

2026 Monthly Premiums for Short-term Disability

| STD COST: PER \$100 OF MEMBER’S COVERED MONTHLY SALARY |        |
|--------------------------------------------------------|--------|
| Option A: 60%, 14-day elimination period               | \$0.41 |
| Option B: 60%, 30-day elimination period               | \$0.33 |

| OPTION A<br>TO CALCULATE YOUR MONTHLY PAYROLL DEDUCTION, USE THIS FORMULA |                |
|---------------------------------------------------------------------------|----------------|
| Average monthly earnings (not to exceed \$18,055.57)*                     | Line 1:        |
| Line 1 amount divided by 100                                              | Line 2:        |
| Rate                                                                      | Line 3: \$0.41 |
| Multiply Lines 2 and 3                                                    | Line 4:        |
| The amount shown on Line 4 is your estimated monthly payroll deduction    |                |

| OPTION B<br>TO CALCULATE YOUR MONTHLY PAYROLL DEDUCTION, USE THIS FORMULA |                |
|---------------------------------------------------------------------------|----------------|
| Average monthly earnings (not to exceed \$18,055.57)*                     | Line 1:        |
| Line 1 amount divided by 100                                              | Line 2:        |
| Rate                                                                      | Line 3: \$0.33 |
| Multiply Lines 2 and 3                                                    | Line 4:        |
| The amount shown on Line 4 is your estimated monthly payroll deduction    |                |

\*Base annual salary divided by 12

| EXAMPLE<br>SHORT-TERM DISABILITY<br>PREMIUM CALCULATION<br>OPTION A |            |
|---------------------------------------------------------------------|------------|
| Annual salary                                                       | \$35,000   |
| Covered monthly salary                                              | \$2,916.67 |
| Number of 100s in average monthly earnings                          | \$29.17    |
| Monthly premium rate per \$100                                      | \$0.41     |
| Monthly premium due                                                 | \$11.96    |

| EXAMPLE<br>SHORT-TERM DISABILITY PREMIUM<br>CALCULATION<br>OPTION B |            |
|---------------------------------------------------------------------|------------|
| Annual salary                                                       | \$35,000   |
| Covered monthly salary                                              | \$2,916.67 |
| Number of 100s in average monthly earnings                          | \$29.17    |
| Monthly premium rate per \$100                                      | \$0.33     |
| Monthly premium due                                                 | \$9.63     |