



Group Accident Plan

Salt Lake Community College

PEHP GROUP ACCIDENT PLAN AND RATE INFORMATION

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

- An employee can select a coverage amount ranging from \$25,000 to \$250,000.

Family Plan

- An employee can select a coverage amount ranging from \$25,000 to \$250,000 and the employee's spouse and dependents would be automatically covered as follows:
 - A spouse would be insured for 40% of the employee's coverage amount. If an employee has no dependent children, the spouse's coverage increases to 50% of the employee's coverage amount.
 - Each dependent child is insured for 15% of the employee's coverage amount. If an employee has no spouse, each eligible dependent child's coverage increases to 20% of the employee's coverage amount.

Coverage and Cost

Individual Plan			Family Plan			
Employees Coverage Amount	Bi-Weekly Cost	Semi-Monthly Cost	Monthly Cost	Bi-Weekly Cost	Semi-Monthly Cost	Monthly Cost
25,000	.43	.46	.92	.58	.62	1.24
50,000	.85	.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

Some Limitations and Exclusions include:

- Combat, war or any act of war, whether declared or undeclared, or participating in a riot.
- Riding or driving in any kind of race as a professional.
- Suicide or attempted suicide, or intentionally self-inflicted injury, or attempting to commit a criminal or felonious act.
- Disease or natural causes, or medical or surgical treatment.
- Any loss caused by, resulting from or contributed to by the insured's intoxication and/or substance abuse.
- Air travel: The policy, subject otherwise to its terms, limitations and conditions, covers claims arising out of bodily injury sustained by an Insured Person while riding as a passenger in, alighting from, or boarding (but not while operating, learning to operate or serving as a member of a crew of) a civil aircraft flown by a licensed pilot, while such aircraft is being used for transportation, but not for crop-dusting, seeding, sky writing, racing or exploration.

Accident Weekly Indemnity

• Employee Coverage Only

- If an employee enrolls in the AD&D coverage, they may also purchase Accident Weekly Indemnity coverage which will provide a weekly income if the employee is totally disabled due to an accident that is not job-related.
- The maximum eligible weekly amount is based on the employee's monthly gross salary at the time of enrollment. The employee 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.

Coverage and Cost

Monthly Gross Salary	Maximum Amount of Weekly Indemnity	Bi-Weekly Cost	Semi-Monthly Cost	Monthly Cost
\$ 250 and under	\$ 25	\$.12	\$.14	\$.28
251 to 599	50	.24	.26	.52
600 to 700	75	.35	.38	.76
701 to 875	100	.46	.50	1.00
876 to 1,050	125	.58	.64	1.28
1,051 to 1,200	150	.70	.76	1.52
1,201 to 1,450	175	.81	.88	1.76
1,451 to 1,600	200	.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.

Coverage and Cost

Medical Expense Coverage	Bi-Weekly Cost	Semi-Monthly Cost	Monthly Cost
\$ 2,500	\$ 0.38	\$ 0.42	\$ 0.84

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