Welcome!

Financial experts have long recommended disability insurance as part of a sound financial plan should you be unable to work due to illness or injury. Your ability to earn an income is indeed one of your most valuable assets.

The following is a summary of the State Group Insurance Short- and Long-term Disability programs.

How does the MetLife disability insurance benefit you?
- Helps protect your income when you cannot work due to illness or injury;
- Replaces a percentage of your predisability income lost due to sickness, pregnancy or as a direct result of accidental injury;
- Helps you cover your essential living expenses if you are sick or hurt and cannot work. Examples of these expenses are car payments, mortgage payments, groceries, child care, tuition and more.

Disability insurance might be right for you if you…
- Have little or no annual or sick leave saved
- Don’t have much in the way of savings or an emergency fund
- Take part in high-risk activities

The short- and long-term disability insurance programs

Short-term disability — Two options to choose from:
- Option A: Up to 60% of your weekly predisability salary; benefits start after 14 calendar days*
- Option B: Up to 60% of your weekly predisability salary; benefits start after 30 calendar days*

Special considerations: If you work in a state with state-mandated disability or paid medical leave benefits ("State benefits"), you should carefully consider whether to enroll for this coverage. In California, Connecticut, Hawaii, Massachusetts, New Jersey, New York, Puerto Rico, Rhode Island, Washington (and Oregon starting 9/3/23, and Colorado starting 1/1/24), if eligible, you must apply for State benefits. Your STD benefit will be reduced by State benefits or other government benefits that apply. Depending on your compensation, the amount of the State benefit, and other factors, you may only receive the minimum weekly benefit. Please consider, based on your individual circumstances, whether you need additional coverage beyond the State benefit.

Long-term disability — Four options to choose from:
- Option 1 (Employee Pays Premium): Up to 60% of your monthly predisability salary; benefits start after 90 calendar days*
- Option 2 (Employee Pays Premium): Up to 60% of your monthly predisability salary; benefits start after 180 calendar days*
- Option 3 (State Pays Premium): Up to 63% of your monthly predisability salary; benefits start after 90 calendar days*
  Central State Government and State Higher Education Employees: Starting Jan. 1, 2024, the state will pay the premiums for long-term disability option 3 insurance. Employees will automatically be enrolled in this coverage. This is guaranteed issue coverage and employees won’t have to answer medical questions..
- Option 4 (Employee Pays Premium): 63% of your monthly predisability salary; benefits start after 180 calendar days* *once all accrued paid leave (annual leave, sick leave and comp time) has been exhausted

Helpful tools
- Answers to frequently asked questions and other tools can be found at metlife.com/StateofTN
- For questions and additional information, please call MetLife’s state of Tennessee service line at 855-700-8001 (7 a.m.-10 p.m. CT, Mon – Fri) or visit metlife.com/StateofTN

Please be sure to review the short-term and long-term certificates for complete details about this coverage from MetLife. You’ll find information about your plan’s benefit amounts, estimated rates, terms and conditions. As one of the nation’s leading providers of worksite disability benefits, MetLife will provide you with caring, compassionate and accurate claims service if you experience a disability.

metlife.com/StateofTN
SHORT-TERM DISABILITY INSURANCE COVERAGE OPTIONS

**SHORT-TERM DISABILITY INSURANCE**

<table>
<thead>
<tr>
<th>OPTION A</th>
<th>OPTION B</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Eligibility</strong></td>
<td>All employees working not less than 30 hours/week; or seasonal employees hired prior to July 1, 2015 with 24 months of service and certified by their appointing authority to work at least 1,450 hours per fiscal year (July-June); or deemed eligible by applicable federal law, state law or action of the State Insurance Committee.</td>
</tr>
<tr>
<td><strong>% of Gross Annual Base</strong></td>
<td>Up to 60% of salary paid weekly</td>
</tr>
<tr>
<td><strong>Salary Paid Weekly</strong></td>
<td>Up to $2,500</td>
</tr>
<tr>
<td><strong>Maximum Weekly Benefit</strong></td>
<td>$25</td>
</tr>
<tr>
<td><strong>Minimum Weekly Benefit</strong></td>
<td>14 calendar days</td>
</tr>
<tr>
<td><strong>Elimination Period</strong></td>
<td>26 weeks</td>
</tr>
<tr>
<td><strong>Maximum Benefit Period</strong></td>
<td>Guaranteed issue (no health questions asked) for new hires who enroll within 30 days of eligibility date. A full Statement of Health is required for new applicants and for current participants in Option B electing Option A during the 2024 Annual Enrollment period.</td>
</tr>
<tr>
<td><strong>Evidence of Insurability</strong></td>
<td>None</td>
</tr>
<tr>
<td><strong>Pre-Existing Condition</strong></td>
<td>None</td>
</tr>
</tbody>
</table>

1. Annual salary will be based on your date-of-hire salary for new hires; thereafter, the gross base annual salary you make on Sep. 1 of each calendar year determines the benefit you are eligible for beginning Oct. 1 of each calendar year.
2. The minimum monthly benefit will not apply if you are receiving 100% of your predisability salary under the policyholder’s paid leave policy.
3. MetLife will review your information and evaluate your request for coverage based upon your answers to the health questions, MetLife’s underwriting rules and other information you authorize us to review. In certain cases, MetLife may request additional information to evaluate your request for coverage.
4. Pre-existing condition means a sickness or accidental injury for which you: 1) received medical treatment, consultation, care or services; or took prescribed medication or had medications prescribed; in the three months before your insurance under the certificate takes effect.

**SHORT-TERM DISABILITY INSURANCE RATES**

The following monthly premiums are effective **Jan. 1, 2024—Dec. 31, 2024**. Your premium will be paid through convenient payroll deduction.

<table>
<thead>
<tr>
<th>STD COST: PER $100 OF MEMBER’S COVERED MONTHLY SALARY</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Option A: 60%, 14 day elimination period</strong></td>
</tr>
<tr>
<td><strong>Option B: 60%, 30 day elimination period</strong></td>
</tr>
</tbody>
</table>

Calculate your Monthly Premium for Short-term Disability Insurance

For this example, we’re using an employee earning $45,000 annually, selecting Option A.

<table>
<thead>
<tr>
<th>STEPS</th>
<th>EXAMPLE</th>
<th>WORKSPACE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Determine your covered monthly salary (Annual salary ÷ divided by 12.)</td>
<td>$45,000 ÷ 12 = $3,750</td>
<td></td>
</tr>
<tr>
<td>If your annual salary exceeds $216,666.84, enter $18,055.57 as your covered monthly salary.²</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Divide covered monthly salary by $100 to get your per $100 of covered monthly salary</td>
<td>$3,750 ÷ 100 = $37.50</td>
<td></td>
</tr>
<tr>
<td>3. Calculate your approximate monthly premium (Multiply your per $100 of covered monthly salary by the appropriate rate based on option elected)</td>
<td>$37.50 x $0.41 = $15.38</td>
<td></td>
</tr>
</tbody>
</table>

1. Annual salary will be based on your date-of-hire salary for new hires; thereafter, the gross base annual salary you make on Sep. 1 of each calendar year determines the benefit you are eligible for beginning Oct. 1 of each calendar year.
2. The amount of STD benefit may not exceed the maximum weekly benefit established under the plan of $2,500 regardless of your annual salary amount. Therefore, the maximum covered monthly salary eligible for benefit is $18,055.57, or $216,666.84 annually. This will be the same for Option A or B.
LONG-TERM DISABILITY INSURANCE COVERAGE OPTIONS

Eligible central state government and state higher education employees will be automatically enrolled in long-term disability option 3, for which the state will pay 100% of the premiums. There are no health questions to answer for this coverage. There is no additional cost to employees for this coverage.

Eligible employees of state offline agencies can enroll in LTD Option 1, 2, 3 or 4 and pay the full monthly premium. Employees should consult with their agency benefits coordinator about premiums.

<table>
<thead>
<tr>
<th>LONG-TERM DISABILITY INSURANCE</th>
<th>OPTION 1</th>
<th>OPTION 2</th>
<th>OPTION 3</th>
<th>OPTION 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eligibility</td>
<td>All employees working not less than 30 hours/week; seasonal employees hired prior to July 1, 2015 with 24 months of service and certified by their appointing authority to work at least 1,450 hours per fiscal year (July-June); or deemed eligible by applicable federal law, state law or action of the State Insurance Committee.</td>
<td>Up to 60% of salary paid monthly</td>
<td>Up to 63% of salary paid monthly</td>
<td></td>
</tr>
<tr>
<td>% of Gross Annual Base Salary</td>
<td>Up to $7,500 per month (covers annual salary of $150,000)</td>
<td></td>
<td>Up to $10,000 per month (covers annual salary of $190,476.24)</td>
<td></td>
</tr>
<tr>
<td>Paid Monthly</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Maximum Monthly Benefit</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Minimum Monthly Benefit²</td>
<td>Greater of 10% of benefit or $100 per month</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Elimination Period</td>
<td>90 calendar days</td>
<td>180 calendar days</td>
<td>90 calendar days</td>
<td>180 calendar days</td>
</tr>
<tr>
<td>Own Occupation</td>
<td>24 months</td>
<td>24 months</td>
<td>36 months</td>
<td>36 months</td>
</tr>
<tr>
<td>Maximum Benefit Period</td>
<td>Disabled prior to age 65, then to Social Security normal retirement age; age 65, 24 months; age 66, 21 months; age 67, 18 months; age 68, 15 months; age 69+, 12 months</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Evidence of Insurability</td>
<td>Guaranteed issue (no health questions asked) for 2024 Annual Enrollment or for New Hires who enroll within 30 days of eligibility date.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pre-Existing Condition</td>
<td>Three months prior to effective date and 12 months from effective date.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

1. Annual salary will be based on your date-of-hire salary for new hires; thereafter, the gross base annual salary you make on Sep. 1 of each calendar year determines the benefit you are eligible for beginning Oct. 1 of each calendar year.
2. The minimum monthly benefit will not apply if you are receiving 100% of your predisability salary under the policyholder’s paid leave policy, paid leave policy, which includes annual leave, sick and comp time.
3. Pre-existing condition means a sickness or accidental injury for which you: 1) received medical treatment, consultation, care or services; or took prescribed medication or had medications prescribed; in the three months before your insurance under the certificate takes effect.
LONG-TERM DISABILITY INSURANCE RATES
The following monthly premiums are effective Jan. 1, 2024–Dec. 31, 2024. Long-term disability insurance cost is based on the plan option you elect and your age as of Sep. 1. Your age will be adjusted each subsequent year on Sep. 1 and the cost paid by your employer and/or you will increase effective Oct. 1 in each year that you age into the next cost bracket.

<table>
<thead>
<tr>
<th>Benefit%/Elimination period</th>
<th>Under 30</th>
<th>30-34</th>
<th>35-39</th>
<th>40-44</th>
<th>45-49</th>
<th>50-54</th>
<th>55-59</th>
<th>60-64</th>
<th>65-69</th>
<th>70+</th>
</tr>
</thead>
<tbody>
<tr>
<td>Option 1 60%/90 days – Employee Premium</td>
<td>$.06</td>
<td>$.06</td>
<td>$.12</td>
<td>$.17</td>
<td>$.22</td>
<td>$.27</td>
<td>$.32</td>
<td>$.42</td>
<td>$.28</td>
<td>$.28</td>
</tr>
<tr>
<td>Option 2 60%/180 days – Employee Premium</td>
<td>$.05</td>
<td>$.05</td>
<td>$.09</td>
<td>$.14</td>
<td>$.17</td>
<td>$.21</td>
<td>$.25</td>
<td>$.33</td>
<td>$.22</td>
<td>$.22</td>
</tr>
<tr>
<td>Option 3 63%/90 days – Employee Premium for State Offline Agencies</td>
<td>$.07</td>
<td>$.07</td>
<td>$.14</td>
<td>$.21</td>
<td>$.27</td>
<td>$.33</td>
<td>$.39</td>
<td>$.52</td>
<td>$.34</td>
<td>$.34</td>
</tr>
<tr>
<td>Option 3 63%/90 days – Employee Premium for Central State Government and State Higher Education</td>
<td>$.00</td>
<td>$.00</td>
<td>$.00</td>
<td>$.00</td>
<td>$.00</td>
<td>$.00</td>
<td>$.00</td>
<td>$.00</td>
<td>$.00</td>
<td>$.00</td>
</tr>
<tr>
<td>Option 3 63%/180 days – Employer Premium for Central State Government and State Higher Education</td>
<td>$.278</td>
<td>$.278</td>
<td>$.278</td>
<td>$.278</td>
<td>$.278</td>
<td>$.278</td>
<td>$.278</td>
<td>$.278</td>
<td>$.278</td>
<td>$.278</td>
</tr>
<tr>
<td>Option 4 63%/180 days – Employee Premium</td>
<td>$.06</td>
<td>$.06</td>
<td>$.12</td>
<td>$.21</td>
<td>$.21</td>
<td>$.26</td>
<td>$.31</td>
<td>$.41</td>
<td>$.27</td>
<td>$.27</td>
</tr>
</tbody>
</table>
How to file a Disability Claim

- Call the **MetLife Claims Center** at the dedicated number: 1-855-700-8001

- The **Claims Center** is available
  7 a.m. – 10 p.m. CT, Monday – Friday

- You can also file an **online claim** at mybenefits.metlife.com/MyBenefits

- You can file a **paper claim** by downloading a form from mybenefits.metlife.com/MyBenefits. Send your completed claim form to the MetLife Claim’s office address and/or fax number below:
  Metropolitan Insurance Company
  PO Box 14590
  Lexington, KY 40512
  Fax: 1-800-230-9531

- You can track the status of your claim online or on the **MetLife US App**. Search “MetLife” in the App Store® or Google Play® and to download the app.

Information we may need from you

**Personal Information**—Name, address, telephone number, Social Security number, employee identification number and job title.

**Job Information**—Workplace location and address, work schedule, supervisor’s name and telephone number and date of hire.

**Sickness/Injury Information**—Last day worked, nature of the illness/absence, how, when and where the injury occurred, when the disability commenced and actual or approximate date you anticipate returning to work (if known).

**Treatment Provider Information**—Name, address, telephone number and fax number for each treating health care provider.

**Authorization to Release Your Medical Information**—The release of your medical information to MetLife may be required. You should inform your health care provider(s) that MetLife will be administering your claim or leave and that you authorize the release of your medical information to the MetLife claims office.
Important answers to some common questions

What do the terms “disabled” and “disability” mean? How are they defined?

For Short-term Disability
“Disabled” or “disability” means that, due to sickness, or as a direct result of accidental injury:
• You are receiving appropriate care and treatment and complying with the requirements of such treatment; and
• You are unable to earn more than 80% of your predisability salary at your own job at the state of Tennessee.

For purposes of determining whether a disability is the direct result of an accidental injury, the disability must have occurred within 90 days of the accidental injury and resulted from such injury independent of other causes.

If your occupation requires a license, the fact that you lose your license for any reason will not, in itself, constitute disability.

For Long-term Disability
“Disabled” or “disability” means that, due to sickness or as a direct result of accidental injury:
• During the elimination period and the next 24 months for LTD Plans 1 & 2 (the next 36 months for LTD Plans 3 & 4) of sickness or accidental injury:
  • You are unable to perform the duties of your own occupation and you are receiving appropriate care and treatment and complying with the requirements of such treatment; or
  • You are unable to earn more than 80% of your predisability salary at your own occupation and you are receiving appropriate care and treatment and complying with the requirements of such treatment.
• After such period:
  • You are unable to perform the duties of any occupation for which you are reasonably qualified taking into account your training, education and experience and you are receiving appropriate care and treatment and complying with the requirements of such treatment; or
  • You are unable to earn more than 60% of your predisability salary from any employer in your local economy at any gainful occupation for which you are reasonably qualified taking into account your training, education and experience and you are receiving appropriate care and treatment and complying with the requirements of such treatment.

For purposes of determining whether a disability is the direct result of an accidental injury, the disability must have occurred within 90 days of the accidental injury and resulted from such injury independent of other causes.

What is my predisability salary, and when is it determined?
Your gross, base annual salary is defined as your predisability salary. The gross base annual salary you make on Sep. 1 of each calendar year determines the benefit you are eligible for beginning Oct. 1 of each calendar year.

For new hires, annual salary will be based on your date-of-hire salary, and coverage will be effective after you complete one full calendar month of employment.

Annually, there will be a benefit and premium level adjustment. If your salary has changed from the prior year, your benefit and premium will change accordingly using the gross base annual salary you make on Sep. 1. This adjustment will become effective on Oct. 1.

When do short-term disability benefit payments begin and how long do they continue?
If the claimant meets the applicable definition of disability, benefit payments will begin after the end of the elimination period and once all accrued paid leave (annual leave, sick leave and comp time) is exhausted. The elimination period begins on the day you become disabled and is the length of time you must wait while being disabled before you are eligible to receive a benefit. Your elimination periods for short-term disability are as follows and will depend on which plan is chosen:
• Option A: 14 calendar days;
• Option B: 30 calendar days;

The maximum benefit period is 26 weeks. The benefit period starts once the elimination period has been satisfied, but the benefit payments will not start until all accrued paid leave (annual leave, sick leave and comp time) has been exhausted. Please note every disability is different, and for numerous reasons, not every disability may last for the maximum period.

For a full list of frequently asked questions (FAQ’s), please visit metlife.com/StateofTN.
Important answers to some common questions

How do I apply for coverage?
Enroll in short-term disability during your initial eligibility. Coverage will become effective the first of the following month.

After your initial eligibility period, you can apply for short-term disability online in Edison Employee Self Service if you experience an acquire event or loss of eligibility for other coverage event. If applying due to experiencing one of these events, your completed Statement of Health for short-term disability coverage, if elected, must be emailed or mailed to MetLife within 30 days. Coverage, if approved by MetLife, will be the first of the following month. If additional medical review is required, your effective date could be later.

You can also apply during Annual Enrollment period (Oct. 1 - Oct. 13, 2023). Annual Enrollment deadline is Oct. 13 at 4:30 p.m. Central Time. Your completed Statement of Health for short-term disability coverage, if elected, must be emailed or mailed to MetLife by Nov. 15, 2023. Coverage for approved short-term disability insurance will be Jan. 1, 2024 or later if additional medical review is required.

For central state government and state higher education employees, coverage for the new long-term disability insurance paid by the state begins Jan 1. 2024 and are automatically enrolled in this option. Eligible employees of state offline agencies can select long-term disability Options 1, 2, 3 or 4 as a new hire, during Annual Enrollment or due to experiencing an acquire event or loss of eligibility for other coverage event. State offline agency employees are responsible for the full monthly premium.

When do long-term disability benefit payments begin and how long do they continue?
If the claimant meets the applicable definition of disability, benefit payments will begin after the end of the elimination period and once all accrued paid leave (annual leave, sick leave and comp time) is exhausted. The elimination period begins on the day you become disabled and is the length of time you must wait while being disabled before you are eligible to receive a benefit. Your elimination periods for long-term disability are as follows and will depend on which option is chosen:

- Option 1: 90 calendar days;
- Option 2: 180 calendar days;
- Option 3: 90 calendar days;
- Option 4: 180 calendar days

Your plan’s maximum benefit period is dependent on your age on your date of disability. Monthly payments may last to a maximum benefit period of age 65, or your Social Security normal retirement age, after you satisfy the elimination period. If you are age 65 or older on the date of disability, your maximum benefit period is as follows:

- Age 65, 24 months
- Age 66, 21 months
- Age 67, 18 months
- Age 68, 15 months
- Age 69+, 12 months

The benefit period starts once the elimination period has been satisfied, but the benefit payments will not start until all accrued paid leave (annual leave, sick leave and comp time) has been exhausted. Please note every disability is different, and for numerous reasons, not every disability may last for the maximum period.

I have leave time accrued. Does this affect my short-term and long-term disability benefit?
Yes. You must use all of your accrued leave. This includes all sick, annual and any compensatory leave before your disability payments begin. You will not be paid from two different sources for your disability. Your disability payment will begin after your pay from any accrued leave ends.

Every employee’s situation is different. Consider how much accrued sick and annual leave you have when deciding whether to purchase short-term and/or long-term disability insurance.

Will using days from the Sick Leave Bank impact my STD and LTD benefit payments?
You are NOT required to use days from the Sick Leave Bank. However, if you withdraw days from your Sick Leave Bank, any Sick Leave Bank days that extend beyond the STD benefit start date will be an offset to the STD benefit. You will not be paid from two different sources for your disability. Your disability payment from MetLife will begin after your pay from the Sick Leave Bank ends.

For a full list of frequently asked questions (FAQ’s), please visit metlife.com/StateofTN.
Important answers to some common questions

**How does short-term and long-term disability work with Family and Medical Leave Act?**
If you are on FMLA leave due to your own disability, you may be eligible to receive disability benefits if you meet the definition of disability per the plan. If you are on FMLA leave for any other reason, such as care of a family member, for example, you are not eligible to receive disability benefits. While on FMLA leave, you will be billed for disability coverage just as you are for other benefits, such as dental or life.

**Can I receive benefits if I return to work part-time?**
Yes, as long as you are disabled and meet the terms of your disability plan, you may qualify for adjusted disability benefits.

**Are there any limitations for pre-existing conditions?**
- **For Short-term Disability:** No.
- **For Long-term Disability:** Yes. If you become disabled within the first 12 months of your coverage becoming effective, the plan will not cover a sickness or accidental injury for which you received treatment, consultation or care, or took medications or were prescribed medications in the three months prior to your participation in the plan.

**Are there any exclusions to my short-term and long-term disability coverage?**
Yes. Short-term and long-term disability insurance do not cover any disability which results from or is caused or contributed to by:

- War, whether declared or undeclared, or act of war, insurrection, rebellion or terrorist act;
- Active participation in a riot;
- Intentionally self-inflicted injury or attempted suicide; or
- Commission of or attempt to commit a felony

Short-term disability insurance does not cover any disability caused or contributed to by elective treatment or procedures, such as:

- Cosmetic surgery or treatment primarily to change appearance;
- Reversal of sterilization;
- Liposuction;
- Visual correction surgery; or
- In vitro fertilization, embryo transfer procedure or artificial insemination. However, pregnancies and complications from any of these procedures will be treated as a sickness.

For a complete list of exclusions, please refer to list at the end of this booklet or the Certificate of Coverage.

**How do I pay for coverage?**
- **Central State Government and State Higher Education Employees:** Coverage for short-term disability and long-term disability options 1, 2 and 4 is paid through payroll deductions. The employer pays for LTD Option 3, for which employees are automatically enrolled.
- **State Offline Agency Employees:** All short-term and long-term disability coverage is paid for by the member. Consult with your Agency Benefits Coordinator regarding the details of premium payment.

For a full list of frequently asked questions (FAQ's), please visit metlife.com/StateofTN.
Important answers to some common questions

**PREGNANCY QUESTIONS – SHORT-TERM DISABILITY**

Is there a difference in the amount of disability time allowed for a cesarean delivery versus a normal vaginal delivery?

Generally:
- Normal vaginal delivery disability period is six weeks from date of delivery, and
- Cesarean delivery disability period is eight weeks from date of delivery

Can I receive disability benefits for any period of time prior to my expected date of delivery?

In many cases, women are able to work up until their delivery. However, there are times when problems may arise and there is a need to take leave before the child is born. Ante-partum time (before delivery) of up to two weeks is allowed without medical documentation. However, if your first day absent is more than two weeks before delivery, then medical documentation must be sent to MetLife.

What if I have problems with my pregnancy and need to be out of work earlier or longer than expected?

You should start a claim for disability. MetLife will notify your doctor and request medical information to evaluate your disability. MetLife will use the medical information to make a claim decision.

When are benefits payable?

The benefit period will begin the day after you satisfy the elimination period of either 14 or 30 calendar days. However, benefits are only payable after all accrued paid leave (annual leave, sick leave and comp time) has been exhausted.

When should I file my disability claim?

Typically, you should file your claim on the last day worked. However, you should check your employer’s plan documents and the FAQs on the MetLife disability website for more information: [metlife.com/StateofTN](http://metlife.com/StateofTN).

How do I file my disability claim?

MetLife offers claim filing through the internet, via telephone, or paper. However, you should check your employer’s plan documents and the FAQs on the MetLife disability website for more information: [metlife.com/StateofTN](http://metlife.com/StateofTN).

How will I know when a decision about my claim has been made?

A MetLife case manager will call you and provide a letter outlining the claim decision.

What information does my doctor need to provide to MetLife for my disability?

Your doctor will need to confirm your pregnancy and provide dates (due/delivery date). The doctor will also need to advise if there is anything else that the case manager should be aware of to assist with the handling of your disability claim.
What are some example disability claims due to pregnancy?

*(For illustrative purposes only.)*

Notes:

- Disability period minus elimination period = benefit period
- Benefit period minus accrued paid leave after elimination period = payable benefit period

Example No. 1

Normal vaginal delivery with no pre or post time disabled, 30 day elimination period, and six weeks of accrued leave available:

<table>
<thead>
<tr>
<th>Disability Period</th>
<th>Elimination Period</th>
<th>Benefit Period</th>
<th>Accrued Leave</th>
<th>Payable Benefit Period</th>
</tr>
</thead>
<tbody>
<tr>
<td>6 weeks (begins on the date of delivery in this example)</td>
<td>4 weeks (30 calendar days)</td>
<td>2 weeks (14 calendar days)</td>
<td>6 weeks (30 work days)</td>
<td>No Benefits Payable</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Week 1</th>
<th>Week 2</th>
<th>Week 3</th>
<th>Week 4</th>
<th>Week 5</th>
<th>Week 6</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Disability Period</td>
<td>6 weeks</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Elimination Period</td>
<td>4 weeks</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Benefit Period</td>
<td>2 weeks</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accrued Leave</td>
<td>6 weeks</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Payable Benefit Period</td>
<td>0 weeks</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Example No. 2

Caesarian delivery with no pre or post time disabled, 30 day elimination period, and one week of accrued leave available:

<table>
<thead>
<tr>
<th>Disability Period</th>
<th>Elimination Period</th>
<th>Benefit Period</th>
<th>Accrued Leave</th>
<th>Payable Benefit Period</th>
</tr>
</thead>
<tbody>
<tr>
<td>8 weeks (begins on the date of delivery in this example)</td>
<td>4 weeks (30 calendar days)</td>
<td>4 weeks (28 calendar days)</td>
<td>1 week (5 work days)</td>
<td>4 weeks (28 calendar days)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Week 1</th>
<th>Week 2</th>
<th>Week 3</th>
<th>Week 4</th>
<th>Week 5</th>
<th>Week 6</th>
<th>Week 7</th>
<th>Week 8</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Disability Period</td>
<td>8 weeks</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Elimination Period</td>
<td>4 weeks</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Benefit Period</td>
<td>4 weeks</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accrued Leave</td>
<td>1 week</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Payable Benefit Period</td>
<td>4 weeks</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

An elimination period of 14 days in example No. 1 would offer a payable benefit period of zero weeks due to the amount of accrued leave. In example No. 2, a 14 day elimination period would offer a payable benefit period of six weeks. Each pregnancy is different and your disability period may vary from these examples. These examples illustrate the basic anticipated benefit for normal pregnancy. If you have considerable accrued sick or annual leave, this short-term disability policy may not provide significant value for a normal delivery; but it may provide significant value in the event of unforeseen circumstances. Contact MetLife directly to discuss your specific situation.
If I receive other income will it reduce my disability benefits?
Benefits payable during the payable benefit period may be reduced by other sources of income, e.g., worker’s compensation, unemployment insurance, and Sick Leave Bank. See the Certificate of Coverage for a comprehensive list of other sources of income which may reduce your disability insurance benefit.

What type of benefit does MetLife manage for state of Tennessee employees who are pregnant?
MetLife manages short-term and long-term disability insurance benefits for state of Tennessee employees enrolled in the short-term and/or long-term disability insurance program. This includes employees who are unable to perform their job for the state of Tennessee due to child delivery or pregnancy complications.

For more information about a claim or benefits, contact MetLife at 1-855-700-8001, Monday - Friday, 7 a.m. - 10 p.m., Central Time

Payable Benefit Period Calculation – Short-term Disability Examples

1. **Disability Period** - The period of time the member is deemed disabled per the plan definition. The disability period begins on the first day of disability and includes the elimination period and the benefit period. The disability period ends the day before returning to work or the end of the approved disability period, whichever occurs first. The disability period is calendar day based.

2. **Elimination Period** - The portion of the disability period during which the short-term disability plan does not pay benefits. The elimination period begins on the first day of disability and continues for the consecutive 14 or 30 calendar-day period of time outlined in the plan in which the member is enrolled. Elimination period is calendar day based.

3. **Benefit Period** - The portion of the disability period during which benefits may be payable. The benefit period starts on the calendar day after the elimination period has been satisfied and extends for the length of time approved by MetLife for the member’s specific disability, not to exceed the maximum benefit period of 26 calendar weeks.

4. **Accrued Paid Leave** - The amount of paid time off the member has accrued with his or her employer. This includes annual leave, sick leave and compensatory time. Use of accrued paid leave begins on the date of disability and runs concurrently with both the elimination period and disability period. All accrued paid leave must be used before disability benefit payments may begin. Accrued leave is work day/work hour based.

5. **Payable Benefit Period** – The period of time the member may be paid after the elimination period has been satisfied and all accrued paid leave has been used.

To determine the benefit period payable by the STD plan:
• Disability Period minus Elimination Period = Benefit Period
• Benefit Period minus Accrued Paid Leave after Elimination Period = Payable Benefit Period

(Continued on next page)
**EXAMPLES BELOW**

**Condition A—Requires six weeks to recover**

**Short-term Disability Timeline—Plan Option A**

**Situation Scenario:**
- Member’s approved Disability Period = 6 weeks
- Member’s Accrued Paid Leave = 1 week
- Elimination Period = 14 calendar days
- Member Payable Benefit Period = 4 weeks

**Payment details:**
- 1 week Accrued Paid Leave from the state of Tennessee
- 4 weeks STD pay from the STD plan with MetLife
- Member will have one week during the elimination period that is not paid by the state of Tennessee or the STD plan with MetLife

<table>
<thead>
<tr>
<th>Date of disability</th>
<th>Week 1</th>
<th>Week 2</th>
<th>Week 3</th>
<th>Week 4</th>
<th>Week 5</th>
<th>Week 6</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td><strong>Total</strong></td>
</tr>
<tr>
<td>Short-term Disability—Disability Period</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td><strong>6 weeks</strong></td>
</tr>
<tr>
<td>Elimination Period</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td><strong>14 calendar days</strong></td>
</tr>
<tr>
<td>Benefit Period</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td><strong>4 calendar weeks</strong></td>
</tr>
<tr>
<td>Accrued Paid Leave</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td><strong>1 work week</strong></td>
</tr>
</tbody>
</table>

NOTE: The maximum benefit period duration for STD is 26 weeks. However, each disability is different, and for numerous reasons, not all disabilities will result in the full 26 week benefit period being approved. These examples are for illustrative purposes only. Every disability may be different. Accrued leave is per work day and is hourly based. Accrued leave varies by individual.

Elimination period is calendar-day based. Benefits payable during the payable benefit period may be reduced by other sources of income, e.g., worker’s compensation, unemployment insurance and Sick Leave Bank. See the Certificate of Coverage for a comprehensive list of other sources of income which may reduce the STD benefit.
**Condition B—Requires 30 weeks to recover**

**Short-term Disability Timeline—Plan Option B**

**Situation Scenario:**
- Member’s approved Disability Period = 30 weeks
- Member’s Accrued Paid Leave = 5 weeks
- Elimination Period = 30 calendar days
- Member Payable Benefit Period = 25 weeks

**Payment details:**
- 5 weeks Accrued Paid Leave from the state of Tennessee
- 25 weeks STD pay from the STD plan with MetLife

<table>
<thead>
<tr>
<th>Date of disability</th>
<th>Week 1</th>
<th>Week 2</th>
<th>Week 3</th>
<th>Week 4</th>
<th>Week 5</th>
<th>Week 6</th>
<th>Week 7</th>
<th>Week 8 – 30</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Short-term Disability Period</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>30 weeks</td>
</tr>
<tr>
<td><strong>Elimination Period</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>30 calendar days</td>
</tr>
<tr>
<td><strong>Benefit Period</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>26 calendar weeks</td>
</tr>
<tr>
<td><strong>Accrued Paid Leave from the State of Tennessee</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>5 weeks</td>
</tr>
<tr>
<td><strong>Elimination Period not paid by STD Plan</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>4 weeks</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1 week</td>
</tr>
<tr>
<td><strong>STD Benefits offset by Accrued Paid Leave. No check issued by MetLife.</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Paid by STD Plan for 25 calendar weeks</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>25 calendar weeks</td>
</tr>
<tr>
<td>Checks issued by MetLife.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**NOTE:** The maximum benefit period duration for STD is 26 weeks. However, each disability is different, and for numerous reasons, not all disabilities will result in the full 26 week benefit period being approved. These examples are for illustrative purposes only. Every disability may be different. Accrued leave is per work day and is hourly based. Accrued leave varies by individual.

**Elimination period is calendar day-based.** Benefits payable during the payable benefit period may be reduced by other sources of income, e.g., worker’s compensation, unemployment insurance and Sick Leave Bank. See the Certificate of Coverage for a comprehensive list of other sources of income which may reduce the STD benefit.

The member handbook provides a brief overview of the STD and LTD plans. A complete description of the benefits, provisions, conditions, limitations and exclusions will be included in the Certificate of Coverage. The Certificate of Coverage can be found on the ParTNers for Health website at [tn.gov/partnersforhealth](http://tn.gov/partnersforhealth) and on [metlife.com/StateofTN](http://metlife.com/StateofTN). We recommend you review this document. If any discrepancies exist between the information in this member handbook and the legal plan documents (Certificate of Coverage), the legal plan documents will govern.

Please note: Like most group benefit programs, benefit programs offered by MetLife contain certain exclusions, exceptions, waiting periods, reductions, limitations and terms for keeping them in force. Ask your MetLife group representative for costs and complete details.
Limitations & Exclusions

Long-term Disability Insurance: Limitations

For disability due to alcohol, drug or substance abuse or addiction; mental and nervous disorders or diseases; alcohol, drug or substance abuse or addiction, neuromuscular, musculoskeletal or soft tissue disorders; chronic fatigue syndrome and related disorders or fibromyalgia.

If you are disabled due to one or more of the following medical conditions described below, we will limit your disability benefits to a lifetime maximum equal to the lesser of:

- 24 months of disability during your lifetime for any one or more, or all of the above conditions; or
- the maximum benefit period.

Subject to the administration of limited disability benefits for disability due to mental and nervous disorders or diseases, alcohol, drug or substance abuse or addiction, neuromuscular, musculoskeletal or soft tissue disorders, chronic fatigue syndrome and related disorders or fibromyalgia as set forth below:

Your disability benefits will be limited as stated above for:

1. Disability due to alcohol, drug or substance abuse or addiction, we require you to participate in an alcohol, drug or substance addiction recovery program recommended by a physician. We will end disability benefit payments at the earliest of the period described above or the date you cease, refuse to participate, or complete such recovery program.

2. Mental or nervous disorder or disease that results from any cause, except for:
   - Neurocognitive disorders;
   - Schizophrenia.

If you are confined in a hospital or mental health or alcohol and drug facility at the end of the period shown above for which benefits are to be paid, we will continue your monthly benefits until the end of your hospital or mental health or alcohol and drug facility confinement.

For purposes of this provision, mental health facility means a facility licensed in the jurisdiction in which it is located to provide care and treatment for a mental or nervous disorder or disease. Such facility must provide care on a 24-hour a day basis under the supervision of a staff of physicians and must provide a broad range of nursing care on a 24-hour a day basis by or under the direction of a registered professional nurse.

3. Neuromuscular, musculoskeletal or soft tissue disorders including, but not limited to, any disease or disorder of or injury to the spine or extremities and their surrounding soft tissue; sprains or strains of joints or their adjacent muscles, carpal tunnel syndrome or other repetitive motion disorders, unless the disability has objective evidence of:
   - Myelopathies;
   - Myopathies;
   - Connective tissue disorder or disease;
   - Tumors of the spine, bone or soft tissue;
   - Spinal vascular malformations; or
   - Spinal cord damage.

4. Chronic fatigue syndrome and related disorders;

5. fibromyalgia.

Administration of limited disability benefits for disability due to mental and nervous disorders or diseases

If no exception above applies, and you are disabled as a result of more than one injury or sickness for which disability benefits are payable under this certificate, each of which are subject to the provisions of the DI INSURANCE: LIMITED DISABILITY BENEFITS section, the benefit limitation periods will run concurrently for all such conditions.

DEFINED TERMS USED IN LIMITED DISABILITY BENEFITS

Carpal tunnel syndrome means an entrapment median neuropathy, which causes pain, numbness and other symptoms in the distribution of the median nerve due to its compression at the wrist.

Chronic fatigue syndrome means the clinically evaluated, unexplained persistent or relapsing chronic fatigue that is not substantially alleviated by rest. The diagnosis must be established following the Centers for Disease Control and Prevention current clinical criteria as of the date of your disability.

Connective tissue disorder or disease means any of a group of diseases affecting the connective tissues of the body. These conditions include, but are not limited to, rheumatoid arthritis, Marfan syndrome, systemic lupus erythematosus, scleroderma, Ehlers-Danlos syndrome or polymyositis. The diagnosis must be established using American College of Rheumatology current clinical criteria as of the date of your disability.
Fibromyalgia means a medical condition evidenced by widespread soft tissue pain. The diagnosis must be established following the American College of Rheumatology current clinical criteria as of the date of your disability.

Mental or nervous disorder or disease means a medical condition which meets the diagnostic criteria set forth in the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders, or as of the date of your disability.

Musculoskeletal means the bones, joints, joint capsules, cartilage or adjacent tendons, ligaments or muscles.

Myelopathies means disease of the spinal cord supported by objective clinical findings of spinal cord pathology.

Myopathies means diseases of muscle fibers, supported by pathological findings on biopsy or electromyography.

Neurocognitive disorder means a condition that meets the diagnostic criteria for neurocognitive disorders set forth in the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders as of the date of your disability, and the cognitive deficits that relate to the disability are not attributable to another mental or nervous disorder or disease. Neurocognitive disorders include, but are not limited to, conditions such as Alzheimer's disease and other forms of dementia and traumatic brain injury.

Neuromuscular means the peripheral motor nerves and the muscles that such nerves supply. Related disorders means conditions that are similar to chronic fatigue Syndrome in that the symptoms associated with the condition are comparable. These conditions include, but are not limited to, the following:

- Chronic fatigue immunodeficiency syndrome;
- Post viral syndrome; and
- Epstein-Barr virus infection.

The diagnosis must be established following the Centers for Disease Control and Prevention current clinical criteria as of the date of your disability.

Repetitive motion disorders means muscular conditions that result from repeated motions performed in the course of normal work or daily activities and affecting upper or lower extremities.

Schizophrenia means a chronic psychiatric disorder diagnosed in accordance with the diagnostic criteria for schizophrenia set forth in the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders as of the date of your disability.

Seropositive arthritis means an inflammatory disease of the joints supported by clinical findings of arthritis plus positive serological tests for connective tissue disease.

Soft tissue means the muscle, fat, fibrous tissues and blood vessels, which connect, support or surround the bony structures and organs of the body.

Spinal means components of the bony spine or spinal cord.

Spinal cord damage means injury or disease of the spinal cord with resultant paralysis.

Spinal vascular malformations means abnormal development of blood vessels within the spinal cord.

Tumor(s) means abnormal growths which may be malignant or benign.

Long-term and Short-term Disability Insurance: Exclusions

We will not pay for any disability caused or contributed to by:

1. War, whether declared or undeclared, or act of war, insurrection, rebellion or terrorist act;
2. Your active participation in a riot;
3. Intentionally self-inflicted injury;
4. Attempted suicide; or
5. Commission of or attempt to commit a felony.

In addition to the above exclusions, the following is applicable only to short-term disability insurance:

We will not pay short-term benefits for any disability caused or contributed to by elective treatment or procedures, such as:

1. Cosmetic surgery or treatment primarily to change appearance;
2. Reversal of sterilization;
3. Liposuction;
4. Visual correction surgery; and
5. In vitro fertilization, embryo transfer procedure or artificial insemination.

However, pregnancies and complications from any of these procedures will be treated as a sickness.

Please note that state variations may apply.