



Group Short Term Disability Benefit Program

Group Short Term Disability (STD) benefit helps provide financial protection for covered members by promising to pay a weekly benefit in the event of a covered disability.

The cost of this benefit plan is funded by Memorial Hospital of Laramie County dba Cheyenne Regional Medical Center.

Eligibility

Definition of a Member	You are a member if you are a regular employee of Memorial Hospital of Laramie County dba Cheyenne Regional Medical Center, actively working at least 32 hours per week, and a citizen or resident of the United States or Canada. You are not a member if you are a temporary or seasonal employee, a full-time member of the armed forces, a leased employee or an independent contractor.
Class Definition	Class 2 - All other Members, other than Executives
Eligibility Waiting Period	You are eligible on the first of the month that follows 90 consecutive days as a member.

Benefits

Weekly Benefit	60 percent of the first \$4,166 of weekly predisability earnings as of the date of disability, reduced by deductible income (e.g., work earnings, workers' compensation, state disability, etc.)
Maximum Weekly Benefit	\$2,500
Minimum Weekly Benefit	\$15
Benefit Waiting Period	Your weekly benefit becomes payable after you have been continuously disabled for 7 days for disability caused by accidental injury and after 7 days for disability caused by physical disease, pregnancy or mental disorder.

Definition of Disability

For the benefit waiting period and while the Short Term Disability benefits are payable, you are considered disabled if you:

- Are unable – as a result of physical disease, injury, pregnancy or mental disorder – to perform with reasonable continuity the material duties of your own occupation, and
- Suffer a loss of at least 20 percent of your predisability earnings when working in your own occupation

You are not considered disabled merely because your right to perform your own occupation is restricted, including a restriction or loss of license.

You will no longer be considered disabled when your earnings from any occupation meet or exceed 80 percent of your predisability earnings.

Maximum Benefit Period

180 days

Other Features and Services

- First Day Hospital Benefit

Memorial Hospital of Laramie County dba Cheyenne Regional Medical Center has retained Standard Insurance Company to act on its behalf as Claims Administrator for the Plan with respect to all claims for benefits submitted to The Standard for administration and management. The Standard shall receive, process, investigate and evaluate claims for benefits. The Standard has authority to make initial decisions to approve, deny or close claims for benefits. The Standard is also authorized to review and decide appeals of denied or closed claims, if requested by claimants as provided in the appeal provision of the Plan. Thereafter, Memorial Hospital of Laramie County dba Cheyenne Regional Medical Center may elect to hear and decide any further appeals by claimants. In each case, Memorial Hospital of Laramie County dba Cheyenne Regional Medical Center retains the right of final review and decision on all claims and appeals.

The Standard will also perform certain administrative services for the Plan, including advising and assisting Memorial Hospital of Laramie County dba Cheyenne Regional Medical Center with preparation and revision of the Plan and providing actuarial services. The Standard has no authority or obligation with respect to management or investment of the assets of the Plan or Memorial Hospital of Laramie County dba Cheyenne Regional Medical Center right of subrogation under the Plan.

This information is only a brief description of the STD benefit plan provided by Memorial Hospital of Laramie County dba Cheyenne Regional Medical Center and administered by Standard Insurance Company. The controlling provisions will be in the Plan Document adopted by the Memorial Hospital of Laramie County dba Cheyenne Regional Medical Center. The Plan Document contains a detailed description of the limitations, reductions in benefits, and exclusions. The Plan Document that describes the terms and conditions of the coverage is available for those who become covered according to its terms. For more complete details of coverage, contact your human resources representative.

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SI 13275-D-WY-171750-C2 (10/23)

7444313-1060997