



**North Davis Fire District  
381 North 3150 West  
West Point City, UT 84015  
801-525-2850**

**Position Announcement**  
updated 8/31/2023 5:10 pm

**Deputy Fire Chief / Fire Marshal**

The North Davis Fire District is currently accepting applications and resumes for the exempt position of Deputy Fire Chief / Fire Marshal.

Annual Pay Range: \$102,915.80 - \$149,228.75 D.O.Q  
Benefit information is attached to this document.

**APPLICATION PROCESS:** To be considered for the position, candidates must complete and submit an online District application and upload a resume (with a cover letter) outlining their qualifications, and certifications to the North Davis Fire District website (<https://northdavisfiredistrict.specialdistrict.org/employment>).

The application, cover letter, resume, and certifications ***must be received by the District by 9/18/2023***. Candidates may contact Misty Rogers at 801-525-2850 ext. 101 or Jamey Maddy at 801-525-2850 ext. 105 with questions and/or to confirm receipt of the application and resume.

Applicants will be screened in relation to the criteria outlined in this announcement. Candidates deemed to possess the most relevant qualifications will be invited to an interview. Interviews will be scheduled for the first or second week of October. Candidates invited to interview will be notified of test/interview dates and times.



**North Davis Fire District  
381 North 3150 West  
West Point City, UT 84015  
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**Position Announcement**

**Deputy Fire Chief / Fire Marshal**

**Opening Date: 8/31/2023**

**Closing Date: 9/18/2023**

**SALARY RANGE: \$102,915.80 - \$149,228.75 D.O.Q**

The benefit information is attached to this document.

The North Davis Fire District is currently recruiting qualified applicants for the position of Deputy Fire Chief / Fire Marshal.

**GENERAL**

The North Davis Fire District (NDFD) provides emergency fire and medical service to West Point, Clearfield, and Sunset cities and areas of unincorporated Davis County. The North Davis Fire District was created in 2005 and is governed by a Board of Trustees. The Board of Trustees consists of a nine-member board, three board members from each city within the district. NDFD has two fully staffed stations and responds to approximately 4,800 incidents annually. North Davis Fire District is a combination department with 36 full-time firefighters (three battalion chiefs, six captains, 27 firefighters), 12 part-time firefighters, a full-time fire chief, a deputy fire chief, a deputy fire marshal, a human resource director/clerk, and a human resource coordinator.

**POSITION DESCRIPTION**

Performs general administrative and managerial duties as needed to oversee the day-to-day operations and activities of the district; provides administrative assistance to the Fire Chief related to planning, organizing, directing, staffing, and coordinating fire prevention and suppression activities within the district. Performs technical fire prevention and investigation duties related to fire safety training and code enforcement as needed to prevent loss of life and property caused by fires or other emergencies.

**SUPERVISION RECEIVED**

Works under the broad guidance and direction of the Fire Chief.

## **SUPERVISION EXERCISED**

Assumes full responsibility for the district in the absence of the Fire Chief. Supervises the Fire Inspector, Battalion Chiefs, Captains, and Firefighters/EMTs.

## **EXAMPLE OF DUTIES**

**DEPUTY CHIEF:** Assists in preparing and administering the district budget; recommends ordering equipment and supplies. Writes specifications and oversees purchasing processes; evaluates equipment options; collects and reviews bids and makes recommendations for purchase. Assists with monitoring expenditures to ensure conformity to established fiscal constraints; prepares and writes reports on department activity research. Prepares documents and writes grants.

Exercises supervision over district personnel; implements policies, rules, and regulations as deemed necessary and expedient for the district; assigns and evaluates work; disciplines personnel when necessary; conducts periodic performance evaluations.

Assists with interviewing, screening, and hiring new district members; supervises and coordinates the training of new personnel; participates in planning and implementing fire drills; may conduct district training meetings; updates and informs personnel of recent policy changes or procedures. Directs district emergency response to fire and medical incidents; participates in and delegates investigation of fires (24 hours a day); determines the magnitude and needs of the fire or other emergency to expedite suppression or rescue and minimize property loss.

Responds to fires on a rotating duty schedule with the Battalion Chief, Fire Chief, or at the direction of the Fire Chief. Performs as incident commander; directs district personnel in performing their duties; makes decisions concerning effective strategy, water source usage, overhaul, removal of property, and blockading streets or other entrances while a fire is in progress for the protection of life and property.

Oversees station maintenance and general upkeep programs and schedules; assures upkeep and functional operation of all equipment and firefighting apparatus; conducts equipment and personnel evaluations and assessments to ensure district readiness to deliver efficient and effective response to fires and other emergencies. Represents the district on various committees and task forces; serves or delegates as liaison to the Local Emergency Planning Committee (LEPC) and attends LEPC meetings, Paramedic/EMT programs, EMS Local and State committees, etc.

**FIRE MARSHAL:** Coordinates departmental fire prevention activities and programs. Manages district-wide inspection and fire investigation functions; instructs personnel in inspection procedures and practices. Prepares and submits reports related to inspection activities.

Studies and analyzes fire prevention codes and ordinances; identifies weaknesses and recommends changes and improvements to the Fire Chief; implements changes and educates personnel on new requirements.

Conducts fire and safety inspections of existing and under-construction residential, business, institutional, commercial, and public buildings to determine conformity to local fire prevention codes and ordinances.

Examines building construction, building environment, storage practices and materials, building activity, fire prevention equipment, fire exits, electrical and heating appliances, and accessories; tests general knowledge of occupants related to fire prevention, suppression, and escape.

Monitors compliance with hazardous materials regulations; determines application of regulations regarding storage and elimination of hazardous materials.

Informs owner or occupant of fire hazards and corrective action necessary to remedy any dangerous situation(s); educates occupants and owners as to fire prevention practices; re-inspects property to ensure corrective action is taken; follows legal procedures when necessary to force conformity to codes.

Performs plan review for new commercial construction; examines plans to assure conformity to established state and federal fire codes related to fire warning devices, alarm and extinguishing systems, emergency exits, retardant materials, firewall locations, etc.

Conducts investigations into causes of fire; gathers evidence when arson is suspected; analyzes evidence and coordinates with police to make arrests of suspected arsonists. Develops and prepares investigation reports, diagrams, and summaries; arrives at conclusions based upon evidence and makes recommendations affecting the status of various cases. Testifies in court as an expert witness regarding causes and points of origin of fires.

Delivers public addresses on fire prevention; demonstrates fire hazards and prevention methods and procedures; trains business employees to use fire extinguishers and hose lines, etc. Attends public gatherings to ensure observance of fire safety requirements, standards, and regulations; conducts tours for interested groups.

Performs other related duties as assigned.

## **MINIMUM QUALIFICATIONS**

### **1. Education and Experience**

- A. Graduation from an accredited college with an associate degree in Fire Science or BS in Business Administration.
- B. Five (5) years progressively responsible for a fire inspection and public fire education program.
- C. Must have residency within ten miles of the NDFD boundary.
- D. Four (4) years of firefighting experience; and
- E. Five (5) years of supervisory experience at a Captain or Battalion Chief Level.
- F. An equivalent combination of education and experience.

### **2. Essential Functions, Knowledge, Skills, and Abilities**

Considerable knowledge of principles of supervision and management practices and procedures. Utah Code, Title 17B, governance of Special Service Districts and Provisions Applicable to All Local Districts. Laws, ordinances, codes, and regulations affecting goals, objectives, and department operation; principles and practices of fire prevention and suppression; maintenance requirements and methods of firefighting equipment and apparatus. Departmental rules, policies, regulations, city geography, emergency medical practices and procedures; state and city codes, laws, regulations, and ordinances related to fire prevention, investigation, and prosecution. Fire investigation methods and procedures; arson arrest procedures; common fire hazards and related safety precautions; firefighting methods, techniques, and procedures. In addition, must have knowledge of budget development and preparation; common fire chemical hazards and related safety precautions; public speaking and interpersonal communication skills; modern practices related to personnel training, management, motivation, firefighting techniques, and equipment.

**Skill** in the evaluation of tactical and operational requirements of conflagration situations.

Ability to plan, organize, and direct the implementation of overall fire district programs and objectives; direct and supervise various levels of professional firefighters. Evaluate performance without partiality; communicate effectively, verbally, and in writing; make quick and accurate decisions in emergency situations. Organize and analyze evidence related to causes of fire; determine fire causes. Develop effective working relationships with supervisors, fellow employees, and the public.

### **3. Special Qualifications**

- A. Must possess a valid Driver's License, with a Utah Driver's License to be obtained within 30 days of hire.
- B. Must Be IFSAC certified or Utah State Fire Officer 1
- C. Incident Command and Control Certification
- D. Must be IFSAC certified or Utah State Fire Inspector 1
- E. Must be IFSAC certified or Utah State certified FF/11
- F. Must be IFSAC certified or Level II Utah HAZMAT
- G. Must be NAFI or equivalent Utah certified Fire Investigator; *must be obtained within two years from hire date.*
- H. Must be a National or Utah State certified Paramedic or AEMT or qualify for reciprocity.

### **4. Work Environment**

Functions of the position are generally performed in a controlled environment but are subject to all seasonal and weather extremes. Many functions of the work pose a high degree of hazard uncertainty. Physical readiness and conditioning may be a condition of job retention. Various levels of mental application are required, i.e., memory for details, emotional stability, discriminating thinking, and creative problem-solving. Continuous use of motor skills

### **CERTIFICATIONS**

Please include copies of all certifications, licenses, diplomas, and other materials that document your qualifications for this position.

Failure to provide supporting documentation could cause an application to be rejected.

### **SELECTION GUIDELINES**

Formal application, review of education and experience, oral interview and reference check, and job-related tests may be required. Must pass a background check and be eligible to work in the United States.

Applications will be reviewed for qualifications.

The duties listed above are intended only to illustrate the various types of work that may be performed. The omission of specific statements of duties does not exclude them from the position if the work is similar, related, or a logical assignment to the position.

The job description does not constitute an employment agreement between the employer and employee and is subject to change by the employer as the employer requirements of the job change. Candidates with qualifications that best meet the district's needs may be invited to return for a formal interview.

**Failure to completely fill out the application may be a cause for rejection. Failure to provide supporting documentation may cause rejection of the application.**

**APPLICATION PROCESS:**

To be considered for the position, candidates must complete and submit a District application (available at [www.northdavisfiredistrict.com](http://www.northdavisfiredistrict.com)) and a resume (with a cover letter) outlining their qualifications and certifications. The application, cover letter, resume, and certifications ***must be received by the District by 9/18/2023.***

Applicants will be screened in relation to the criteria outlined in this announcement. Candidates deemed to possess the most relevant qualifications will be invited to an interview. Interviews will be scheduled for the first or second week of October. Candidates invited to interview will be notified of test/interview dates and times.

*The above statements are intended to describe the general nature and level of work being performed by the person(s) assigned to this job. They are not intended to and do not infer or create employment, compensation, or contract rights to any person(s). This job description reflects that Reasonable accommodations may be made to enable individuals with disabilities to perform essential functions. North Davis Fire District is an equal opportunity employer. Contact the NDFD Fire Chief if you have any questions regarding equal employment. The North Davis Fire District considers all applicants for positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status. If you need special accommodation, please call 801-525-2850 and speak with the Human Resource Director.*

**NORTH DAVIS FIRE DISTRICT BUDGET DETAIL SHEET**

Fiscal Year 2024 (July 1, 2023 - June 30, 2024)

**DESCRIPTION: insurance Benefit Info**

<b>Health Insurance - Traditional Plan</b>		
PEHP Traditional (Summitt & Advantage Network)	Employee Montly Cost	Employee Pay Period Cost (24 pay periods)
Family	\$ 376.40	\$ 188.20
Double	\$ 278.27	\$ 139.14
Single	\$ 134.43	\$ 67.22

See Attached Documents for Health Insurance

<b>Health Insurance - HSA Plan</b>		
PEHP HSAPlan (Summitt & Advantage Network)	Employee Montly Cost	Employee Pay Period Cost (24 pay periods)
Family	\$ 23.62	\$ 11.81
Double	\$ 16.88	\$ 8.44
Single	\$ 8.45	\$ 4.23

<b>Dental Insurance Benefit</b>		
PEHP Preferred Dental	Employee Montly Cost	Employee Pay Period Cost (24 pay periods)
Family	\$ 17.05	\$ 8.53
Double	\$ 11.27	\$ 5.63
Single	\$ 8.24	\$ 4.12

<b>Vision Benefit</b>		
Vision - Eyemed	Employee Montly Cost	Employee Pay Period Cost (24 pay periods)
Family	\$ 2.35	\$ 1.18
Double	\$ 1.73	\$ 0.87
Single	\$ 1.11	\$ 0.56

<b>Other Benefits Offered to 40-Week Full-time Employee</b>
Utah Retirement Systems
Life Insurance Policy
Aflac Cancer Rider - individual plan
Paid Holidays - 13 Per year
Sick Leave 96 hours per year / 3.692 hours per pay period
Sick Leave Sell Back - see policy
Vacation Leave - 96 hours per year / 3.692 hours per pay period
Vacation Leave Sell Back - see policy



# Plan Summaries

## Medical

- » The LGRP offers five Traditional plan options and five HSA-qualified STAR HSA plan options.
- » All LGRP plans are available on Preferred, Advantage, Capital, and Summit medical networks.
- » All Traditional plans can be offered either with In-Network and Out-of-Network provider benefits or In-Network provider only benefits.
- » The STAR HSA Plan options are only available with In-Network and Out-of-Network provider benefits.

Traditional	Deductible Individual / Family	Out-of-Pocket Individual / Family	Coinsurance Amount	Office co-pay Amount Primary / Specialist / Urgent
Option 1	\$250 / \$500	\$3,000 / \$6,000	90 / 10	\$15 / \$25 / \$35
██████	██████	██████	██████	██████
██████	██████	██████	██████	██████
██████	██████	██████	██████	██████
██████	██████	██████	██████	██████

STAR HSA	Deductible Single / Family	Out-of-Pocket Single / Family	Coinsurance Amount	Office co-pay Amount Primary / Specialist / Urgent
Option 1	\$1,500 / \$3,000	\$2,800 / \$5,600	80 / 20	20% of In-Network Rate after deductible
██████	██████	██████	██████	██████
██████	██████	██████	██████	██████
██████	██████	██████	██████	██████
██████	██████	██████	██████	██████

The table is for comparison purposes only.

**Please refer to the medical benefits grid or renewal packet for more detailed benefit information.**



# Traditional Option 1

Summit, Advantage, Preferred, Capital

## MEDICAL BENEFITS GRID: WHAT YOU PAY

Refer to the Master Policy for specific criteria for the benefits listed below, as well as information on limitations and exclusions.

**Percentages indicate your share of PEHP's In-Network Rate.**

### In-Network Provider

### Out-of-Network Provider\*

*Balance billing may apply*

<b>DEDUCTIBLES, PLAN MAXIMUMS, AND LIMITS</b>		
<b>Plan year Deductible</b> <i>Applies to Out-of-Pocket Maximum</i>	Single plans: \$250 Double/family plans: \$250 per person, \$500 per family <i>One person cannot meet more than \$250</i>	
<b>Plan year Out-of-Pocket Maximum</b> <i>Please refer to the Master Policy for exceptions to the Out-of-Pocket Maximum</i>	Single plans: \$3,000 Double/family plans: \$3,000 per person, \$6,000 per family <i>One person cannot meet more than \$3,000</i>	
<b>ANNUAL PREVENTIVE CARE</b>		
<b>Preventive services allowed by Affordable Care Act</b> <i>Annual physical exam, immunizations. See full list at <a href="http://www.pehp.org/preventiveservices">www.pehp.org/preventiveservices</a></i>	No charge	30% after deductible
<b>PEHP VALUE PROVIDERS</b>		
<b>PEHP Value Providers</b> <i>Cash Back opportunities available. Visit <a href="http://www.pehp.org/valueproviders">www.pehp.org/valueproviders</a></i>	Starting at \$10 co-pay per visit	Not applicable
<b>PROFESSIONAL SERVICES</b>		
<b>Primary Care Visits</b> <i>Includes office surgeries, inpatient visits and Autism services</i>	\$15 co-pay per visit	30% after deductible
<b>Specialist Visits</b> <i>Includes office surgeries, inpatient visits and Autism services</i>	\$25 co-pay per visit	30% after deductible
<b>University of Utah Medical Group (UUMG)   Preferred plans only</b>	\$50 co-pay per visit	Not applicable
<b>Surgery and Anesthesia</b>	10% after deductible	30% after deductible
<b>Emergency Room Specialist Visits</b>	\$25 co-pay per visit	\$25 co-pay per visit
<b>Diagnostic Tests, Labs, X-rays – Minor</b> <i>For each test allowing \$350 or less</i>	No charge	30% after deductible
<b>Diagnostic Tests, Labs, X-rays – Major</b> <i>For each test allowing more than \$350</i>	10% after deductible	30% after deductible
<b>PRESCRIPTION DRUGS   For Drug Tier info, see the Covered Drug List at <a href="http://www.pehp.org">www.pehp.org</a></b>		
<b>30-day Pharmacy</b> <i>Retail only</i>	See Pharmacy options for 2023-24	Plan pays up to the discounted cost, minus the preferred co-pay, if applicable. You pay any balance
<b>90-day Pharmacy</b> <i>Maintenance only</i>	See Pharmacy options for 2023-24	Not covered

In- and Out-of-Network deductibles and Out-of-Pocket Maximums are combined and accumulate together.

\*Out-of-Network Providers may charge more than the In-Network Rate unless they have an agreement with you not to. Any amount above the In-Network Rate may be billed to you and will not count toward your deductible or Out-of-Pocket Maximum. You pay 20% of the In-Network Rate after Out-of-Pocket Maximum is met for Out-of-Network Providers.

2023-24 » Medical Benefits Grid » Traditional Option 1

	In-Network Provider	Out-of-Network Provider* <i>Balance billing may apply</i>
<b>SPECIALTY DRUGS   For Drug Tier info, see the Covered Drug List at <a href="http://www.pehp.org">www.pehp.org</a></b>		
<b>Specialty Medications, retail pharmacy</b> <i>Up to 30-day supply</i>	<b>Tier A:</b> 20%. No maximum co-pay <b>Tier B:</b> 30%. No maximum co-pay	Plan pays up to discounted cost, minus the applicable co-pay. You pay any balance
<b>Specialty Medications, office/outpatient</b> <i>Up to 30-day supply</i>	<b>Tier A:</b> 20% after deductible. No maximum co-pay <b>Tier B:</b> 30% after deductible. No maximum co-pay	<b>Tier A:</b> 40% after deductible. No maximum co-pay <b>Tier B:</b> 50% after deductible. No maximum co-pay
<b>Specialty Medications, through Home Health or Accredo</b> <i>Up to 30-day supply</i>	<b>Tier A:</b> 20%. \$150 maximum co-pay <b>Tier B:</b> 30%. \$225 maximum co-pay <b>Tier C1:</b> 10%. No maximum co-pay <b>Tier C2:</b> 20%. No maximum co-pay <b>Tier C3:</b> 30%. No maximum co-pay	Not covered
<b>OUTPATIENT FACILITY SERVICES</b>		
<b>Outpatient Facility and Ambulatory Surgical Center</b>	10% after deductible	30% after deductible
<b>Urgent Care Facility</b>	\$35 co-pay per visit	30% after deductible
<b>Emergency Room</b> <i>Emergencies only, as determined by PEHP. If admitted, inpatient facility benefit will be applied</i>	\$125 co-pay after deductible per visit	\$125 co-pay after deductible per visit
<b>Ambulance (ground or air)</b> <i>Medical emergencies only, as determined by PEHP</i>	20% after deductible	
<b>University of Utah Medical Group (UUMG) Urgent Care</b> <i>Preferred plans only</i>	\$50 co-pay per visit	Not applicable
<b>Diagnostic Tests, Labs, X-rays – Minor</b> <i>For each test allowing \$350 or less, when the only services performed are diagnostic testing</i>	No charge	30% after deductible
<b>Diagnostic Tests, Labs, X-rays – Major</b> <i>For each test allowing more than \$350, when the only services performed are diagnostic testing</i>	10% after deductible	30% after deductible
<b>Chemotherapy, Radiation, and Dialysis</b> <i>Dialysis from out-of-network provider requires Preauthorization</i>	10% after deductible	30% after deductible
<b>Physical and Occupational Therapy</b> <i>Outpatient – Up to 20 combined visits per plan year.</i>	Applicable co-pay per visit	30% after deductible
<b>Mental Health &amp; Substance Abuse</b>	10% after deductible	30% after deductible
<b>INPATIENT FACILITY SERVICES</b>		
<b>Hospital Services</b> <b>Medical, Surgical, Mental Health, Substance Abuse and Rehabilitation</b> <i>All out-of-network facilities and some in-network facilities require preauthorization. See Master Policy for details. Rehabilitation up to 45 days per plan year and requires preauthorization</i>	10% after deductible	30% after deductible
<b>Skilled Nursing Facility and Residential Treatment</b> <i>Non-custodial. Up to 60 days per plan year. Requires preauthorization</i>	10% after deductible	Not covered

2023-24 » Medical Benefits Grid » Traditional Option 1

	<b>In-Network Provider</b>	<b>Out-of-Network Provider*</b> <i>Balance billing may apply</i>
<b>MISCELLANEOUS SERVICES</b>		
<b>Adoption / Assisted Reproductive Technology (ART)</b> <i>See Master Policy for benefit limits. ART requires Preauthorization. Excludes multiple-embryo ART implants</i>	10% after deductible, up to \$4,000 per adoption or up to \$4,000 per single-embryo ART implant	
<b>Allergy Serum</b>	10% after deductible	30% after deductible
<b>Chiropractic care</b>   <i>Up to 20 visits per plan year</i>	Applicable office co-pay per visit	Not covered
<b>Durable Medical Equipment</b> <i>Some DME requires preauthorization. Visit <a href="http://www.pehp.org">www.pehp.org</a> for complete list. See Master Policy for benefit limits</i>	20% after deductible Summit Network: Alpine Home Medical	30% after deductible
<b>Medical Supplies</b> <i>See Master Policy for benefit limits</i>	20% after deductible	30% after deductible
<b>Home Health/Skilled Nursing</b> <i>Up to 60 visits per plan year. Requires Preauthorization</i>	No charge	30% after deductible
<b>Hospice</b>	No charge	30% after deductible
<b>Injections</b> <i>Includes allergy injections. See above for allergy serum</i>	<b>Under \$50:</b> No charge <b>Over \$50:</b> 20% after deductible	30% after deductible
<b>Infertility Services</b>   <i>Select services only. See Master Policy for details</i>	10% after deductible	30% after deductible
<b>Temporomandibular Joint Dysfunction</b> <i>Non-surgical. Up to \$1,000 lifetime maximum. See Master Policy for details</i>	10% after deductible	30% after deductible



# STAR HSA Option 1

Summit, Advantage, Preferred, Capital

## MEDICAL BENEFITS GRID: WHAT YOU PAY

Refer to the Master Policy for specific criteria for the benefits listed below, as well as information on limitations and exclusions.

**Percentages indicate your share of PEHP's In-Network Rate.**

	In-Network Provider	Out-of-Network Provider* <i>Balance billing may apply</i>
<b>DEDUCTIBLES, PLAN MAXIMUMS, AND LIMITS</b>		
<b>Plan year Deductible</b> <i>Applies to Out-of-Pocket Maximum</i>	Single plans: \$1,500 Double/family plans: \$3,000 <i>One person or a combination can meet the \$3,000 double/family deductible</i>	
<b>Plan year Out-of-Pocket Maximum</b>	Single plans: \$2,800 Double/family plans: \$5,600 <i>One person or a combination can meet the \$5,600 double/family maximum</i>	
<b>ANNUAL PREVENTIVE CARE</b>		
<b>Preventive services allowed by Affordable Care Act</b> <i>Annual physical exam, immunizations. See full list at <a href="http://www.pehp.org/preventiveservices">www.pehp.org/preventiveservices</a></i>	No charge	40% after deductible
<b>PEHP VALUE PROVIDERS</b>		
<b>PEHP Value Providers</b> <i>Cash Back opportunities available. Visit <a href="http://www.pehp.org/valueproviders">www.pehp.org/valueproviders</a></i>	20% after deductible	Not applicable
<b>PROFESSIONAL SERVICES</b>		
<b>Primary Care Visits</b> <i>Includes office surgeries, inpatient visits and Autism services</i>	20% after deductible	40% after deductible
<b>Specialist Visits</b> <i>Includes office surgeries, inpatient visits and Autism services</i>	20% after deductible	40% after deductible
<b>University of Utah Medical Group (UUMG)   Preferred plans only</b>	20% after deductible	Not applicable
<b>Surgery and Anesthesia</b>	20% after deductible	40% after deductible
<b>Emergency Room Specialist Visits</b>	20% after deductible	20% after deductible
<b>Diagnostic Tests, Labs, X-rays</b>	20% after deductible	40% after deductible
<b>PRESCRIPTION DRUGS   All pharmacy benefits for The STAR Plan are subject to the deductible. For Drug Tier info, see the Covered Drug List at <a href="http://www.pehp.org">www.pehp.org</a></b>		
<b>30-day Pharmacy</b> <i>Retail only</i>	See Pharmacy options for 2023-24	Plan pays up to the discounted cost, minus the preferred co-pay, if applicable. You pay any balance
<b>90-day Pharmacy</b> <i>Maintenance only</i>	See Pharmacy options for 2023-24	Not covered

In- and Out-of-Network deductibles and Out-of-Pocket Maximums are combined and accumulate together.

\*Out-of-Network Providers may charge more than the In-Network Rate unless they have an agreement with you not to. Any amount above the In-Network Rate may be billed to you and will not count toward your deductible or Out-of-Pocket Maximum. You pay 20% of the In-Network Rate after Out-of-Pocket Maximum is met for Out-of-Network Providers.

2023-24 » Medical Benefits Grid » STAR HSA Option 1

	In-Network Provider	Out-of-Network Provider* <i>Balance billing may apply</i>
<b>PRESCRIPTION DRUGS</b>   <i>All pharmacy benefits for The STAR Plan are subject to the deductible. For Drug Tier info, see the Covered Drug List at <a href="http://www.pehp.org">www.pehp.org</a></i>		
<b>Specialty Medications, retail pharmacy</b> <i>Up to 30-day supply</i>	<b>Tier A:</b> 20%. No maximum co-pay <b>Tier B:</b> 30%. No maximum co-pay	Plan pays up to discounted cost, minus the applicable co-pay. You pay any balance
<b>Specialty Medications, office/outpatient</b> <i>Up to 30-day supply</i>	<b>Tier A:</b> 20%. No maximum co-pay <b>Tier B:</b> 30%. No maximum co-pay	<b>Tier A:</b> 40%. No maximum co-pay <b>Tier B:</b> 50%. No maximum co-pay
<b>Specialty Medications, through Home Health or Accredo</b> <i>Up to 30-day supply</i>	<b>Tier A:</b> 20%. \$150 maximum co-pay <b>Tier B:</b> 30%. \$225 maximum co-pay <b>Tier C1:</b> 10%. No maximum co-pay <b>Tier C2:</b> 20%. No maximum co-pay <b>Tier C3:</b> 30%. No maximum co-pay	Not covered
<b>OUTPATIENT FACILITY SERVICES</b>		
<b>Outpatient Facility and Ambulatory Surgical Center</b>	20% after deductible	40% after deductible
<b>Urgent Care Facility</b>	20% after deductible	40% after deductible
<b>Emergency Room</b> <i>Emergencies only, as determined by PEHP. If admitted, inpatient facility benefit will be applied</i>	20% after deductible	20% after deductible
<b>Ambulance (ground or air)</b> <i>Medical emergencies only, as determined by PEHP</i>	20% after deductible	
<b>University of Utah Medical Group (UUMG) Urgent Care</b> <i>Preferred plans only</i>	20% after deductible	Not applicable
<b>Diagnostic Tests, Labs, X-rays</b>	20% after deductible	40% after deductible
<b>Chemotherapy, Radiation, and Dialysis</b> <i>Dialysis from out-of-network provider requires Preauthorization</i>	20% after deductible	40% after deductible
<b>Physical and Occupational Therapy</b> <i>Outpatient – Up to 20 combined visits per plan year.</i>	20% after deductible	40% after deductible
<b>Mental Health &amp; Substance Abuse</b>	20% after deductible	40% after deductible
<b>INPATIENT FACILITY SERVICES</b>		
<b>Hospital Services</b> <i>Medical, Surgical, Mental Health, Substance Abuse and Rehabilitation All out-of-network facilities and some in-network facilities require preauthorization. See Master Policy for details. Rehabilitation up to 45 days per plan year and requires preauthorization</i>	20% after deductible	40% after deductible
<b>Skilled Nursing Facility and Residential Treatment</b> <i>Non-custodial. Up to 60 days per plan year. Requires preauthorization</i>	20% after deductible	Not covered

## 2023-24 » Medical Benefits Grid » STAR HSA Option 1

	<b>In-Network Provider</b>	<b>Out-of-Network Provider*</b> <i>Balance billing may apply</i>
<b>MISCELLANEOUS SERVICES</b>		
<b>Adoption / Assisted Reproductive Technology (ART)</b> <i>See Master Policy for benefit limits. ART requires Preauthorization. Excludes multiple-embryo ART implants</i>	20% after deductible, up to \$4,000 per adoption or up to \$4,000 per single-embryo ART implant	
<b>Allergy Serum</b>	20% after deductible	40% after deductible
<b>Chiropractic care</b>   <i>Up to 20 visits per plan year</i>	20% after deductible	Not covered
<b>Durable Medical Equipment</b> <i>Some DME requires preauthorization. Visit <a href="http://www.pehp.org">www.pehp.org</a> for complete list. See Master Policy for benefit limits</i>	20% after deductible Summit Network: Alpine Home Medical	40% after deductible
<b>Medical Supplies</b> <i>See Master Policy for benefit limits</i>	20% after deductible	40% after deductible
<b>Home Health/Skilled Nursing</b> <i>Up to 60 visits per plan year. Requires Preauthorization</i>	20% after deductible	40% after deductible
<b>Hospice</b>	20% after deductible	40% after deductible
<b>Injections</b> <i>Includes allergy injections. See above for allergy serum</i>	20% after deductible	40% after deductible
<b>Infertility Services</b>   <i>Select services only. See Master Policy for details.</i>	20% after deductible	40% after deductible
<b>Temporomandibular Joint Dysfunction</b> <i>Non-surgical. Up to \$1,000 lifetime maximum</i>	20% after deductible	40% after deductible

# PEHP Medical Networks

Find Participating Providers at [www.pehp.org](http://www.pehp.org)

## PEHP Advantage

36 PARTICIPATING HOSPITALS, 8,000+ PARTICIPATING PROVIDERS

Network consists of predominantly Intermountain Health (IH) providers and facilities.

### Beaver County

Beaver Valley Hospital  
Milford Valley Memorial Hospital

### Box Elder County

Bear River Valley Hospital

### Cache County

Logan Regional Hospital

### Carbon County

Castleview Hospital

### Davis County

Davis Hospital  
Intermountain Layton Hospital

### Duchesne County

Uintah Basin Medical Center

### Garfield County

Garfield Memorial Hospital

### Grand County

Moab Regional Hospital

### Iron County

Cedar City Hospital

### Juab County

Central Valley Medical Center

### Kane County

Kane County Hospital

### Millard County

Delta Community Hospital  
Fillmore Community Hospital

### Salt Lake County

Alta View Hospital  
Intermountain Medical Center  
The Orthopedic Specialty Hospital (TOSH)  
LDS Hospital

### Salt Lake County (cont)

Primary Children's Medical Center  
Riverton Hospital

### San Juan County

Blue Mountain Hospital  
San Juan Hospital

### Sanpete County

Gunnison Valley Hospital  
Sanpete Valley Hospital

### Sevier County

Sevier Valley Hospital

### Summit County

Park City Medical Center

### Tooele County

Mountain West Medical Center

### Uintah County

Ashley Valley Medical Center

### Utah County

American Fork Hospital  
Orem Community Hospital  
Spanish Fork Hospital  
Utah Valley Hospital

### Wasatch County

Heber Valley Medical Center

### Washington County

St. George Regional Medical Center

### Weber County

McKay-Dee Hospital

## PEHP Summit

40 PARTICIPATING HOSPITALS, 8,000+ PARTICIPATING PROVIDERS

Network consists of predominantly Steward Health, MountainStar, and University of Utah hospitals & clinics providers and facilities.

### Beaver County

Beaver Valley Hospital  
Milford Valley Memorial Hospital

### Box Elder County

Bear River Valley Hospital  
Brigham City Community Hospital

### Cache County

Cache Valley Hospital

### Carbon County

Castleview Hospital

### Davis County

Davis Hospital  
Lakeview Hospital

### Duchesne County

Uintah Basin Medical Center

### Garfield County

Garfield Memorial Hospital

### Grand County

Moab Regional Hospital

### Iron County

Cedar City Hospital

### Juab County

Central Valley Medical Center

### Kane County

Kane County Hospital

### Millard County

Delta Community Hospital  
Fillmore Community Hospital

### Salt Lake County

Huntsman Cancer Hospital  
Jordan Valley Hospital  
Jordan Valley Hospital - West  
Lone Peak Hospital

### Salt Lake County (cont)

Primary Children's Medical Center  
Riverton Children's Unit  
St. Marks Hospital  
Salt Lake Regional Medical Center  
University of Utah Hospital  
University Orthopaedic Center

### San Juan County

Blue Mountain Hospital  
San Juan Hospital

### Sanpete County

Gunnison Valley Hospital  
Sanpete Valley Hospital

### Sevier County

Sevier Valley Hospital

### Summit County

Park City Medical Center

### Tooele County

Mountain West Medical Center

### Uintah County

Ashley Valley Medical Center

### Utah County

Mountain View Hospital  
Timpanogos Regional Hospital  
Mountain Point Medical Center

### Wasatch County

Heber Valley Medical Center

### Washington County

St. George Regional Medical Center

### Weber County

Ogden Regional Medical Center

## PEHP Capital

33 PARTICIPATING HOSPITALS, 7,000+ PARTICIPATING PROVIDERS

Network consists of predominantly Steward Health, and University of Utah hospitals & clinics providers and facilities.

### Beaver County

Beaver Valley Hospital  
Milford Valley Memorial Hospital

### Box Elder County

Bear River Valley Hospital

### Cache County

Logan Regional Hospital

### Carbon County

Castleview Hospital

### Davis County

Davis Hospital

### Duchesne County

Uintah Basin Medical Center

### Garfield County

Garfield Memorial Hospital

### Grand County

Moab Regional Hospital

### Iron County

Cedar City Hospital

### Juab County

Central Valley Medical Center

### Kane County

Kane County Hospital

### Millard County

Delta Community Hospital  
Fillmore Community Hospital

### Salt Lake County

Huntsman Cancer Hospital  
Jordan Valley Hospital  
Jordan Valley Hospital - West  
Primary Children's Medical Center  
Riverton Children's Unit  
Salt Lake Regional Medical Center

### Salt Lake County (cont)

University of Utah Hospital  
University Orthopaedic Center

### San Juan County

Blue Mountain Hospital  
San Juan Hospital

### Sanpete County

Gunnison Valley Hospital  
Sanpete Valley Hospital

### Sevier County

Sevier Valley Hospital

### Summit County

Park City Medical Center

### Tooele County

Mountain West Medical Center

### Uintah County

Ashley Valley Medical Center

### Utah County

Mountain Point Medical Center

### Wasatch County

Heber Valley Medical Center

### Washington County

St. George Regional Medical Center

## PEHP Preferred

52 PARTICIPATING HOSPITALS, 12,000+ PARTICIPATING PROVIDERS

Network consists of providers and facilities in both the Advantage and Summit networks.



## 2023-24 Dental Benefits Grid » Preferred Dental Care (With Waiting Period)

If you use an Out of Network provider, your benefits will be reduced by 20%. Out of Network providers may collect charges that exceed PEHP's In Network Rate.

Preferred Dental Care	IN NETWORK	OUT OF NETWORK
<b>DEDUCTIBLES, PLAN MAXIMUMS, AND LIMITS</b>		
<b>Deductible</b> Does not apply to diagnostic or preventive services	None	None
<b>Annual Benefit Max</b>	<b>\$1,500</b> per person	<b>\$1,500</b> per person
<b>DIAGNOSTIC</b>		
	<b>YOU PAY</b>	<b>YOU PAY</b>
<b>Periodic Oral Examinations</b>	<b>\$0</b>	<b>20%</b> of In-Network Rate
<b>X-rays</b>	<b>20%</b> of In-Network Rate	<b>40%</b> of In-Network Rate
<b>PREVENTIVE</b>		
<b>Cleanings and Fluoride Solutions</b>	<b>20%</b> of In-Network Rate	<b>40%</b> of In-Network Rate
<b>Sealants</b>   Permanent molars only through age 17	<b>20%</b> of In-Network Rate	<b>40%</b> of In-Network Rate
<b>RESTORATIVE</b>		
<b>Amalgam Restoration</b>	<b>20%</b> of In-Network Rate	<b>40%</b> of In-Network Rate
<b>Composite Restoration</b>	<b>20%</b> of In-Network Rate	<b>40%</b> of In-Network Rate
<b>ENDODONTICS</b>		
<b>Pulpotomy</b>	<b>20%</b> of In-Network Rate	<b>40%</b> of In-Network Rate
<b>Root Canal</b>	<b>20%</b> of In-Network Rate	<b>40%</b> of In-Network Rate
<b>PERIODONTICS</b>		
	<b>20%</b> of In-Network Rate	<b>40%</b> of In-Network Rate
<b>ORAL SURGERY</b>		
<b>Extractions</b>	<b>20%</b> of In-Network Rate	<b>40%</b> of In-Network Rate
<b>ANESTHESIA</b>   General Anesthesia in conjunction with oral surgery or impacted teeth only		
<b>General Anesthesia</b>	<b>20%</b> of In-Network Rate	<b>40%</b> of In-Network Rate

**Note:** Six month waiting period applies to prosthodontic, implant, and orthodontics benefits unless you show PEHP you were covered by a qualified dental insurance plan for at least six consecutive months before joining PEHP dental.

<b>PROSTHODONTIC BENEFITS</b>   Preauthorization may be required		
<b>Crowns</b>	<b>50%</b> of In-Network Rate	<b>70%</b> of In-Network Rate
<b>Bridges</b>	<b>50%</b> of In-Network Rate	<b>70%</b> of In-Network Rate
<b>Dentures (partial)</b>	<b>50%</b> of In-Network Rate	<b>70%</b> of In-Network Rate
<b>Dentures (full)</b>	<b>50%</b> of In-Network Rate	<b>70%</b> of In-Network Rate
<b>IMPLANTS</b>		
<b>All eligible related services</b>	<b>50%</b> of In-Network Rate	<b>70%</b> of In-Network Rate
<b>ORTHODONTIC BENEFITS</b>   6-month Waiting Period		
<b>Maximum Lifetime Benefit per Member</b>	<b>\$1,500</b> – Does not apply to the Annual Benefit Maximum	
<b>Eligible Appliances and Procedures</b>	<b>50%</b> of eligible fees to plan maximum	

**Missing Tooth Exclusion** » Services to replace teeth missing prior to effective date of coverage are not eligible for a period of five years from the date of continuous coverage with a PEHP-sponsored dental plan. Learn more in the Dental Master Policy.

For dental services covered by PEHP medical plans, there is no dental plan coverage.



# PEHP Eyewear Only



## 40% OFF

additional complete pair of prescription eyeglasses

## 20% OFF

non-covered items, including non-prescription sunglasses

### Find an eye doctor (Insight Network)

- 866.804.0982
- eyemed.com
- EyeMed Members App
- For LASIK, call 1.800.988.4221

### Heads up

You may have additional benefits.

Log into

[eyemed.com/member](http://eyemed.com/member) to see all plans included with your benefits.

## SUMMARY OF BENEFITS

VISION CARE SERVICES	IN-NETWORK MEMBER COST	OUT-OF-NETWORK MEMBER REIMBURSEMENT
<b>FRAME</b> Frame	\$0 copay; 20% off balance over \$130 allowance	Up to \$65
<b>STANDARD PLASTIC LENSES</b> Single Vision Bifocal Trifocal Lenticular Progressive – Standard Progressive – Premium Tier 1 - 3 Progressive – Premium Tier 4	\$10 copay \$10 copay \$10 copay \$10 copay \$75 copay \$95 - 120 copay \$75 copay; 20% off retail price less \$120 allowance	Up to \$25 Up to \$40 Up to \$55 Up to \$55 Up to \$40 Up to \$40 Up to \$40
<b>LENS OPTIONS</b> Anti Reflective Coating – Standard Anti Reflective Coating – Premium Tier 1 - 2 Anti Reflective Coating – Premium Tier 3 Photochromic – Non-Glass Polycarbonate – Standard Polycarbonate – Standard < 19 years of age Scratch Coating – Standard Plastic Tint – Solid or Gradient UV Treatment All Other Lens Options	\$45 \$57 - 68 20% off retail price \$75 \$40 \$40 \$15 \$15 \$15 20% off retail price	Not covered Not covered Not covered Not covered Not covered Not covered Not covered Not covered Not covered Not covered
<b>CONTACT LENSES</b> Contacts – Conventional  Contacts – Disposable  Contacts – Medically Necessary	\$0 copay; 15% off balance over \$130 allowance  \$0 copay; 100% of balance over \$130 allowance  \$0 copay; paid in full	Up to \$104  Up to \$104  Up to \$200
<b>OTHER</b> Hearing Care from Amplifon Network  LASIK or PRK from U.S. Laser Network	Discounts on hearing exam and  15% off retail or 5% off promo price; call 1.800.988.4221	Not covered  Not covered
<b>FREQUENCY</b> Frame Lenses Contact Lenses (Plan allows member to receive either contacts and frame, or frames and lens services)	<b>ALLOWED FREQUENCY - ADULTS</b> Once every 12 months Once every 12 months Once every 12 months	<b>ALLOWED FREQUENCY - KIDS</b> Once every 12 months Once every 12 months Once every 12 months
<b>PREMIUMS - monthly</b> Subscriber only Subscriber + 1 Subscriber + family	\$6.53 \$10.18 \$13.83	

EyeMed reserves the right to make changes to the products available on each tier. All providers are not required to carry all brands on all tiers. For current listing of brands by tier, call 866.939.3633. No benefits will be paid for services or materials connected with or charges arising from: medical or surgical treatment, services or supplies for the treatment of the eye, eyes or supporting structures; Refraction, when not provided as part of a Comprehensive Eye Examination; services provided as a result of any Workers' Compensation law, or similar legislation, or required by any governmental agency or program whether federal, state or subdivisions thereof; orthoptic or vision training, subnormal vision aids and any associated supplemental testing; Aniseikonic lenses; any Vision Examination or any corrective Vision Materials required by a Policyholder as a condition of employment; safety eyewear; solutions, cleaning products or frame cases; non-prescription sunglasses; plano (non-prescription) lenses; plano (non-prescription) contact lenses; two pair of glasses in lieu of bifocals; electronic vision devices; services rendered after the date an Insured Person ceases to be covered under the Policy, except when Vision Materials ordered before coverage ended are delivered, and the services rendered to the Insured Person are within 31 days from the date of such order; or lost or broken lenses, frames, glasses, or contact lenses that are replaced before the next Benefit Frequency when Vision Materials would next become available. Fees charged by a Provider for services other than a covered benefit and any local, state or Federal taxes must be paid in full by the Insured Person to the Provider. Such fees, taxes or materials are not covered under the Policy. Allowances provide no remaining balance for future use within the same Benefit Frequency. Some provisions, benefits, exclusions or limitations listed herein may vary by state. Plan discounts cannot be combined with any other discounts or promotional offers. In certain states members may be required to pay the full retail rate and not the negotiated discount rate with certain participating providers. Please see online provider locator to determine which participating providers have agreed to the discounted rate. Underwritten by Fidelity Security Life Insurance Company of Kansas City, Missouri, Policy number VC-19, form number M-9083, or Policy number VC-146, form number M-9184, in New York underwritten by Fidelity Security Life Insurance Company of New York, Policy Number VCN-1, form number MN-1, or Policy Number VCN-19, form number MN-28. This is a snapshot of your benefits. The Certificate of Insurance is on file with your employer.

# PEHP Life & Accident

**NOTE: Depending on your employer's choice of Life & Accident plans, this brochure's benefits may not apply. Please refer to your employer or contact PEHP Group Term Life and AD&D for details.**

## Group Term Life Coverage

### EMPLOYEE BASIC COVERAGE

Your employer funds basic coverage at no charge to you.

COVERAGE	AMOUNT
Up to Age 70	50,000
Age 71 to 75	25,000
Age 76 and over	12,500



### 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 \$200,000 as guaranteed issue. After 60 days, or for coverage greater than \$200,000 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	1.20	2.40	4.80	7.20	9.60	12.00	14.40	16.80	19.20	21.60	24.00
Age 30 to 34	1.30	2.60	5.20	7.80	10.40	13.00	15.60	18.20	20.80	23.40	26.00
Age 35 to 39	1.80	3.60	7.20	10.80	14.40	18.00	21.60	25.20	28.80	32.40	36.00
Age 40 to 44	2.20	4.40	8.80	13.20	17.60	22.00	26.40	30.80	35.20	39.60	44.00
Age 45 to 49	4.20	8.40	16.80	25.20	33.60	42.00	50.40	58.80	67.20	75.60	84.00
Age 50 to 54	5.10	10.20	20.40	30.60	40.80	51.00	61.20	71.40	81.60	91.80	102.00
Age 55 to 59	8.10	16.20	32.40	48.60	64.80	81.00	97.20	113.40	129.60	145.80	162.00
Age 60 to 69	13.70	27.40	54.80	82.20	109.60	137.00	164.40	191.80	219.20	246.60	274.00
After age 69, rates remain constant and coverage changes											
Coverage Amounts	13.70	27.40	54.80	82.20	109.60	137.00	164.40	191.80	219.20	246.60	274.00
Age 70 to 74	12,500	25,000	50,000	75,000	100,000	125,000	150,000	175,000	200,000	225,000	250,000
Age 75 and over	6,250	12,500	25,000	37,500	50,000	62,500	75,000	87,500	100,000	112,500	125,000

# PEHP Life & Accident

**SPOUSE BASIC COVERAGE:** Your employer funds \$10,000 of spouse basic coverage at no charge to you.

## SPOUSE ADDITIONAL TERM COVERAGE

You can buy up to \$500,000 in spouse coverage. If you apply within 60 days of your hire date or marriage date, up to \$50,000 is guaranteed issue. After 60 days, and for all amounts above \$50,000, you must complete a health statement.

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	1.20	2.40	4.80	7.20	9.60	12.00	14.40	16.80	19.20	21.60	24.00
Age 30 to 34	1.30	2.60	5.20	7.80	10.40	13.00	15.60	18.20	20.80	23.40	26.00
Age 35 to 39	1.80	3.60	7.20	10.80	14.40	18.00	21.60	25.20	28.80	32.40	36.00
Age 40 to 44	2.20	4.40	8.80	13.20	17.60	22.00	26.40	30.80	35.20	39.60	44.00
Age 45 to 49	4.20	8.40	16.80	25.20	33.60	42.00	50.40	58.80	67.20	75.60	84.00
Age 50 to 54	5.10	10.20	20.40	30.60	40.80	51.00	61.20	71.40	81.60	91.80	102.00
Age 55 to 59	8.10	16.20	32.40	48.60	64.80	81.00	97.20	113.40	129.60	145.80	162.00
Age 60 to 69	13.70	27.40	54.80	82.20	109.60	137.00	164.40	191.80	219.20	246.60	274.00
After age 69, rates remain constant and coverage changes											
Coverage Amounts	13.70	27.40	54.80	82.20	109.60	137.00	164.40	191.80	219.20	246.60	274.00
Age 70 to 74	12,500	25,000	50,000	75,000	100,000	125,000	150,000	175,000	200,000	225,000	250,000
Age 75 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

Your employer funds \$10,000 of dependent children coverage at no charge to you. If you apply within 60 days of your hire date or the date of the child's birth, all amounts are guaranteed issue. After 60 days, a health statement will be required for each child. All eligible children will be covered at the same level for one premium. Children can be covered until married or age 26, whichever comes first.

**CHILD BASIC COVERAGE:** Your employer funds \$10,000 at no cost to you.

Coverage Amount	10,000	15,000
Monthly cost	0	0.52

## 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 \$50,000 of AD&D coverage at no charge to you. Select additional coverage from \$25,000 to \$200,000 for a maximum coverage of \$250,000.

Employee's Coverage Amount	Individual Plan	Family Plan
	Monthly Cost	Monthly Cost
50,000	0	0.50

### FAMILY PLAN

» Upgrade your individual AD&D plan to a family plan. Convert your employer-funded \$50,000 individual plan to a \$50,000 family plan at a cost of 0.50 per month.

- » Select a coverage amount ranging from \$25,000 to \$200,000, 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.

# PEHP Life & Accident

## Accidental Death and Dismemberment (AD&D)

### Additional AD&D Coverage and Cost

INDIVIDUAL PLAN		FAMILY PLAN
Coverage Amount	Monthly Cost	Monthly Cost
25,000	0.50	0.75
50,000	1.00	1.50
75,000	1.50	2.25
100,000	2.00	3.00
125,000	2.50	3.75
150,000	3.00	4.50
175,000	3.50	5.25
200,000	4.00	6.00

### 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 (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.

### 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](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 PEHP for Members at [www.pehp.org](http://www.pehp.org). Or request a copy by emailing [publications@pehp.org](mailto:publications@pehp.org).



[www.pehp.org](http://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	MONTHLY COST
250 and under	25	0.28
251 to 599	50	0.52
600 to 700	75	0.76
701 to 875	100	1.00
876 to 1,050	125	1.28
1,051 to 1,200	150	1.52
1,201 to 1,450	175	1.76
1,451 to 1,600	200	2.04
1,601 to 1,800	225	2.28
1,801 to 2,164	250	2.52
2,165 to 2,499	300	3.00
2,500 to 2,899	350	3.52
2,900 to 3,599	400	4.04
3,600 and over	500	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	MONTHLY COST
\$ 2,500	\$ 1.18