

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 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

SPOUSE BASIC COVERAGE: Your employer funds \$2,000 of spouse basic coverage at no charge to you.

SPOUSE ADDITIONAL 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
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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
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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.

CHILD BASIC COVERAGE: Your employer funds \$2,000 of child basic coverage at no cost to you.

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

Your employer funds \$25,000 of AD&D coverage at no charge to you. Select additional coverage from \$25,000 to \$225,000 for a maximum coverage of \$250,000.

Employee's Coverage Amount	Individual Plan Monthly Cost	Family Plan Monthly Cost
25,000	0	0.32

FAMILY PLAN

» You can upgrade your individual AD&D plan to a family plan. Convert your employer-funded \$25,000 individual plan to a \$25,000 family plan at a cost of 0.32 per month.

- » You can select a coverage amount ranging from \$25,000 to \$225,000, 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.