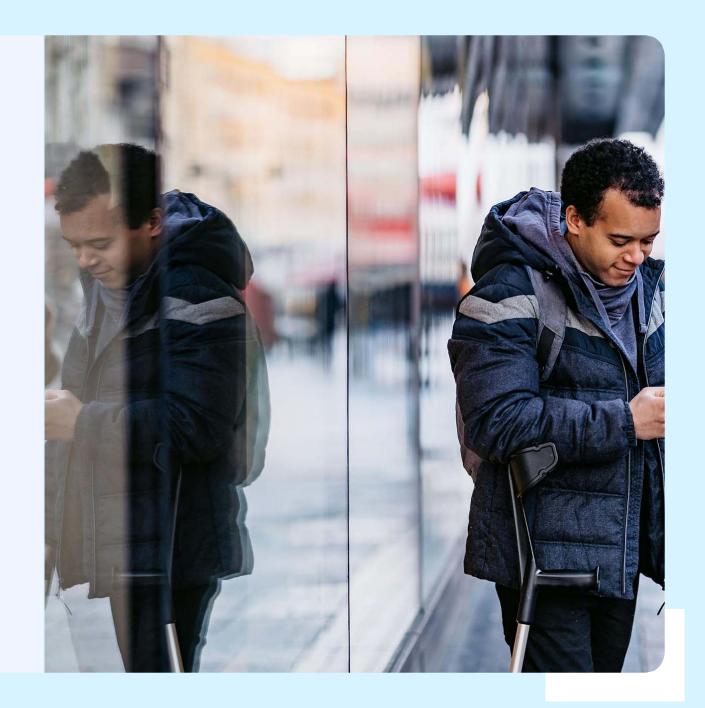


Monthly Payment

- > Ensure the amount paid matches the total amount on the invoice.
 - > Amounts off by a few cents due to rounding are acceptable.
 - If the amounts differ by more than a couple of dollars or persistent invoice adjustments are required, then something is wrong and needs to be corrected.
- If payment is made by another department or through a bill pay service, email your documents to billing-bybriddisability@riskprograms.com and we will match when payment arrives.
- > ACH payments are accepted. Contact billing-hybriddisability@riskprograms.com for information.
 - When paying by ACH, provide notice of payment by email to <u>billing-hybriddisability@riskprograms.com</u>, include date and amount to assure account is properly credited.
- > Do not include Hybrid Disability premium on the same check paying for other lines of coverage with VAcorp.



Hybrid Disability Plan Review



Hybrid History



- ❖ The Plan is mandated by the Commonwealth of Virginia, established in the Code of Virginia.
- ❖ Began January 1, 2014.
- ❖ The Plan must be comparable and comply with the regulations as presented in the legislation.
- ❖ The VAcorp Plan is a comparable plan and has some enhancements to the mandated benefits.
- ❖ Notices from VRS concerning the State's VLDP program, including rate information, do not affect this program.



Short Term Disability

- Self-insured (claims paid by employer)
- ❖ 7 <u>calendar</u> day elimination period (must be satisfied within 10 consecutive days)
- ❖ 60% 100% of weekly income based on tenure
- 125 work day maximum benefit period
- Continue health insurance coverage
- VRS member contributions continue
- FMLA runs concurrent with disability



Short Term Disability Non-work related

Non-work-related disabilities are covered on the day following the completion of 12 months of continuous service.

| Months of Continuous Participation | Work days of 100% Replacement of Creditable Compensation | Work days of 80% Replacement of Creditable Compensation | Work days of 60% Replacement of Creditable Compensation |
|------------------------------------|--|---|---|
| Fewer than 12 | 0 | 0 | 0 |
| 13 - 59 | 0 | 0 | 125 |
| 60 - 119 | 25 | 25 | 75 |
| 120 - 179 | 25 | 50 | 50 |
| 180 or more | 25 | 75 | 25 |



Short Term Disability Work-Related

- Work-related disabilities (compensable under workers' comp) are covered during the first 12 months service and beyond.
- Disability benefits will be offset by workers' compensation benefits.
- Employee will not receive STD benefits if workers' comp benefit is greater than STD benefit.
- Several questions need to be asked in order to determine if a short term disability claim should be filed along with the workers' compensation claim.

| Months of Continuous Participation | Work days of 100% Replacement of Creditable Compensation | Work days of 80% Replacement of Creditable Compensation | Work days of 60% Replacement of Creditable Compensation |
|--|--|--|---|
| Fewer than 60 | 0 | 0 | 125 |
| 60 - 119 | 85 | 25 | 15 |
| 120 or more | 85 | 40 | 0 |



Long Term Disability

- Fully-insured (claims paid by The Standard on a monthly basis)
- Full case management
- 125 work day elimination period
- Maximum benefit duration:
 - ❖ If disabled prior to age 60: to SSNRA
 - If disabled between ages 60-64: 5 year duration
 - ❖ If disabled between ages 65-68: to age 70
 - If disabled at age 69 or older: 1 year duration
- ❖ 60% of pre-disability earnings
- Offsets: workers' compensation, SSDI, etc.

- ❖ \$100 minimum benefit
- ❖ 1% pension rider if approved for SSDI
- Assistance provided for Social Security Disability Insurance application



Partial Disability

- ❖ The plan covers total and partial disabilities. Total disability means the employee is unable to work at all. Partial disability means the employee has the capacity to perform some work, such as working part-time.
- ❖ The employee is eligible to receive a partial disability benefit if unable to earn 80% or more of pre-disability earnings.
- Part-time work earnings may reduce the amount of disability benefit.
- Elimination period must be satisfied before disability benefits are payable.
- Notify your Dedicated Case Manager if an employee returns to work in a reduced capacity.



Recurrent Disability

- ❖ An employee may temporarily recover from his/her disability and then become disabled again. The length of the temporary recovery determines whether the original claim is continued, or a new claim is filed.
- ❖ If the temporary recovery is 45 days or less:
 - Original STD claim will be reopened.
 - Employee does not need to fulfill another 7 day elimination period.
 - ❖ The number of days remaining of the original 125 day benefit period will resume.
- ❖ If the temporary recovery lasts longer than 45 consecutive calendar days:
 - A new claim will need to be filed.
 - ❖ The employee will need to satisfy a new 7 day elimination period.
 - ❖ If the claim is approved, the employee will be eligible for a new 125 day benefit period.



Additional Benefit for Catastrophic Conditions

- Catastrophic Condition means, due to the disability, the employee:
 - is unable to safely and completely perform at least two ADLs; or
 - has a deterioration or loss in intellectual capacity.

❖ STD:

- ❖ 7 day STD elimination period waived
- ❖ Additional 20% benefit (when combined with the base STD benefit, total benefit amount cannot exceed 80% of creditable compensation)

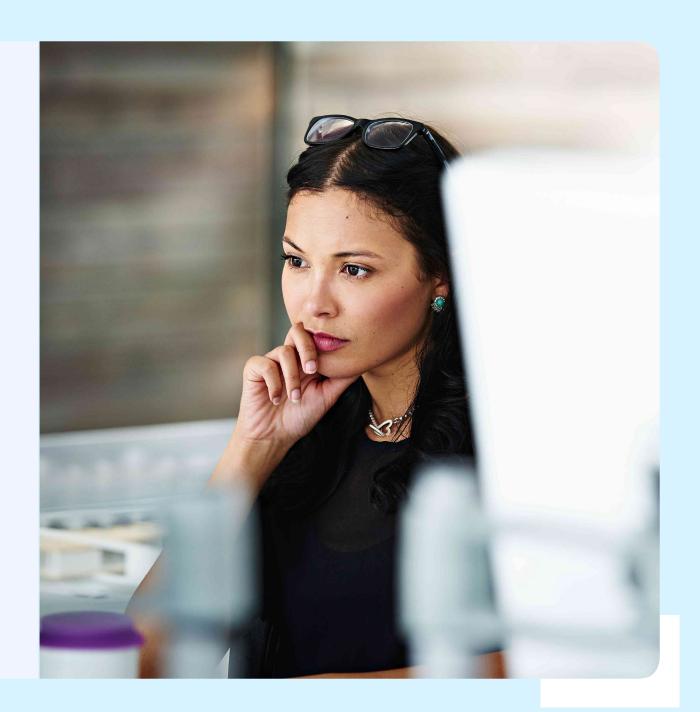
\$ LTD

- ❖ Additional 20% benefit (not to exceed \$5,000 per month)
- Certain diagnoses trigger a review for the catastrophic benefit
- Form sent to physician for completion





Counting 125 Work Days





STD Max Benefit Period

- ❖ STD maximum benefit period: 125 **paid work** days
- ❖ Based on a Monday-Friday work week
- ❖ For nontraditional hours, convert average hours to a 5 day week to count days
- ❖ Include:
 - Contracted work days
 - Paid holidays
 - Paid snow days
- **❖** Exclude:
 - Non-contract days (such as summer break for teachers)
 - Non-paid holidays
 - Non-paid snow days



Summer Break Scenario 1

Benefit is only payable on contract days (no STD benefit during noncontract days)

Scenario:

- Contract ends May 28th
- New contract begins August 9th
- Date of disability May 3rd

Determination:

- 7 day elimination period begins May 3rd and ends May 9th
- STD benefit payable May 10th May 28th (15 of 125 days used)
- No STD benefit during noncontract days
- STD benefit resumes August 9th if still disabled (110 days remaining of 125 day max benefit)

The Standard

| | | | May | • | | | | | , | June |) | | | | | | July | 1 | | | | | Aug | ust | | |
|----|----|----|-----|----|-----------|----|----|----|----|------|----|----|----|----|----|----|------|----|----|----|----|------|-----|-----|------|------|
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| 30 | 31 | | | | / | | 27 | 28 | 29 | 30 | | | | 25 | 26 | 27 | 28 | 29 | 30 | 31 | 29 | 30 3 | | | | |
| | | | | | | , | | | | | | | | | | | | | | | | | | | | |

Summer Break Scenario 2

7 day elimination period may be satisfied during the noncontract period

Scenario:

- Contract ends May 28th
- New contract begins August 9th
- Date of disability July 2nd

Determination:

- 7 day elimination period begins July 2nd and ends July 8th
- STD benefit payable beginning August 9th
- Begin counting 125 days on August 9th

| | | | May | , | | | | | , | June |) | | | | | | July | 1 | | | | | Α | ugu | st | | |
|----|----|----|-----|----|----|----|----|----|----|------|----|------|----|----|----|----|------|----|----|----|----|-----|----|-----|----|----------------------|----|
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| 2 | 3 | 4 | 5 | 6 | 7 | 8 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 8 | (a) | 10 | 11 | 12 | 13 | 14 |
| 9 | 10 | 11 | 12 | 13 | 14 | 15 | | • | Ü | Ü | 10 | 2000 | | | Ü | J | £. | J | J | 10 | | | 10 | 11 | 12 | $\exists \check{\ }$ | 14 |
| 16 | 17 | 18 | 19 | 20 | 21 | 22 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 15 | 16 | 17 | 18 | 19 | 20 | 21 |
| 23 | 24 | 25 | 26 | 27 | 28 | 29 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 22 | 23 | 24 | 25 | 26 | 27 | 28 |
| 30 | 31 | | | | | | 27 | 28 | 29 | 30 | | | | 25 | 26 | 27 | 28 | 29 | 30 | 31 | 29 | 30 | 31 | | | ŕ | |



Calendar for Contract Employees

- For contract employees, please provide The Standard with the employee's paid contract days so the 125th work day can be calculated correctly.
- This is also needed to set the necessary flags to review for LTD if applicable.
- The best way to provide this information is to email a calendar.
- Your Dedicated Case Manager may ask you for this information at 3 points during the claim, depending on the duration of the claim:
 - 1. Beginning (when the eligibility questionnaire is requested for the claim review)
 - 2. Midpoint (around 13 weeks)
 - 3. End (just prior to LTD transition)

| AUG | SEP | OCT | NOV | DEC | JAN | FEB | MAR | APR | MAY | JUN |
|------|------|-------|-------|-------|-----------------|-----------------|------|------|------|-----|
| | 9/1 | 10/1 | | 12/1 | 1/1 | 2/1 | 3/1 | | | |
| | 9/2 | 10/2 | 11/2 | 12/2 | | 2/2 | 3/2 | 4/2 | | |
| | 9/3 | 10/5 | 11/3 | 12/3 | | 2/3 | 3/3 | | 5/3 | |
| | 9/4 | 10/6 | 11/4 | 12/4 | 1/4 | 2/4 | 3/4 | | 5/4 | |
| | 9/7 | 10/7 | 11/5 | 12/7 | 1/5 | 2/5 | 3/5 | 4/5 | 5/5 | |
| 8/10 | 9/8 | 10/8 | 11/6 | 12/8 | 1/6 | 2/8 | 3/8 | 4/6 | 5/6 | |
| 8/11 | 9/9 | 10/9 | 11/9 | 12/9 | 1/7 | 2/9 | 3/9 | 4/7 | 5/7 | |
| 8/12 | 9/10 | 10/12 | 11/10 | 12/10 | 1/8 | 2/10 | 3/10 | 4/8 | 5/10 | |
| 8/13 | 9/11 | 10/13 | 11/11 | 12/11 | 1/11 | 2/11 | 3/11 | 4/9 | 5/11 | |
| 8/14 | 9/14 | 10/14 | 11/12 | 12/14 | 1/12 | 2/12 | 3/12 | 4/12 | 5/12 | |
| 8/17 | 9/15 | 10/15 | 11/13 | 12/15 | 1/13 | 2/15 | 3/15 | 4/13 | 5/13 | |
| 8/18 | 9/16 | 10/16 | 11/16 | 12/16 | 1/14 | 2/16 | 3/16 | 4/14 | 5/14 | |
| 8/19 | 9/17 | 10/19 | 11/17 | 12/17 | 1/15 | 2/17 | 3/17 | 4/15 | 5/17 | |
| 8/20 | 9/18 | 10/20 | 11/18 | 12/18 | | 2/18 | 3/18 | 4/16 | 5/18 | |
| 8/21 | 9/21 | 10/21 | 11/19 | | 1/19 | 2/19 | 3/19 | 4/19 | 5/19 | |
| 8/24 | 9/22 | 10/22 | 11/20 | | 1/20 | 2/22 | 3/22 | 4/20 | 5/20 | |
| 8/25 | 9/23 | 10/23 | 11/23 | | 1/21 | 2/23 | 3/23 | 4/21 | 5/21 | |
| 8/26 | 9/24 | 10/26 | 11/24 | | 1/22 | 2/24 | 3/24 | 4/22 | 5/24 | |
| 8/27 | 9/25 | 10/27 | 11/25 | 12/23 | 1/25 | 2/25 | 3/25 | 4/23 | 5/25 | |
| 8/28 | 9/28 | 10/28 | 11/26 | 12/24 | 1/26 | 2/26 | 3/26 | 4/26 | 5/26 | |
| 8/31 | 9/29 | 10/29 | 11/27 | 12/25 | 1/27 | | | 4/27 | 5/27 | |
| | 9/30 | 10/30 | 11/30 | | 1/28 | | | 4/28 | 5/28 | |
| | | | | | 1/29 | | | 4/29 | 5/29 | |
| | | | | | | | | 4/30 | | |





Claims Process





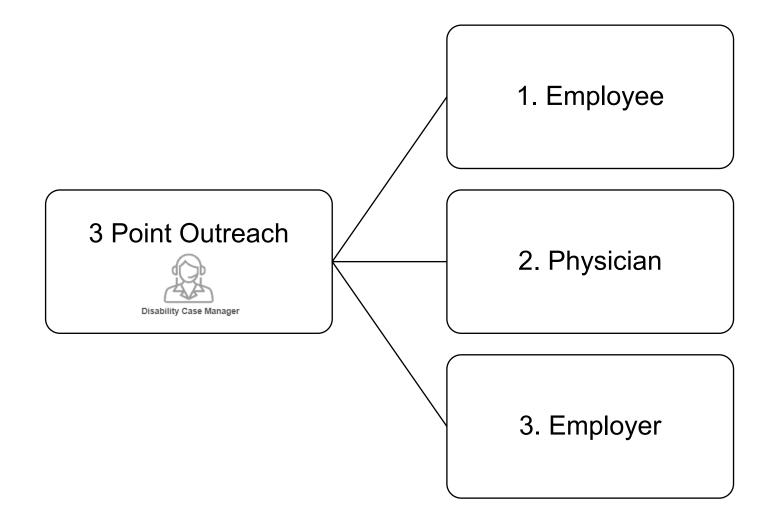
Hybrid STD and LTD Benefits

| | Short Term Disability | Long Term Disability |
|------------------------|------------------------------|---|
| Who pays the benefit? | Employer (self-funded) | The Standard (fully-insured) |
| Elimination Period | 7 calendar days | 125 work days |
| Benefit Percentage | 60%-80%-100% based on tenure | 60% |
| Maximum Benefit Period | 125 work days | To Social Security Normal Retirement Age ¹ |
| Health Insurance | Continue | Cancel and offer COBRA |
| VRS Contributions | Continue | Stop ² |

¹If employee becomes disabled between ages 60-64, the max duration is 5 years. If employee becomes disabled between ages 65-68, the max duration is to age 70. If employee becomes disabled at age 69 or older, the max duration is one year.

The **Standard**

²If employee becomes approved for Social Security Disability Insurance, 1% employer contribution is required.





Outreach to Employee

Phone Call

Case Manager will contact employee by phone to collect information necessary to make a claim determination.

Claim Packet

For claims submitted online or by phone, a claim packet will be mailed or emailed to the employee. The packet includes:

- ❖ Welcome letter
- Authorization form for release of information

Outreach to Physician

- Case Manager will contact physician to confirm disability.
- This step may not be required if the disability can be confirmed by one of the following:
 - FMLA paperwork
 - Doctor's note





Outreach to Employer

Hello,

We have received the short-term disability claim for John Doe.

If you have received any out of work notes, FMLA paperwork, or any other certifying documents from the healthcare provider, please attach a copy. We may be able to use this information to complete our review.

Please send the following eligibility information:

- Date last worked: Number of hours worked on date last worked:
- First day absent from work:
- Estimated return to work date or actual date:
- Please advise if the employee is currently eligible and enrolled in the VAcorp Hybrid Disability Plan: yes or no If no, is the employee enrolled in the Legacy plan?
- Date of hire:
- Effective date of enrollment in VRS:
- Insurance effective date:
- - 2023-2024 current contract start/end dates: 125th work day:
 - 2024-2025 new contract start/end dates: **Please provide copy of work days calendar
- Occupation:
- Standard work week hours:
- Is claim work related: yes or no If work-related please provide copy of WC approval or denial letter.
- If employee is able to RTW with restrictions, are you able to make accommodation for modified duty?



Early Claims

- Pregnancies and planned surgeries
- Submit claims 1-2 months prior to the anticipated date of disability
- Case Manager will make outreach to the employee and send early claim notification letter
- Claim will be set up in a "suspended" status
- Notify Case Manager when the employee stops working
- ❖ Case Manager will make outreaches to employer and physician

Claim Determination

- Decision made as quickly as possible once all information has been received
- Employee and employer notified
- Employer calculates and pays STD benefit through regular payroll



Long Term Disability Claim Process

- ❖ If a disability doesn't resolve by the 125th work day, the claim will be reviewed for LTD.
- No action is required on the part of the employee or employer to start the LTD review. The STD Case Manager will initiate the review process.
- In most cases, the LTD claim review will be initiated while the claim is still active under STD.
- Timing of the LTD review is based on when we receive notification from the physician that the employee is unable to work beyond the 125th work day.



Long Term Disability Process

Outreach to Employee:

Phone Call:

Case Manager will call the employee for the initial claimant interview and will go over the LTD claim process.

Claim Packet:

A claim packet will be mailed or emailed to the employee. The package includes important information and the required forms needed to complete the initial liability review.



Long Term Disability Claim Process

Outreach to Physician:

- Attending Physician Statement
- Supporting medical records from date of disability to current
- Must have authorization form on file to request medical records from physician
- ❖ If medical records are not received, the claim will be reviewed based on the existing information on file at that time.
- Once the required medical documentation is received, a clinical review may be required.

Outreach to Employer:

- Salary or hourly pay rate
- Copy of 2 payrolls prior to the last date worked
- Any required information that was not submitted with the STD eligibility questionnaire

The**Standar**c

Long Term Disability Claim Process

| V | Virginia | Reporting | Hybrid | Members | on L | ong-Term | Disability - | Comparab | le Plar |
|----|----------------------|-----------|--------|---------|------|----------|--------------|----------|---------|
| RS | Kettrement System | | | | | | | | |

| Steps: | |
|--|---------|
| Change the Contract Length | Page 4 |
| Change the Employment Status to Leave Without Pay | Page 9 |
| Change the Group Life Insurance End Date | Page 11 |
| Send a Secure Message to VRS | Page 14 |
| Renew the Contract Each Year | Page 17 |
| Change the Employment Status if the Member Returns to Work | Page 19 |
| Separate the Member if Long-Term Disability Ends | Page 23 |
| Notify VRS when an Employee Goes on SSDI | Page 25 |
| Notify VRS when an Employee Goes off SSDI | Page 27 |
| Make a Correction if myVRS Navigator Separates a Member | Page 28 |

- There are several steps that need to be taken in myVRS Navigator when an employee transitions to long term disability. Follow VRS's guide for step-bystep instructions.
- VRS Guide for Reporting Members on LTD

https://employers.varetire.org/media/shared/pdf/publications/vldp-ltd-reporting-job-aid.pdf





Contacts & Resources



There are several ways to submit an STD claim

ONLINE: *preferred method*

Employee:

app.standard.com/benefits/employee/soc/

Employer:

https://app.standard.com/benefits/employer/compassi

PHONE: *preferred method*

844-404-2111

EMAIL: AL-Claims@standard.com

FAX: 800-850-0017

POSTAL MAIL:

Disability Claims Service Center

P.O. Box 2717

Portland, OR 97208-9830



https://app.standard.com/benefits/employee/soc/

Employee portal

❖ For assistance while using the online claim system, call **(844) 404-2111** Monday through Friday between 8:30 a.m. and 5:00 p.m.



Claim Inquiries and Questions for Employers Use

AL-VACORPClaims@standard.com

- For Employers use Only
- Utilized for Claims Questions
- ❖ Team of four dedicated Case Managers manage this mailbox



VAcorp Hybrid Disability Website

VAcorp Hybrid Disability Website:

- https://www.vacorp.org/coverage/hybrid -disability/
- Website is always kept up-to-date
- Best location to access documents and plan information
- Contact list



Contact List

VAcorp Hybrid Disability

Anthem*Life

Contact Information

You have a support team that is experienced and highly trained in client management and administering employee benefit plans.

Claims

| Claims phone number Dedicated claims line for VAcorp | Phone: 844-404-2111 Email: AL-Claims @standard.com Hours: 8 a.m. – 5:30 p.m. Eastern | | |
|--|---|--|--|
| How to file an STD claim File short term disability claims by phone, online, by mail or email (or provide supporting documentation), fax, or inquire about an existing claim | Phone: 844-404-2111 Online Claims Entry Site: app.standard.com/benefits/employee/soc/ Email: AL-Claims@standard.com Fax: 800-850-0017 Mailing Address: Disability Claims Service Center P.O. Box 2717 Portland, OR 97208-9830 | | |

Resources for employers

| Email an attachment or provide information for a claim | Email: AL-Claims @standard.com | |
|--|---|--|
| Employers use only for general claims inquiry | Email: AL-VACORPclaims@standard.com | |
| Access claims reports via Compassi online employer self service portal | https://app.standard.com/benefits/ employer/compassi | |
| STD Claims Supervisor | Jenna Nussbaum jenna.nussbaum@standard.com 541-970-3470 | |

Your Account Manager

Account Manager
Lori Donato
Lori.Donato@standard.com
541- 970-3653



Contact List

STD Case Managers

With a few exceptions, below are the STD Case Manager contacts

| STD Case Manager for group names beginning with: A-D, Es, He, K, T | Jasmine Reid jasmine.reid@standard.com 844-404-2111 ext. 4543 | | |
|--|---|--|--|
| STD Case Manager for group names beginning with: F, Ha, Hi, Ho, I, M-N, O, U-V | Nicole Timmons nicole.timmons@standard.com 844-404-2111 ext. 4407 | | |
| STD Case Manager for group names beginning with: En, NR, P-S, W | Eliza Jaminet eliza.jaminet@standard.com 844-404-2111 ext. 4570 | | |
| STD Case Manager for group names beginning with: | Patience Ware patience.ware@standard.com 971-321-4685 | | |



| Phone: 1-844-986-2705 Email: Billing-HybridDisability@riskprograms.com | |
|--|--|
|--|--|

Leave policies/employee benefits questions

| | Jee meeting space and the |
|-----------------------------|--|
| Leave policies and employee | Ritter Jonas Phone: 804-523-7168 Email: RJonas@onedigital.com |
| benefits contacts | Nancy Grasso Phone: 804-762-7076 Email: NGrasso@onedigital.com |







Personalized Training

❖ Your account manager is available for personalized training. This is a great alternative for an entity with a large HR staff, unable to attend a training session, or with turnover in key HR positions. Training sessions may be customized to focus on the specific training needs of an employer.





Leave Policies



Why offer a disability plan to all employees?

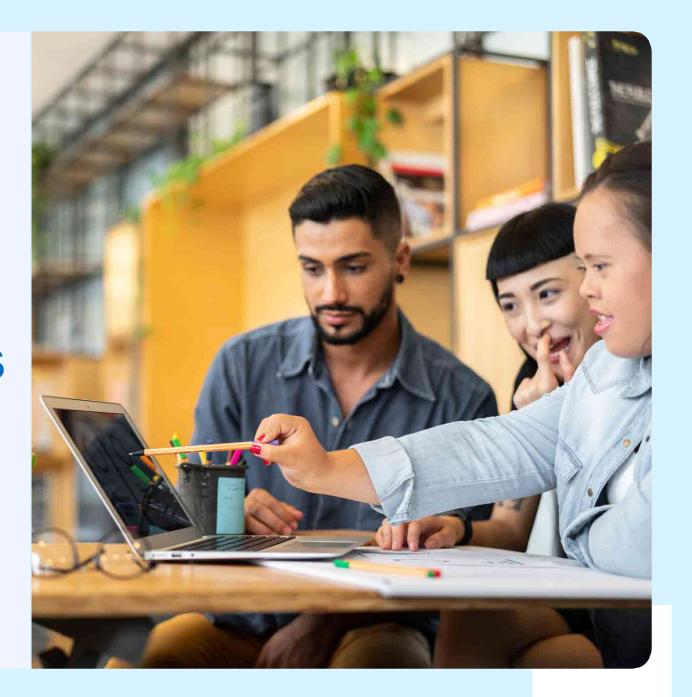
- Leave policy considerations Hybrid vs. Legacy (Plan 1 & 2)
 - Have you made modifications since 2014?
 - Do you have a sick bank?
- How to address discrepancy in in benefits between Hybrid and Legacy employees?
- Are you managing leave appropriately with new FML laws and regulations?
- > Current Legacy policy holders



Legacy pool potential



Additional Coverage Offerings



Additional Coverage Options



12-month Short Term Disability coverage

 Coverage for Hybrid employees within their 12-month waiting period

Legacy Short Term Disability coverage

Coverage for Plan 1 & Plan 2 employees

Legacy Long Term Disability coverage

Coverage for Plan 1 & Plan 2 employees

FMLA

Coverage for all employees



Drawing for Prizes









Thank you for your time!

Any Questions?







