



Short Term Disability Program Extension

Recognizing the requirements of the State of Washington’s Paid Family and Medical Leave law, RCW 50A, member utilities of the Central Washington Public Utilities Unified Insurance Program (UIP) implemented a qualified voluntary medical plan (“STD Program”) under RCW 50A.04.600. The STD Program provides eligible employees of the UIP member utilities (“District”) with short-term benefits if they become disabled from a non-work related illness or injury (please see the Short Term Disability Program description for more information).

Purpose

In recognition of extended illness, injury, or disability, the Short Term Disability Program Extension (“STD Program Extension”) provides extended short term disability benefits for regular full-time, part-time, limited assignment, and benefits-eligible seasonal employees after benefits under the STD Program have been exhausted. Benefits under the STD Program Extension description will become effective July 1, 2020.

The STD Program Extension is a governmental plan and, therefore, is exempt from rules of the Employee Retirement Income Security Act (ERISA).

The District reserves the right to engage with a third-party claims administrator (TPA) whose primary responsibility is to review medical claims on behalf of the District. In the event such agreement is severed, the duties and responsibilities of the TPA will revert back to the District.

Definitions

“Disability”: You are disabled when you are unable to perform the material and substantial duties of your regular occupation due to your illness or injury. Material and substantial duties are normally required for the performance of the occupation and cannot be reasonable omitted or changed.

“Concurrent disability”: You experience a concurrent disability if you have been on medical leave without interruption, or if you experience a recurrent disability.

“Recurrent disability”: Your disability is recurrent if you returned from the STD Program or STD Program Extension and worked less than 30 calendar days because of a relapse of the same illness, injury or disability as certified by a licensed, competent healthcare provider and the District’s TPA.

“Healthcare provider”: Your treating provider must be licensed to practice medicine, be practicing within the scope of his or her license, have a doctoral degree in psychology, or who is a legally qualified medical practitioner according to the laws and regulations in the jurisdiction in which regular care is given, and may not be you, your spouse, domestic partner, child, parent or sibling. You must be under the care of a medical provider whose specialty or experience is appropriate for treatment of the disabling condition.

“Regular occupation”: The occupation that you are routinely performing at the time your disability begins.

“Third party”: Any person or legal entity whose act or omission, in full or in part, causes you to suffer a disability for which benefits are paid or payable under the STD Program Extension.

Class 1 coverage: All active full-time, non-commissioner employees scheduled to work a minimum of forty (40) hours per week on an ongoing basis are eligible for Class 1 coverage.

Class 2 coverage: All Benton PUD, Douglas PUD, Ferry PUD, Franklin PUD, Grant PUD and Pend Oreille PUD active part-time, non-commissioner employees scheduled to work a minimum of eighty (80) hours per month on an ongoing basis are eligible for Class 2 coverage.

Eligibility

Class 3 coverage: All Benton PUD, Douglas PUD, Ferry PUD, Franklin PUD, Grant PUD and Pend Oreille PUD seasonal or limited assignment full-time employees scheduled to work an average of 1,000 hours per year and in an assignment intended to last more than six (6) months on an ongoing basis are eligible for Class 3 coverage.

Temporary or on-call employees and Commissioners are not eligible for benefits under the STD Program Extension.

Benefits under the STD Program must have been exhausted to be eligible for benefits under the STD Program Extension.

Coverage

Begin

If you are eligible for Class 1, Class 2 or Class 3 coverage, your coverage will begin immediately upon being hired or promoted into an eligible class. You will be automatically enrolled in the STD Program Extension when you are eligible for coverage.

You meet the waiting period for the STD Program Extension if you have become unable to work for at least 40 consecutive regularly scheduled hours, including holidays, because of a non-work related illness, injury, or disability as certified by a licensed, competent healthcare provider and the District's TPA.

**Waiting
Period**

Unless the waiting period is met while receiving benefits under the STD Program, you will be required to use accrued personal leave, if available. You may use your supplemental leave benefit once during the term of the collective bargaining agreement, if available.

You may return to coverage by the STD Program Extension without meeting the waiting period if you have a recurrent disability. Your second absence may count against the STD Program Extension maximum benefit.

**Leave
Duration**

The STD Program Extension maximum benefit period is 26 weeks of concurrent disability. The maximum benefit period includes the waiting period and may include concurrent disability leave taken under the STD Program. Disability leave taken under the STD Program counts against the STD Program Extension maximum benefit period if the disability leave is concurrent and is taken immediately prior to coverage begin under the STD Program Extension.

The District's TPA has up to 45 days from the date your claim is filed, and necessary documentation has been furnished by you and your provider to determine whether or not benefits are payable to you in accordance with the terms and provisions of the STD Program Extension. If more time is needed to review your claim due to circumstances beyond the TPA's control, the TPA must notify you in writing that the review period has been extended. In order to decide your claim, the District's TPA may require you to submit to a medical examination, at the TPA's expense. If a medical examination is required, the District's TPA will notify you of the date and time of the examination and the physician's name and location.

Benefit Approval

The District or the District's TPA has the right to request a second medical opinion from a licensed, competent medical authority at the District's expense, to be selected by the District or the District's TPA. The decision of the second medical opinion provider will be used to determine benefit eligibility.

If a third and final medical opinion is requested, it shall be at the expense of the District. The medical opinion will be provided by a licensed, competent medical authority agreed to by both the employee and the District or the District's TPA, and the decision rendered by the third medical opinion shall be binding on the parties without any additional recourse.

If your claim is approved, you will receive the appropriate benefit. If your claim is denied, in whole or in part, you will receive a written notice from the District's TPA.

Benefit Amount

Following the waiting period, and after your claim has been approved, your benefit will be paid at seventy percent (70%) of your regular straight-time base pay. You may use accrued leave or supplemental leave benefit to make up the difference between the STD Program Extension benefit payment and 100% of gross, straight-time base pay. In no case will your combined earnings exceed 100% of your regular, straight-time base pay.

Other provisions:

You may be eligible for a pro-rated benefit if you return to work on a temporary modified duty work capacity or temporarily modified duty work schedule.

Benefit Payments

Approved STD Program Extension benefits are paid following the waiting period until you either recover and return to work or have completed the elimination period required for long term disability insurance benefits, whichever is earlier (please refer to the long term disability insurance policy for additional information). The STD Program Extension benefit is paid per established regular pay schedule.

Benefit Exclusions

The STD Program does not cover any disability that is due to the following:

- An injury or illness arising out of, or in the course of, your engagement in an illegal act.
- An illness for which you are entitled to benefits under any Workers' Compensation Act, occupational disease law, Compulsory Benefit Act or law or similar law;

- Cosmetic or reconstructive surgery, except for complications arising from any such surgery or for surgery necessary to correct a deformity caused by accidental injury or illness.

Exception:

You may be covered under the STD Program Extension from the time of work related injury until eligible to receive an occupational disability allowance, provided you file for and/or comply with requirements to determine eligibility for worker’s compensation benefits.

Your benefits end on the earliest of the following dates:

Benefits End

- The date you are no longer considered disabled under the STD Program Extension.
- The date you fail to provide adequate evidence of your continued disability as requested by the District’s TPA.
- The end of the maximum benefit period.
- If you established an employment termination date prior to the STD Program or STD Program Extension waiting period, the date you reach your established termination date.
- The date of your death.
- The date you cease to be under the regular care of a medical provider or refuse to undergo, at our expense an examination or testing by a medical provider; or undergo vocational, rehabilitation or health assessment testing when the TPA requires such examination or testing.
- The date you refuse to receive medical treatment for which you are claiming benefits under the STD Program Extension.
- The date you refuse to make a good faith effort to adhere to necessary wellness programs that your medical provider has recommended and that are generally acknowledged by medical providers and/or medical policies to cure or improve the illness or injury for which you are claiming benefits under the STD Program Extension so as to reduce its disabling effect.
- The date you refuse to try or attempt to work with the assistance of:
 - Modifications made to your work environment, functional job elements or work schedule.
 - Adaptive equipment or devices, that a qualified medical provider has indicated will accommodate the limiting factors of the illness or injury for which you are claiming benefits under the STD Program Extension and will enable you to perform the material and substantial duties of an occupation from which you must be considered disabled in order to receive disability benefits.

Your coverage under the STD Program Extension will end on the earliest of the following dates:

Coverage End

- The date your employment ends.
- The date you are no longer employed in an eligible class.
- The date the STD Program Extension is cancelled.
- The date your eligible class is no longer covered.

- The last day you are in active employment.
- The date you cease to be an eligible employee.
- The date of your death.

**Job and
Health
Benefits
Protection**

Your job and benefits are protected if you worked for the District for at least 1250 hours within the 12 months preceding the date your leave begins. When you return from leave you are entitled to a) return to a position of employment held by you when your leave commenced; or return to an equivalent position with equivalent employment benefits, pay and other terms and conditions of employment. Using benefits under the STD Program Extension will not result in the loss of employment benefits accrued before leave begins, or any other right, benefit or condition of employment you would have been entitled to if you had not taken the leave.

Exception: You may be denied job protection if you are a salaried employee who is among the highest ten (10) percent of employees within seventy-five (75) miles of the facility you work in if a) denial is necessary to prevent substantial and grievous economic injury to the operations of the District; and b) the District notifies you of the intent of the District to deny restoration on this basis at the time the District learns that the injury would occur; and c) the leave has commenced and you elect not to return to employment after receiving the notice.

**Recovery of
overpayments**

The District has the right to recover any benefits it has overpaid. The District may use any or all of the following to recover an overpayment:

- Request a lump sum payment of the overpaid amount;
- Reduce any amounts payable under the STD Program Extension; or
- Take any appropriate collection activity available to it.

In the event that you recover damages from any third party for the illness or injury that made you eligible for the STD Program Extension benefit, you shall reimburse the District for the lesser of STD Program Extension benefits payments received or the amount of damages recovered. You may be eligible to buy back any personal leave used in connection with the receipt of the STD benefit.

The District will be subrogated to any rights you may have against a third party and may, at the District's option, bring legal action against the third party to recover any payments made by the District in connection with the STD Program Extension, if you:

- Suffer a disability because of the act or omission of a third party;
 - Become entitled to and are paid benefits under the STD Program Extension in compensation for lost wages; and
 - Do not initiate legal action for the recovery of such benefits from the third party in a reasonable period of time.
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Appeal

Whenever a claim is denied in whole or in part, you have the right to appeal the decision. You (or your duly authorized representative) must make a written request to appeal the decision within 40 days from the date you receive the denial. If you do not make this request within that time, you will have waived your right to appeal. Contact your Human Resources department to file an appeal.

Filing a claim

Contact your HR department as soon as you learn of your need to take time off due to a serious medical condition to apply for benefits. Please provide 30 days' notice to the District if your leave is foreseeable.
