

Summary of Coverage

Employer: County of Henrico-Henrico County Public Schools

Group Policy: GP-622734

SOC: 1C

Issue Date: October 1, 2011

Effective Date: January 1, 2012

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

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

Eligibility

Employees

You are in an Eligible Class if you are a regular full-time or part-time 10-month, 11-month, or 12-month employee of an Employer participating in this Plan and not an employee who is in a class for which a separate Summary of Coverage has been designated for the coverages described in this Summary Of Coverage.

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

- scheduled to work on a regular basis at least 20 hours per week during your Employer's work week; and
- working within the United States.

Your Eligibility Date, is determined by your Employer. Please see your Employer for more details.

Enrollment Procedure

You will be required to enroll in a manner determined by Aetna and your Employer. This will allow your Employer to deduct your contributions from your pay. Be sure to enroll within 31 days of your Eligibility Date.

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

Aetna may reduce your contributions due to its failure to provide agreed upon service levels. Such service levels are guaranteed by Aetna and agreed to in writing by Aetna and your Employer.

See your Employer for details.

Short-Term Disability (Temporary Disability Income (Option 3))

Effective Date of Coverage

Employees

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

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

If you did not request to be enrolled by your Employer within 31 days of the date you are first eligible for group temporary disability income coverage sponsored by your Employer, coverage will not take effect until you submit evidence of good health that is both acceptable to Aetna and consistent with your Employer's enrollment guidelines.

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

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

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

This rule also applies to an increase in your coverage.

Disability Coverage

Temporary Disability Income Coverage

Employees

After any Elimination Period, this Plan will pay the Temporary Disability Income Benefit during a disability absence. The absence must start while you are covered. A disability absence is time lost from work because of a non-occupational disease or injury. For sole proprietors or partners who cannot be covered by workers' compensation law, this Plan will also cover a disease or injury that arises out of or in the course of any activity in connection with employment as a sole proprietor or partner whether or not on a full time basis. Any reference to Temporary Disability Income Coverage covering only non-occupational disease or injury will not apply to the above mentioned sole-proprietors or partners.

Elimination Period

Benefits start on the 43rd calendar day for a disability period due to disease or injury.

Weekly Benefit

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

Weekly Benefit	60% of your Predisability Earnings calculated on a weekly basis
Maximum Weekly Benefit	\$ 2,500 (together with all other income benefits)
Minimum Weekly Benefit	\$ 25
Maximum Weekly Benefit Period	7 weeks

Benefits Actually Payable

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

Benefit Adjustment While Disabled and Working

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

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

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

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

Pregnancy Coverage

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

Adjustment Rule

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

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

General

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

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

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