## MATERNITY CLAIMS AND DISABILITY INSURANCE

#### Frequently Asked Questions

Maternity leave is a frequent, yet unique, claim for short term disability. Below are answers to how Disability Insurance will handle Maternity/Pregnancy.

## ARE MATERNITY CLAIMS TREATED ANY DIFFERENTLY THAN CLAIMS FOR OTHER ILLNESSES? CAN MATERNITY BE EXCLUDED FROM A DISABILITY CONTRACT?

No. Maternity must be treated as any other illness, and cannot be excluded from a Group Disability plan, as per the Federal Maternity Law.

### CAN MATERNITY CLAIMS BE GIVEN A SPECIFIC DURATION IN A DISABILITY CONTRACT?

No. Since it is treated as any other illness, maternity claims are:

- Subject to the same plan provisions (elimination period, duration, exclusions or limitations); and
- Paid per standard claims handling procedures.

## WHAT ARE THE STANDARD CLAIM PROCEDURES AND DURATIONAL GUIDELINES FOR MATERNITY/PREGNANCY CLAIMS?

In simplest terms, a Disability claim is adjudicated per the following features:

- When the claimant last worked.
- The date the disability begins.
- The medical information received on the disability (disability and limitations confirmed.)
- The standard duration (period of time the disability is expected to impact the claimant's ability to work.)
- When the claimant's disability ends (date of recovery.) Maternity claims may differ slightly in that there are two distinct periods of the claim.

distinct periods of the claim — pre-partum and post-partum. There are anticipated disability weeks expected in each of the periods.



**Pre-partum** — a pre-partum disability timeframe for an uncomplicated, single birth pregnancy is typically expected to be four (4) weeks or less prior to delivery. However, many claimants work up until their actual date of delivery. For multiple births, an acceptable pre-partum disability timeframe could extend up to 13 weeks.

Pre-partum disability timeframes which exceed those referenced above will likely require additional medical documentation to support the claimant's inability to perform her job duties.

**Post-Partum Recovery** — Recovery timeframe for a normal, uncomplicated delivery is up to six (6) weeks for a vaginal delivery, and eight (8) weeks for a C-section delivery.

If the claimant is released to return to work before the end of the six (6) or eight (8) weeks time period, the claim will be ended as of that day.

If the claimant is not released to return to work at the end of the six (6) or eight (8) week time period, the claim may be paid for a longer period post-partum, as long as the medical information supports limitations to the employee's ability to work.



The Guardian Life Insurance Company of America 7 Hanover Square New York, NY 10004-4025 www.guardiananytime.com Guardian's Group Short Term Disability Insurance are underwritten and issued by The Guardian Life Insurance Company of America, New York, NY. Products are not available in all states. Policy limitations and exclusions apply. Optional riders and/or features may incur additional costs. This policy provides disability income insurance only. It does NOT provide basic hospital, basic medical or major medical insurance as defined by the New York State Department of Financial Services. Plan documents are the final arbiter of coverage. Policy Forms #GP-1-STD-15.

## IF THE DISABILITY IS SUPPORTED FOR FOUR (4) WEEKS PRIOR, AND SIX (6) WEEKS AFTER DELIVERY, FOR A TOTAL OF TEN (10) WEEKS OF DISABILITY, HOW MANY WEEKS OF PAYMENTS WILL THE CLAIMANT RECEIVE?

Short Term Disability commonly includes an elimination period of one to two weeks. Like any other claim, if the maternity is verified as lasting for ten (10) weeks from date of disability to recovery (date disability ends), this ten (10) week period of disability is inclusive of the elimination period. If the elimination period is seven (7) days, or one week, the employee will serve one (1) week of elimination period, and will be paid nine (9) weeks of disability payments.

# ADMINISTRATIVE SERVICE ONLY (ASO) PLANS CAN BE RICHER THAN A GROUP DISABILITY CARRIER WOULD PROVIDE ON A FULLY-INSURED BASIS. CAN AN ASO PLAN INCLUDE MATERNITY BENEFITS RICHER THAN ALLOWED ON FULLY-INSURED? CAN EMPLOYEES BE PAID DISABILITY WHILE ON MATERNITY LEAVE?

No, maternity claims should still be treated as any other illness, and subject to the same plan design features and provisions as other illnesses and injuries, whether the ASO is provided with check-cutting services, or is Advice To Pay (ATP) only.

ASO STD is not intended to be leave management, but is intended to provide guidance and claim expertise for disabilities. ASO or fully-insured STD should not be confused with maternity leave — the employer may allow someone to stay out on approved maternity leave longer than they are actually deemed disabled. However, we can only certify and manage the disability portion of the maternity — any further leave past the time that can be confirmed by the medical information will not be considered disability, and guidance and/or check-cutting services are not provided past the point that disability can be verified.

#### ARE MATERNITY CLAIMS SUBJECT TO THE PRE-EXISTING CONDITION PROVISION? IF SO, IS THE PRESENCE OF A PREGNANCY PRE-EXISTING IN AND OF ITSELF?

Yes, as maternity is treated as any other illness, pregnancies may be subject to the pre-existing condition provision, if a pre-ex provision is included on the Disability plan. However, the presence of a pregnancy is not pre-existing in and of itself, precisely because maternity is treated as any other illness.

For a condition to be considered pre-existing, and subject to any limitation or exclusion under the Disability plan, the employee must have received treatment, diagnosis, or taken medication in the "lookback" period of the pre-existing condition. If the claimant's pregnancy commenced in the "lookback" period, but the pregnancy was not confirmed, treated, nor any medications taken prior to the claimant's effective date under the Disability plan, the pregnancy will not be considered pre-existing.

For example, Ms. Claimant's effective date is June 1. The "lookback" period on her plan is March 1 to the end of May. If the conception date was May 15th, and Ms. Claimant did not see a doctor or have any treatment for the pregnancy prior to June 1, the pregnancy is not pre-existing.

However, if the conception date was February 11th, and Ms. Claimant had the pregnancy confirmed, and was seen by and treated by her doctor on April 12th, the pregnancy will be pre-existing under the plan, and subject to the limitation or exclusion.

#### CAN MATERNITY CLAIMS BE PAID IN A LUMP SUM PAYMENT?

Guardian® can cut one check for any approved, uncomplicated, standard duration maternity claim. Better yet, if available, a member can elect to enroll in direct deposit. For details, visit www.guardiananytime.com.

Note: As always, any final claim determination would pend a full review of the actual claim situation.

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