



# 2026 Safety Members Disability Program

Plan Features	Silver Plan	Gold Plan		Platinum Plan	
	Short Term Disability (STD) #610008-A	Short Term Disability (STD) #610007-R	Long Term Disability (LTD) #233040-1-G	Short Term Disability (STD) #610007-P	Long Term Disability (LTD) #233040-1-G
<b>Percentage of Wages Protected</b>	<b>66 2/3%</b> of the first <b>\$15,000</b> monthly Pre-Disability Earnings, reduced by Deductible income.	<b>66 2/3%</b> of the first <b>\$15,000</b> monthly Pre-Disability Earnings, reduced by Deductible income.	<b>66 2/3%</b> of the first <b>\$15,000</b> monthly Pre-Disability Earnings, reduced by Deductible income during the initial 12 months of LTD benefit eligibility. After 12 months of LTD eligibility Non-Industrial Disabilities: <b>66 2/3%</b> Industrial Disabilities: <b>16 2/3%</b>	<b>70%</b> of the first <b>\$14,286</b> monthly Pre-Disability Earnings, reduced by Deductible income.	<b>70%</b> of the first <b>\$14,286</b> monthly Pre-Disability Earnings, reduced by Deductible income during the 12 months of LTD benefit eligibility. After 12 months of LTD eligibility Non-Industrial Disabilities: <b>70%</b> Industrial Disabilities: <b>20%</b>
<b>STD Catastrophic Disability Benefit</b> <b>LTD Terminal Illness Benefit</b>	During the initial <b>12</b> months of Disability, the plan pays up to an additional <b>33 1/3%</b> of the first \$15,000 of monthly Pre-Disability Earnings, not to exceed \$5,000.	During the initial <b>12</b> months of Disability, the plan pays up to an additional <b>33 1/3%</b> of the first \$15,000 of monthly Pre-Disability Earnings, not to exceed \$5,000.	<b>100%</b> of monthly benefit for <b>12</b> months when diagnosed with a terminal illness.	During the initial <b>12</b> months of Disability, the plan pays up to an additional <b>30%</b> of the first \$14,286 of monthly Pre-Disability Earnings, not to exceed \$4,286	<b>100%</b> of monthly benefit for <b>12</b> months when diagnosed with a terminal illness.
<b>Maximum Monthly Benefit</b>	<b>\$10,000</b> (66 2/3% of \$15,000) before reduction by Deductible income.	<b>\$10,000</b> (66 2/3% of \$15,000) before reduction by Deductible income.	<b>\$10,000</b> (66 2/3% of \$15,000) before reduction by Deductible income.	<b>\$10,000</b> (70% of \$14,286) before reduction by Deductible income.	<b>\$10,000</b> (70% of \$14,286) before reduction by Deductible income.
<b>Maximum Monthly Benefit Period</b>	<b>24</b> Months	<b>12</b> Months	The later of your normal retirement age as defined by Social Security.	<b>12</b> Months	The later of your normal retirement age as defined by Social Security.
<b>Minimum Benefit</b>	<b>\$200</b> per month while receiving sick leave/annual leave for Non-Industrial Disabilities.	<b>\$200</b> per month while receiving sick leave/annual leave for Non-Industrial Disabilities.	<b>\$200</b> per month	<b>\$200</b> per month while receiving sick leave/annual leave for Non-Industrial Disabilities	<b>\$200</b> per month
<b>STD Benefit Eligibility</b> <b>Waiting Period</b> <b>LTD Waiting Period</b>	Industrial Disabilities: <b>0</b> days Non-Industrial Disabilities: <b>0</b> days, if you have been unable to work for 15 days, provided that you have not had a Temporary Recovery of greater than 5 days during this period. <b>During the first 30/60 days of Disability:</b> <ul style="list-style-type: none"> <li>You are eligible to receive up to <b>33 1/3%</b> of your monthly Pre-Disability Earnings for any period you are not eligible to receive any personal leave pay.</li> <li>You are required to use any available personal leave pay you are eligible to receive from your Employer.</li> </ul>	Industrial Disabilities: <b>0</b> days Non-Industrial Disabilities: <b>0</b> days, if you have been unable to work for 15 days, provided that you have not had a Temporary Recovery of greater than 5 days during this period. <b>During the first 30/60 days of Disability:</b> <ul style="list-style-type: none"> <li>You are eligible to receive up to <b>33 1/3%</b> of your monthly Pre-Disability Earnings for any period you are not eligible to receive any personal leave pay.</li> <li>You are required to use any available personal leave pay you are eligible to receive from your Employer.</li> </ul>	<b>365</b> days (Premium payments are waived while Disability Benefits are payable)	Industrial Disabilities: <b>0</b> days Non-Industrial Disabilities: <b>0</b> days, if you have been unable to work for 15 days, provided that you have not had a Temporary Recovery of greater than 5 days during this period. <b>During the first 30/60 days of Disability:</b> <ul style="list-style-type: none"> <li>You are eligible to receive up to <b>35%</b> of your monthly Pre-Disability Earnings for any period you are not eligible to receive any personal leave pay.</li> <li>You are required to use any available personal leave pay you are eligible to receive from your Employer.</li> </ul>	<b>365</b> days (Premium payments are waived while Disability Benefits are payable)



## Insurance & Benefit Trust of PORAC

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	Short Term Disability (STD) #610008-A	Short Term Disability (STD) #610007-R	Long Term Disability (LTD) #233040-1-G	Short Term Disability (STD) #610007-P	Long Term Disability (LTD) #233040-1-G
<b>Musculoskeletal &amp; Connective Tissue Disorders</b>	No limitation	No limitation	For certain conditions, benefits are limited to <b>12</b> months for each period of disability.	No limitation	For certain conditions, benefits are limited to <b>12</b> months for each period of disability.
<b>Mental &amp; Nervous Disorders</b>	<b>6</b> Months per occurrence; <b>12</b> Months lifetime	No limitation	Benefits are limited to <b>12</b> months for each continuous period of disability caused or contributed to by a Mental Disorder, or as long as hospitalized.	No limitation	Benefits are limited to <b>12</b> months for each continuous period of disability caused or contributed to by a Mental Disorder, or as long as hospitalized.
<b>Drug &amp; Alcohol Use</b>	Benefits limited to <b>6</b> months lifetime	Benefits limited to <b>12</b> months lifetime	Benefits limited to <b>6</b> months lifetime	Benefits limited to <b>12</b> months lifetime	Benefits limited to <b>6</b> months lifetime
<b>Death Benefit</b>	<b>\$65,000</b> Death Benefit (Accidental) <b>\$50,000</b> Death Benefit (Natural) (You are covered for the Death Benefit while enrolled under the STD Plan and during the first two years you continue to be disabled and receiving Disability Benefits).	<b>\$65,000</b> Death Benefit (Accidental) <b>\$50,000</b> Death Benefit (Natural) (You are covered for the Death Benefit while enrolled under the STD Plan and during the first two years you continue to be disabled and receiving Disability Benefits).	<b>\$65,000</b> Death Benefit (Accidental) fully insured through ReliaStar Life Insurance Company. <b>\$50,000</b> Death Benefit (Natural) fully self-funded through IBT or PORAC.	<b>\$65,000</b> Death Benefit (Accidental) <b>\$50,000</b> Death Benefit (Natural) (You are covered for the Death Benefit while enrolled under the STD Plan and during the first two years you continue to be disabled and receiving Disability Benefits).	<b>\$65,000</b> Death Benefit (Accidental) fully insured through ReliaStar Life Insurance Company. <b>\$50,000</b> Death Benefit (Natural) fully self-funded through IBT or PORAC.
<b>Monthly Contribution</b>	<b>\$19.50 N/A</b>	<b>\$34.00 Sheriff's</b>		<b>\$38.75 Corrections</b>	
<b>30 Day Freeze of Personal Leave</b>	N/A	<b>\$36.00 DA Insp</b>		<b>\$40.75 N/A</b>	

Disability plan rates are subject to change by direction of the Insurance and Benefits Trust Board of Trustees. Any increase requires a minimum 60-day notice to the association. Association leadership is responsible to maintain current contact information with PORAC and IBT of PORAC.

This information is intended to summarize the main features of the STD and LTD plans only. All benefits will be provided in accordance with applicable Plan Documents and Group Policies. For additional assistance, please contact an Insurance & Benefits Trust of PORAC representative at: (800) 655-6397. CA Lic # 0E39029.

We will not pay for any Disability caused or contributed to by: War, whether declared or undeclared, or act of war, insurrection, rebellion, or terrorist act; Your active participation in a riot; Intentionally self-inflicted injury; Attempted suicide; or Commission of or attempt to commit a felony.

Like most insurance policies, insurance policies offered by MetLife and its affiliates contain certain exclusions, exceptions, reductions, limitations, waiting periods and terms for keeping them in force. Please contact your plan administrator for costs and complete details.

