Pregnancy and Short-Term Disability (STD) Claims

Frequently Asked Questions

Is pregnancy covered under our STD Policy?

Yes. According to the U.S. Equal Employment Opportunity Commission, the Pregnancy Discrimination Act (PDA) defines pregnancy and/or childbirth as a temporary disability.

How soon should I file a disability claim?

You can report a disability claim as early as 30 days prior to your expected delivery date. To avoid delays in benefit payments, we recommend you file the claim no later than your last day of active work.

Will benefits be paid weekly? Will it be a check or direct deposit?

Most maternity benefits are paid in a lump sum for the total payable period. You may choose direct deposit instead of paper checks when notifying us about your claim.

For how long are disability benefits paid?

Benefits will be begin after any required elimination period is satisfied. Maternity benefits are typically six (6) weeks for vaginal deliveries and may be eight (8) weeks for cesarean deliveries. The examples below outline how benefits for vaginal and caesarean deliveries are typically paid.

Example 1: Works until delivery — Vaginal Birth

Jane Doe has a last day of work of 12/16/2022 and delivers her baby vaginally on 12/17/2022. The normal recovery period for a vaginal delivery is six weeks following the date of delivery; therefore, she is eligible for benefits to 01/28/2023. However, STD benefits do not begin until 12/31/2022 because her policy has a 14-day elimination period. Once the one-week elimination period is met, Jane will receive **four weeks** of benefits from 12/31/2022 – 01/28/2023.

Example 2: Works until delivery — Cesarean Birth

Jane Doe has a last day of work of 12/16/2022 and delivers her baby by cesarean on 12/17/2022. The normal recovery period for a cesarean delivery is eight weeks following the date of delivery; therefore, she is eligible for benefits to 02/11/2023. After meeting her 14-day elimination period, Jane will receive **six weeks** of benefits from 12/31/2022 – 02/11/2023.

In the above examples, the date of disability is the date the claimant delivers the baby. Employees may be eligible for benefits prior to the date of delivery if complications exist that preclude the ability to work. This must be medically supported and will require office visit notes from the appropriate care provider.

Example 3: Stops work one week before delivery

Jane Doe has a last day of work of 12/09/2022 with an estimated date of delivery of 12/17/2022. No reasonable accommodation was available and it is confirmed that it was medically necessary for her to stop working beginning 12/10/2022 due to gestational diabetes. Therefore, her date of disability is 12/10/2022. Jane Doe delivers her baby vaginally on 12/17/2022. Her benefits, in this case, begin on 12/24/2022 after satisfying the 14-day elimination period. As the normal recovery period for a vaginal delivery is six weeks, she is eligible for six weeks of benefits from 12/17/2022 – 01/28/2023.

Do I have to use up all my sick time or paid time off before disability benefits begin?

Please refer to your Employee Benefit Booklet or ask your Human Resources Department if you are required to exhaust any sick time, PTO or vacation days before benefits begin.

I am pregnant and just enrolled for STD. Is my pregnancy covered?

Maybe. If your Employee Benefit Booklet does NOT contain a pre-existing exclusion definition, your claim may be payable.

A pre-existing condition is defined as one for which medical treatment or advice was rendered, prescribed or recommended within a specific time frame prior to your effective date. However, a condition will no longer be considered pre-existing if it causes a disability that begins after you have been insured under the STD policy for a period of time. For details regarding the length of times included in your pre-existing condition exclusion, please see your Employee Benefit Booklet or contact your Human Resources Department.

If I take a home pregnancy test before my STD coverage becomes effective, and the results are positive, will the claim be denied as pre-existing?

No, a self-performed home pregnancy test is not considered treatment under the policy. If you consulted a physician for the pregnancy during the period of time prior to the effective date of coverage, as specified within your STD policy, that would be considered treatment.

If I receive treatment from a physician for the diagnosis of infertility before my STD coverage becomes effective, and then I become pregnant after my coverage begins, will the claim be denied as pre-existing?

No, treatment for infertility is not treatment for pregnancy.

Are benefits payable for adoptions?

No, adoption is not considered a disability.

For illustrative purposes only, all claims are evaluated on a case-by-case basis. May not be available in all jurisdictions. Coverage may be subject to limitations, exclusions and other coverage conditions contained in the issued policy. Please consult the policy for the actual terms of coverage.

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