

ADDITIONAL LIFE COVERAGE

2024-2025 Plan Year
July 1st, 2024 through June 30th, 2025



OPEH&W HealthPlan
Making Healthy Cheaper

EMPLOYEE

\$20,000 Minimum
\$5,000 Increments Thereafter
Max 5x Gross Annual Pay up to **\$500,000**
Term Life Does Not Build Cash Value
Conversion Available at Employment Termination

Optional Accidental Death Coverage

24/7 Protection During Work, Rest, Travel or Play
Doubles Coverage if Employee Dies Accidentally
Coverage if Employee Loses a Limb
Coverage if Employee Loses Use of a Limb
Coverage if Employee Loses Sight
Coverage if Employee Loses Hearing

SPOUSE

Required Employee has Additional Life Coverage
\$20,000 Minimum
\$5,000 Increments Thereafter
Max 50% of Employee Life Coverage

CHILD

Required Employee has Additional Life Coverage
\$10,000 Coverage for **\$2**, or
\$20,000 Coverage for **\$4**
One Premium Covers All Children

INCLUDED SERVICES

Last Will & Testament Creation
 Living Will Creation
 Durable Powers of Attorney Creation
 Grief Counseling
 Estate Resolution
 Funeral Planning

ENROLLMENT RULES

During New Employer Group Enrollment

Automatic Approval for:
 Employee Any Existing Amount of Coverage
 Spouse Any Existing Amount of Coverage

During Member's First Opportunity to Enroll

Automatic Approval for:
 Employee New Coverage up to \$150,000
 Spouse New Coverage up to \$50,000
 Child New Coverage

Health Assessment/Underwriting Required for:
 Employee New Coverage Exceeding \$150,000
 Spouse New Coverage Exceeding \$50,000

During Any Other Enrollment Opportunity

Health Assessment/Underwriting Required for:
 Employee New or Any Increase in Coverage
 Spouse New or Any Increase in Coverage
 Child New or Any Increase in Coverage

HELP & SUPPORT



www.metlife.com
866.492.6983

AGE BASED RATES FOR EACH \$1,000 OF COVERAGE

WITH ACCIDENTAL DEATH COVERAGE	WITHOUT ACCIDENTAL DEATH COVERAGE
18-34 0.10	18-34 0.07
35-39 0.13	35-39 0.10
40-44 0.17	40-44 0.14
45-49 0.26	45-49 0.23
50-54 0.42	50-54 0.39
55-59 0.67	55-59 0.64
60-64 0.77	60-64 0.74
65-69 1.24	65-69 1.21
70-74 2.08	70-74 2.05
75+ 3.21	75+ 3.18

Use Attained Age of Employee or Spouse at Coverage Start Date. Rate Updated Annually Using Attained Age Each July 1st.

Employees Enrolling from EGID with Existing Coverage, Regardless of Age:

\$4.80 for First **\$20,000** of Coverage **with Accidental Death Coverage**, or
\$3.60 for First **\$20,000** of Coverage **without Accidental Death Coverage**

LEARN MORE

Scan **QR CODE**
 Visit **OPEHW.COM**
 Call **800.468.5744**

