

Short-term Disability Coverage and Rates

July 2024 STD Renewal

The following monthly rates shall apply from July 1, 2024 through June 30, 2025

Rating Renewal July
Suffix # 174

BENEFIT SCHEDULE

Class	Class Name	Probationary Period	Benefit Amount (% of Base Weekly Earnings)	Maximum Weekly Benefit	Maximum Benefit Period	Waiting Period Accident	Waiting Period Illness
1	All Eligible Employees	0M	66.67%	\$950	13 weeks	1 day(s)	8 day(s)

CONTRIBUTORY STATUS AND PARTICIPATION REQUIREMENTS

Class	Class Name	Contributory Y/N	Participation
1	All Eligible Employees	N	100%

RATE

For Each \$10 of Weekly Benefit Per Month \$0.40

Monthly rates and continued Member Group coverage are based on 75% participation of Eligible Employees if contributory status is Y or 100% participation if contributory status is N, per applicable HealthTrust minimum participation requirements.

PROBATIONARY PERIOD EXCEPTIONS

None

SPECIAL NOTES

Evidence of Insurability needed for all late enrollees (contributory groups only).