

# Life & Accident

State of Utah

Are your loved-ones covered 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 this 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

You get an additional \$50,000 Line-of-Duty Death Benefit at no extra cost. Enrollment is automatic.

### ACCIDENTAL DEATH RIDER

You get an additional \$20,000 Accidental Death Benefit at no extra cost. Enrollment is automatic.



### EMPLOYEE ADDITIONAL TERM COVERAGE

If you apply within 60 days of your hire date, you can buy up to \$200,000 as guaranteed issue.

After 60 days or for coverage greater than \$200,000 you must provide evidence of insurability\*, which may include completing a health questionnaire, biometric testing and blood work, and furnishing your medical records.

Biweekly Rates	50,000	75,000	100,000	150,000	200,000	250,000	300,000	350,000	400,000	450,000	500,000
Under age 30	1.16	1.75	2.30	3.46	4.62	5.78	6.94	8.06	9.22	10.37	11.52
Age 30 to 35	1.23	1.86	2.47	3.68	4.92	6.15	7.38	8.60	9.83	11.05	12.28
Age 36 to 40	1.73	2.61	3.48	5.21	6.94	8.69	10.42	12.15	13.90	15.63	17.36
Age 41 to 45	2.12	3.20	4.25	6.37	8.51	10.62	12.76	14.86	16.99	19.11	21.23
Age 46 to 50	4.03	6.04	8.06	12.08	16.11	20.14	24.16	28.19	32.22	36.23	40.27
Age 51 to 55	4.84	7.25	9.67	14.49	19.33	24.16	29.00	33.82	38.66	43.49	48.33
Age 56 to 60	7.71	11.58	15.43	23.16	30.88	38.59	46.30	54.02	61.75	69.47	77.18
Age 61 to 70	13.09	19.63	26.18	39.25	52.34	65.43	78.52	91.61	104.70	117.78	130.87
After age 70, rates remain constant and coverage changes											
Coverage Amounts	13.09	19.63	26.18	39.25	52.34	65.43	78.52	91.61	104.70	117.78	130.87
Age 71 to 75	25,000	37,500	50,000	75,000	100,000	125,000	150,000	175,000	200,000	225,000	250,000
Age 76 and over	12,500	18,750	25,000	37,500	50,000	62,500	75,000	87,500	100,000	112,500	125,000

# PEHP Life & Accident

## Spouse Term Coverage

If you apply within 60 days of your hire date or date of marriage, you can buy 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, which may include completing a health questionnaire, biometric testing and blood work, and furnishing your medical records.

Biweekly Rates	25,000	50,000	75,000	100,000	150,000	200,000	250,000	300,000	350,000	400,000	450,000	500,000
Under age 30	0.59	1.16	1.75	2.30	3.46	4.62	5.78	6.94	8.06	9.22	10.37	11.52
Age 30 to 35	0.63	1.23	1.86	2.47	3.68	4.92	6.15	7.38	8.60	9.83	11.05	12.28
Age 36 to 40	0.88	1.73	2.61	3.48	5.21	6.94	8.69	10.42	12.15	13.90	15.63	17.36
Age 41 to 45	1.07	2.12	3.20	4.25	6.37	8.51	10.62	12.76	14.86	16.99	19.11	21.23
Age 46 to 50	2.01	4.03	6.04	8.06	12.08	16.11	20.14	24.16	28.19	32.22	36.23	40.27
Age 51 to 55	2.41	4.84	7.25	9.67	14.49	19.33	24.16	29.00	33.82	38.66	43.49	48.33
Age 56 to 60	3.85	7.71	11.58	15.43	23.16	30.88	38.59	46.30	54.02	61.75	69.47	77.18
Age 61 to 70	6.54	13.09	19.63	26.18	39.25	52.34	65.43	78.52	91.61	104.70	117.78	130.87
After age 70, rates remain constant and coverage changes												
Coverage Amounts	6.54	13.09	19.63	26.18	39.25	52.34	65.43	78.52	91.61	104.70	117.78	130.87
Age 71 to 75	12,500	25,000	37,500	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	18,750	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 buy any available amount of coverage for dependent children. All eligible children will be covered at the same level. You must notify us when your last eligible dependent reaches age 26 or marries to stop payroll deduction of premium.

After 60 days, any new application for coverage or increase

Coverage Amount	5,000	10,000	15,000
Biweekly cost	0.24	0.48	0.72

## Accidental Death and Dismemberment (AD&D) may sting

AD&D provides benefits for death and loss of limbs, speech, hearing or eyesight due to an accident, subject to the limitations of the policy. An accident does not include an injury resulting in whole or in part from a disease, a physical or mental defect, or some other medical condition that either occurred prior to the injury, occurred as a result of repetitive motion actions, or is degenerative in nature. See pages 17-18 of Master Policy.

## Individual Plan

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

## Family Plan

- › 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 an injury results in any of the losses shown below within one year of the date of the accident, the plan will pay the amount shown in the opposite column. The total amount payable for all such losses as a result of any one accident will not exceed the

FOR LOSS OF	BENEFIT PAYABLE
Life	the insured person is the amount specified on the enrollment form 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 (both ears)	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
Thumb or Index Finger	Eighth Principal Sum
Any Two Fingers on One Hand	Tenth Principal Sum

\*Total benefit for loss of digits on one hand shall not exceed 25%. Benefits may not be combined upon the loss of multiple digits.

# PEHP Life & Accident

## Accidental Death and Dismemberment (AD&D)

### AD&D Coverage and Cost

INDIVIDUAL PLAN				FAMILY PLAN		
Coverage Amount	Biweekly Cost	Semi-Monthly Cost	Monthly Cost	Biweekly 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

### LIMITATIONS AND EXCLUSIONS

See 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](http://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 your PEHP account at [www.pehp.org](http://www.pehp.org). Or request a copy by emailing [publications@pehp.org](mailto:publications@pehp.org).



560 East 200 South  
Salt Lake City, UT 84102-2004  
801-366-7495 | 800-753-7495  
[www.pehp.org](http://www.pehp.org)

## Accident Weekly Indemnity

Accident Weekly Indemnity provides a weekly income if you are totally disabled due to an accident that is not job related.

An accident does not include an injury resulting in whole or in part from a disease, a physical or mental defect, or some other medical condition that either occurred prior to the injury, occurred as a result of repetitive motion actions, or is degenerative in nature.

- » Available if you enroll in AD&D
- » Employee coverage only
- » The maximum eligible weekly amount is based on your monthly gross salary at the time of enrollment. You may buy coverage less than the eligible monthly gross salary, but may not exceed the eligible monthly gross salary.

### Accident Weekly Indemnity Coverage and Cost

MONTHLY GROSS SALARY IN DOLLARS	MAXIMUM AMOUNT OF WEEKLY INDEMNITY	BIWEEKLY 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

Accidental Medical Expense helps you pay for medicalexpenses in excess of those covered by all group insurance plans and no-fault automobile insurance.

- » Employee coverage only
- » 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	BIWEEKLY COST	SEMI-MONTHLY COST	MONTHLY COST
\$ 2,500	\$ 0.38	\$ 0.42	\$ 0.84