

Life & Accident

Assure your loved-ones' well-being in the event of your death or disability.



PEHP
Health & Benefits

PROUDLY SERVING UTAH PUBLIC EMPLOYEES

PEHP Life & Accident

Group Term Life Coverage

EMPLOYEE BASIC COVERAGE

Your employer funds basic coverage at no charge to you.

COVERAGE	AMOUNT
Up to Age 70	25,000
Age 71 to 75	12,500
Age 76 and over	6,250



LINE-OF-DUTY DEATH BENEFIT

If you're enrolled in basic coverage, you get an additional \$50,000 Line-of-Duty Death Benefit at no extra cost. Enrollment is automatic.

ACCIDENTAL DEATH RIDER

If you're enrolled in basic coverage, you get an additional \$10,000 Accidental Death Benefit, subject to the provisions of the PEHP Group Accident Plan, at no extra cost. Enrollment is automatic.

EVIDENCE OF INSURABILITY

You must submit evidence of insurability if:

- » You want more coverage than the guaranteed issue;
- » You apply for any amount of coverage 60 days after your hire date.

After you apply for coverage, PEHP will guide you through the necessary steps to get evidence of insurability. They may include:

- » Completing a health questionnaire;
- » Basic biometric testing and blood work;
- » Furnishing your medical records.

EMPLOYEE ADDITIONAL TERM COVERAGE

If you apply within 60 days of your hire date, you can purchase up to \$150,000 as guaranteed issue. After 60 days, or for coverage greater than \$150,000 you must provide evidence of insurability.

Monthly Rates	25,000	50,000	100,000	150,000	200,000	250,000	300,000	350,000	400,000	450,000	500,000
Under age 30	1.28	2.52	5.00	7.52	10.04	12.56	15.08	17.52	20.04	22.52	25.04
Age 30 to 35	1.36	2.68	5.36	8.00	10.68	13.36	16.04	18.68	21.36	24.00	26.68
Age 36 to 40	1.92	3.76	7.56	11.32	15.08	18.88	22.64	26.40	30.20	33.96	37.72
Age 41 to 45	2.32	4.60	9.24	13.84	18.48	23.08	27.72	32.28	36.92	41.52	46.12
Age 46 to 50	4.36	8.76	17.52	26.24	35.00	43.76	52.48	61.24	70.00	78.72	87.48
Age 51 to 55	5.24	10.52	21.00	31.48	42.00	52.48	63.00	73.48	84.00	94.48	105.00
Age 56 to 60	8.36	16.76	33.52	50.32	67.08	83.84	100.60	117.36	134.16	150.92	167.68
Age 61 to 70	14.20	28.44	56.88	85.28	113.72	142.16	170.60	199.04	227.48	255.88	284.32
After age 70, rates remain constant and coverage changes											
Coverage Amounts	14.20	28.44	56.88	85.28	113.72	142.16	170.60	199.04	227.48	255.88	284.32
Age 71 to 75	12,500	25,000	50,000	75,000	100,000	125,000	150,000	175,000	200,000	225,000	250,000
Age 76 and over	6,250	12,500	25,000	37,500	50,000	62,500	75,000	87,500	100,000	112,500	125,000

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SPOUSE TERM COVERAGE

If you apply within 60 days of your hire date or date of marriage, you can purchase up to \$50,000 as guaranteed issue for your spouse. After 60 days, or for coverage greater than \$50,000 you will need evidence of insurability.

Monthly Rates	25,000	50,000	100,000	150,000	200,000	250,000	300,000	350,000	400,000	450,000	500,000
Under age 30	1.28	2.52	5.00	7.52	10.04	12.56	15.08	17.52	20.04	22.52	25.04
Age 30 to 35	1.36	2.68	5.36	8.00	10.68	13.36	16.04	18.68	21.36	24.00	26.68
Age 36 to 40	1.92	3.76	7.56	11.32	15.08	18.88	22.64	26.40	30.20	33.96	37.72
Age 41 to 45	2.32	4.60	9.24	13.84	18.48	23.08	27.72	32.28	36.92	41.52	46.12
Age 46 to 50	4.36	8.76	17.52	26.24	35.00	43.76	52.48	61.24	70.00	78.72	87.48
Age 51 to 55	5.24	10.52	21.00	31.48	42.00	52.48	63.00	73.48	84.00	94.48	105.00
Age 56 to 60	8.36	16.76	33.52	50.32	67.08	83.84	100.60	117.36	134.16	150.92	167.68
Age 61 to 70	14.20	28.44	56.88	85.28	113.72	142.16	170.60	199.04	227.48	255.88	284.32
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Coverage Amounts	14.20	28.44	56.88	85.28	113.72	142.16	170.60	199.04	227.48	255.88	284.32
Age 71 to 75	12,500	25,000	50,000	75,000	100,000	125,000	150,000	175,000	200,000	225,000	250,000
Age 76 and over	6,250	12,500	25,000	37,500	50,000	62,500	75,000	87,500	100,000	112,500	125,000

DEPENDENT CHILDREN COVERAGE

If you apply within 60 days of your hire date, you can purchase any available amount of coverage for dependent children. After 60 days, any new application for coverage, or increase in coverage, will require evidence of insurability. All eligible children will be covered at the same level.

Coverage Amount	5,000	10,000	15,000
Monthly cost	0.52	1.04	1.56

Accidental Death and Dismemberment (AD&D)

AD&D provides benefits for death, loss of use of limbs, speech, hearing or eye sight due to an accident, subject to the limitations of the policy.

INDIVIDUAL PLAN

You can select a coverage amount ranging from \$25,000 to \$250,000.

FAMILY PLAN

- » You can select a coverage amount ranging from \$25,000 to \$250,000, and your spouse and dependents will be automatically covered as follows:
 - » Your spouse will be insured for 40% of your coverage amount. If you have no dependent children, your spouse's coverage increases to 50% of yours;
 - » Each dependent child is insured for 15% of your coverage amount. If you have no spouse, each eligible dependent child's coverage increases to 20% of yours.

- » If injury to an insured person covered for this benefit results within one year of the date of the accident in any of the losses set forth, the plan will pay the sum specified opposite such loss, but the total amount payable for all such losses as a result of any one accident will not exceed the Principal Sum applicable to the insured person. The Principal Sum applicable to the insured person is the amount specified on the enrollment form.

FOR LOSS OF	BENEFIT PAYABLE
Life	Principal Sum
Two Limbs	Principal Sum
Sight of Two Eyes	Principal Sum
Speech and Hearing (both ears)	Principal Sum
One Limb or Sight of One Eye	Half Principal Sum
Speech or Hearing (one ear)	Half Principal Sum
Use of Two Limbs	Principal Sum
Use of One Limb	Half Principal Sum
Thumb and Index Finger On Same Hand	Quarter Principal Sum

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Accidental Death and Dismemberment (AD&D)

Additional AD&D Coverage and Cost

INDIVIDUAL PLAN				FAMILY PLAN		
Coverage Amount	Bi-Weekly Cost	Semi-Monthly Cost	Monthly Cost	Bi-Weekly Cost	Semi-Monthly Cost	Monthly Cost
25,000	0.43	0.46	0.92	0.58	0.62	1.24
50,000	0.85	0.92	1.84	1.14	1.24	2.48
75,000	1.28	1.38	2.76	1.72	1.86	3.72
100,000	1.69	1.84	3.68	2.28	2.48	4.96
125,000	2.12	2.30	4.60	2.85	3.10	6.20
150,000	2.54	2.76	5.52	3.42	3.72	7.44
175,000	2.97	3.24	6.48	3.99	4.34	8.68
200,000	3.39	3.68	7.36	4.57	4.96	9.92
225,000	3.82	4.14	8.28	5.13	5.58	11.16
250,000	4.23	4.60	9.20	5.71	6.20	12.40

AD&D Payment Schedule

FOR LOSS OF	BENEFIT PAYABLE
Life	Principal Sum
Two Limbs	Principal Sum
Sight of Two Eyes	Principal Sum
Speech and Hearing (both ears)	Principal Sum
One Limb or Sight of One Eye	Half Principal Sum
Speech or Hearing (one ear)	Half Principal Sum
Use of Two Limbs	Principal Sum
Use of One Limb	Half Principal Sum
Thumb and Index Finger On Same Hand	Quarter Principal Sum

LIMITATIONS AND EXCLUSIONS

Refer to the Group Term Life and Accident Plan Master Policy for details on plan limitations and exclusions. Call 801-366-7495 or visit www.pehp.org for details.

Master Policy

This brochure provides only a brief overview. Complete terms and conditions are available in the Group Term Life and Accident Plan Master Policy. It's available when you log in to PEHP for Members at www.pehp.org. Or request a copy by emailing publications@pehp.org.



www.pehp.org
560 East 200 South
Salt Lake City, UT 84102-2004
801-366-7495 | 800-753-7495

Accident Weekly Indemnity

- » Employee coverage only
- » If you enroll in AD&D coverage, you may also purchase Accident Weekly Indemnity coverage, which will provide a weekly income if you are totally disabled due to an accident that is not job-related.
- » The maximum eligible weekly amount is based on your monthly gross salary at the time of enrollment. You may purchase a lower amount of coverage than the eligible monthly gross salary, but may not buy coverage for more than the eligible monthly gross salary.

Accident Weekly Indemnity Coverage and Cost

MONTHLY GROSS SALARY IN DOLLARS	MAXIMUM AMOUNT OF WEEKLY INDEMNITY	BI-WEEKLY COST	SEMI-MONTHLY COST	MONTHLY COST
250 and under	25	0.12	0.14	0.28
251 to 599	50	0.24	0.26	0.52
600 to 700	75	0.35	0.38	0.76
701 to 875	100	0.46	0.50	1.00
876 to 1,050	125	0.58	0.64	1.28
1,051 to 1,200	150	0.70	0.76	1.52
1,201 to 1,450	175	0.81	0.88	1.76
1,451 to 1,600	200	0.93	1.02	2.04
1,601 to 1,800	225	1.04	1.14	2.28
1,801 to 2,164	250	1.16	1.26	2.52
2,165 to 2,499	300	1.39	1.50	3.02
2,500 to 2,899	350	1.62	1.76	3.52
2,900 to 3,599	400	1.86	2.02	4.04
3,600 and over	500	2.32	2.52	5.04

Accident Medical Expense

- » Employee coverage only
- » This benefit is available to help you pay for medical expenses that are in excess of those covered by all group insurance plans and no-fault automobile insurance.
- » This benefit will provide up to \$2,500 to help cover medical expenses incurred due to an accident that is not job-related.

Accident Medical Expense Coverage and Cost

MEDICAL EXPENSE COVERAGE	BI-WEEKLY COST	SEMI-MONTHLY COST	MONTHLY COST
\$ 2,500	\$ 0.38	\$ 0.42	\$ 0.84