

# Surviving Dependent Benefits

PEEHIP law allows covered surviving dependents to be able to continue the PEEHIP insurance plans that they are covered on at the time of the member's death.

The insurance plan(s) can be continued as long as the surviving dependents pay the monthly premium by the due date each month.

Survivor policies are as follows:

- ◆ New dependents who are not covered on the PEEHIP policies at the time of the member's death cannot be added to the plan at a later date.
- ◆ Surviving dependents do not have Open Enrollment rights.
- ◆ Once the insurance is cancelled by a surviving dependent, no reinstatement is allowed, and coverage cannot be picked up at a later date.
- ◆ Surviving dependents cannot enroll in **new** PEEHIP plans that they were not covered on at the time of the member's death.

PEEHIP law also requires surviving dependents to pay the full cost of the monthly premium without financial assistance from the state. The monthly premiums effective October 1, 2008, are as follows:

Premium Rates for Surviving Dependents October 1, 2008 - September 30, 2009	
Type of Contract	Monthly Premium for PEEHIP Hospital Medical or the VIVA HMO Plan
Individual Coverage/Non-Medicare-eligible Survivor	\$585.00
Individual Coverage/Medicare-eligible Survivor	\$290.00
Family Coverage/Non-Medicare-eligible Survivor and Non-Medicare Eligible Dependent(s)	\$717.00
Family Coverage/Non-Medicare-eligible Survivor and Only Dependent Medicare-eligible	\$676.00
Family Coverage/Medicare-eligible Survivor and Non-Medicare-eligible Dependent(s)	\$422.00
Family Coverage/Medicare-eligible Survivor and Only Dependent Medicare-eligible	\$381.00
Optional (Each)	\$ 38.00

**Note: If a member or dependent is under age 65 and eligible for Medicare coverage due to a disability, the PEEHIP office must receive a copy of the Medicare card before the premiums can be reduced. However, PEEHIP will pay secondary to Medicare once our office becomes aware of your Medicare eligibility regardless of whether our office has received your Medicare card. Medicare-eligible members and dependents should have Medicare Part A and Part B to have adequate coverage with PEEHIP.**

**Optional Coverage:**

Cancer	\$38.00/month	Individual or Family Coverage
Indemnity	\$38.00/month	Individual or Family Coverage
Dental	\$38.00/month	Individual or Family Coverage
Vision	\$38.00/month	Individual or Family Coverage