



Group Specified Disease Insurance

Help cover out-of-pocket expenses associated with a serious illness.

You may have medical insurance. But that doesn't mean you're covered for all of the expenses resulting from a serious disease that you probably haven't budgeted for — things like copays, deductibles, loss of income, child care and travel expenses. Group Specified Disease insurance helps fill the gap caused by these out-of-pocket costs, creating a financial safety net for you and your family.



Nearly 20% of cancer patients

(and their loved ones) have spent more than \$20,000 each year in total out-of-pocket costs.

40% reported having difficulties paying medical bills.¹



Cancer patients are

2½ times more likely

to declare bankruptcy.²

Help ensure your financial plans stay healthy even when you're not.

Specified Disease insurance is an affordable way to make up the difference between what your medical insurance covers and what you'd owe out of pocket if you or a family member were to be diagnosed with a covered specified disease. It's protection that's also convenient: Your premium payments are deducted directly from your paycheck.

1 - The Mesothelioma Center at Asbestos.com, 2019

2 - Hutchinson Institute for Cancer Outcomes Research, 2016

An Extra Layer of Protection

Specified Disease insurance can make a big difference in your ability to pay out-of-pocket expenses associated with a serious disease. It pays a lump-sum benefit directly to you upon diagnosis of a covered specified disease, regardless of your treatment costs or what's covered by your medical insurance. Elect coverage in \$5,000 increments between \$5,000 and \$50,000.*

With Specified Disease insurance, you can:

- **Update your coverage as needed.** As your life circumstances change, increase* or decrease your coverage, in accordance with your employer's plan.
- **Lock in your rate.** For example, if you're 35 when your coverage becomes effective, you'll pay a 35-year-old's rate for as long as you have the coverage. If you increase your coverage amount at age 45, you will continue to pay a 35-year-old's rate for that increased coverage amount for so long as you have that increased coverage amount.
- **Pick and choose how to spend your benefit.** Spend your lump-sum benefit however you want.
- **Protect your loved ones.** Cover your spouse up to \$50,000, as long as it's not more than your benefit amount. Your kids are automatically covered at 50 percent of the amount elected for yourself for the same specified diseases that you are.
- **Receive a benefit for taking care of your health.** You and your covered loved ones receive a Health Maintenance Screening benefit of \$100 once per calendar year when visiting the doctor for a covered wellness exam, such as a cholesterol screening (part of a lipid panel) or mammogram — routine preventive visits that typically cost you nothing under your medical insurance.
- **Receive additional benefits.** If you are diagnosed with a different and subsequent covered disease, you will receive an additional benefit up to 500% of the coverage amount.

Chances are good that a family member, friend or colleague of yours has endured a serious disease. You may have even seen that person struggle to pay the bills. Think of Specified Disease insurance as financial peace of mind, so you don't have to choose between paying for medical bills and helping send your daughter to the college of her dreams.

*Evidence of good health may be necessary in some cases; see the Important Details section for more information.

Here's how it works:

John has \$15,000 of Specified Disease insurance coverage. He makes an appointment with his doctor after feeling off for the past few weeks. Diagnosis: cancer, with a good prognosis but a long road ahead. Within days of making a claim, John receives his Specified Disease insurance benefit paid directly to him. As John undergoes intensive treatment over the next few months, he can use the benefit for any purpose, including to pay for things that his medical insurance does not cover. Things like the deductible, copays, child care, certain medications, time away from work, alternative treatments and a special diet.

SAMPLE OUT-OF-POCKET EXPENSES

Medical insurance deductible.....	\$1,300
Out-of-pocket expenses over the course of six months.....	\$5,000
Lost wages.....	\$4,500
Alternative treatments and diets not covered by medical plan.....	\$4,500
TOTAL OUT-OF-POCKET EXPENSES.....	\$15,300
SPECIFIED DISEASE BENEFIT.....	\$15,000
OUT-OF-POCKET EXPENSES.....	\$300

Costs are hypothetical. Actual costs will vary by state, cancer type, stage at diagnosis, treatments received and personal factors.

Specified Disease insurance can make a big difference in your ability to pay out-of-pocket expenses associated with a serious illness that are not covered by medical insurance.

Covered Conditions

Receive 100 percent of your coverage amount for:

- Heart attack
- Stroke
- Cancer
- End stage renal (kidney) failure
- Major organ failure
- Alzheimer's disease

Receive 25 percent of your coverage amount for:

- Severe coronary artery disease
- Carcinoma in situ (cancer that has not metastasized)

Receive \$250 for Skin Cancer

Diagnosis and recommendation must occur after your coverage becomes effective.

Affordable Group Rates

Because you'll be buying this insurance through New York State Correctional Officers and Police Benevolent Association, Inc., you'll have access to affordable group rates. You'll also have the convenience of having your premium deducted directly from your paycheck. Your rates will not increase as you grow older – meaning you'll have the same biweekly payment for as long as you have your coverage.

If you wish to apply for an amount greater than the Guarantee Issue Amount of \$30,000 for yourself or \$15,000 for your spouse, complete a brief health questionnaire (also known as evidence of insurability).

Coverage for...	Coverage Amount...
You	\$5,000-\$50,000 in increments of \$5,000
Your spouse	\$5,000-\$50,000 in increments of \$5,000, as long as it's not more than your coverage amount
Your child(ren) through age 25	Automatically covered at 50% of your coverage amount

See the Important Details section for more information, including requirements, exclusions, age reductions and definitions.

The biweekly premiums you would pay for Specified Disease insurance benefits are based on your age for both you and your spouse and your benefit elections. The rates below are not combined rates for you and your spouse, rather they are the rates for each of you individually. Please note that coverage can be purchased in \$5,000 increments.

Biweekly Issue Age Premiums					
Coverage Amount	Age Band				
	18-29	30-39	40-49	50-59	60-69
\$5,000	\$0.76	\$1.22	\$2.19	\$3.65	\$6.16
\$10,000	\$1.52	\$2.45	\$4.38	\$7.29	\$12.32
\$15,000	\$2.28	\$3.67	\$6.58	\$10.94	\$18.48
\$20,000	\$3.05	\$4.89	\$8.77	\$14.58	\$24.65
\$25,000	\$3.81	\$6.12	\$10.96	\$18.23	\$30.81
\$30,000	\$4.57	\$7.34	\$13.15	\$21.88	\$36.97
\$35,000	\$5.33	\$8.56	\$15.35	\$25.52	\$43.13
\$40,000	\$6.09	\$9.78	\$17.54	\$29.17	\$49.29
\$45,000	\$6.85	\$11.01	\$19.73	\$32.82	\$55.45
\$50,000	\$7.62	\$12.23	\$21.92	\$36.46	\$61.62

Important Details

Here's where you'll find the nitty-gritty details about Specified Disease Insurance.

Eligibility Requirements

To be eligible for this coverage, you must be a Member in active Membership in good standing in the United States. Temporary and seasonal members, full-time members of the armed forces, leased members and independent contractors are not eligible.

You can choose to cover your spouse, a person to whom you are legally married, or your domestic partner as recognized by law. You can also cover your child(ren) from birth through age 25. Your child(ren) cannot be insured by more than one Member. Your spouse or child(ren) must not be full-time member(s) of the armed forces. You cannot be insured as both a Member and a dependent.

Your Effective Date

You must satisfy the eligibility requirements listed above, receive evidence of good health underwriting approval (if applicable), agree to pay premium and be actively at work (able to perform all normal duties of your job) on the day before the scheduled effective date of insurance.

If you are not actively at work on the day before the scheduled effective date of insurance, your insurance will not become effective until the day after you complete one full day of active work as an eligible Member.

Please contact Norvest Financial Services, Inc. for more information regarding the requirements that must be satisfied for your insurance to become effective.

Evidence of Good Health

When you first apply for coverage or reinstatement, you and your spouse will need to provide evidence of good health by completing a brief questionnaire for the following situations:

Coverage amounts higher than the Guarantee Issue Amount (\$30,000 for Member and \$15,000 for Spouse)

All late applications (applying 31 days after becoming eligible)

Reinstatements, if required

If you or your spouse were required to provide evidence of good health under a prior period of eligibility and either:

- Did not provide it, or
- We did not approve it

Changes in Your Insurance

To increase your or your spouse's insurance, you can apply in writing. Evidence of good health will be required:

- For requests for coverage increases above the Guarantee Issue Amount
- If you or your spouse were required to provide evidence of good health under a prior period of eligibility and either:
 - Did not provide it, or
 - We did not approve it

Family Status Change

In the event of a family status change, you and your spouse or domestic partner may enroll for coverage up to the Guarantee Issue Amount without evidence of good health if you or your spouse or domestic partner enroll within 31 days of the change. However, we will not waive evidence of good health if you or your spouse or domestic partner previously submitted evidence and it was not approved by us. Family status change include:

- Your marriage or divorce or dissolution of your domestic partner relationship
- The birth of your child
- The adoption of a child
- The death of your dependent
- The commencement or termination of your spouse's employment
- A change in employment from full-time to part-time by your spouse
- A loss of specified disease insurance through your spouse's employment

Maximum Group Policy Amount

The total amount of all specified disease benefits payable for each covered person will not exceed 500% of the coverage amount for that covered person. This is known as the Maximum Group Policy Amount. Once benefits for a covered person reach the Maximum Group Policy Amount, no further specified disease or additional benefits will be paid for that insured and insurance will end for that covered person. Subject to the Maximum Group Policy Amount, a benefit for each specified disease is payable only once for each covered person.

Exclusions

Benefits are not payable if a specified disease is caused or contributed to by any of the following:

- War or any act of war
- Suicide or other intentionally self-inflicted injury
- Participating in a felony
- Alcoholism and drug addiction. Intoxication or under the influence of any narcotic unless administered on the advice of a physician
- Cosmetic surgery or other procedure which:
 - Does not promote the proper function of your or your dependent's body or prevent or treat sickness or injury
 - Is directed at improving your or your dependent's appearance, unless such cosmetic surgery or procedure is necessary to correct a deformity resulting from a congenital abnormality or disfigurement

Note: This exclusion will not apply to a specified disease caused or contributed to by your or your dependent's donation of an organ or tissue.

When Your Insurance Ends

Your insurance ends if you notify your Association or policyholder to terminate your coverage, you stop making premium payments, your active Membership terminates, you reach age 80, you cease meeting the member definition, the group policy terminates or you have reached the Maximum Group Policy Amount payable for your specified disease.

Child and spouse insurance ends when your insurance ends, they cease to meet the definition of child or spouse, you stop making premium payments for spouse insurance, your spouse reaches age 80, spouse or child insurance is no longer offered under the group policy, the group policy terminates or your child or spouse has reached the Maximum Group Policy Amount payable for their specified diseases.

Group Insurance Certificate

If coverage becomes effective and you become insured, you will receive a group insurance certificate containing a detailed description of the insurance coverage, including the definitions, exclusions, limitations, reductions and terminating events. The controlling provisions will be in the group policy. The information present in this summary does not modify the group policy, certificate or the insurance coverage in any way.

About The Standard Life Insurance Company of New York

At The Standard, we've worked hard to earn our reputation for quality products, excellent service and dedication to our customers. We are committed to our core purpose: to help people achieve financial well-being and peace of mind. From our headquarters in White Plains, we offer a range of group insurance products to serve the needs of employees across the state of New York.

To learn more about products from The Standard, contact Norvest Financial Services, Inc. or visit us at www.standard.com.

The Standard is a marketing name for StanCorp Financial Group, Inc. and subsidiaries. Insurance products in New York are offered by, and the sole responsibility of, The Standard Life Insurance Company of New York of White Plains, New York.

The Standard Life Insurance Company of New York is licensed to solicit insurance business in only the state of New York.

The proposed policy provides limited benefits health insurance only. It does NOT provide basic hospital, basic medical or major medical insurance as defined by the New York Department of Financial Services.

GPNY0614-CI

[The Standard Life Insurance Company of New York](http://www.standard.com)
333 Westchester Avenue, West Building, Suite 300
White Plains, NY, 10604

www.standard.com

SNY 17616-D-645228-C1 (1/22)

6995493-812927

IMPORTANT NOTICE TO PERSONS ON MEDICARE: THIS IS NOT MEDICARE SUPPLEMENT INSURANCE

Some healthcare services paid for by Medicare may also trigger the payment of benefits from this policy.

This insurance pays a fixed dollar amount, regardless of your expenses, if you meet the policy conditions, for one of the specific diseases or health conditions named in the policy. It does not pay your Medicare deductibles or coinsurance and is not a substitute for Medicare Supplement insurance.

Medicare generally pays for most or all of these expenses.

Medicare pays extensive benefits for medically necessary services regardless of the reason you need them. These include:

- Hospitalization
- Physician services
- Hospice
- Outpatient prescription drugs if you are enrolled in Medicare Part D
- Other approved items and services

This policy must pay benefits without regard to other health benefit coverage to which you may be entitled under Medicare or other insurance.

Before you buy this insurance:

- Check the coverage in all health insurance policies you already have.
- For more information about Medicare and Medicare Supplement insurance, review the Guide to Health Insurance for People with Medicare, available from The Standard Life Insurance Company of New York.
- For help in understanding your health insurance, contact your state insurance department or state health insurance assistance program (SHIP).

Group Specified Disease Insurance
NEW YORK STATE
REQUIRED DISCLOSURE STATEMENT

This contract is a group policy (including certificate). This contract provides specified disease coverage ONLY. This contract does NOT provide basic hospital, basic medical or major medical insurance, as defined by the New York State Department of Financial Services. In addition, this contract does NOT provide Medicare supplement insurance, long term care insurance, nursing home insurance only, home care insurance only or nursing home and home care, insurance as defined by the New York State Department of Financial Services. You may also contact your local social security office or this company and obtain a copy of the Guide to Health Insurance for People with Medicare.

COVERED CONDITIONS	
ALZHEIMERS DISEASE	CANCER. includes Cancer In Situ and Skin Cancer
HEART ATTACK	MAJOR ORGAN FAILURE
KIDNEY FAILURE	SEVERE CORONARY ARTERY DISEASE
STROKE	

An additional benefit is the Health Maintenance Screening Benefit.

EXCLUSIONS:

Benefits are not payable if a Specified Disease is caused or contributed to by any of the following:

- War or act of War whether declared or undeclared.
- Suicide or other intentionally self-inflicted injury.
- Participating in a felony, riot, or insurrection. Participating does not include being at the scene of a felony, riot, or insurrection while performing official duties.
- Alcoholism and drug addiction. We shall not be liable for any Specified Disease sustained or contracted in consequence of you or your Dependent being intoxicated or under the influence of any narcotic unless administered on the advice of a Physician.
- Initial diagnosis outside of the United States or Canada.
- Cosmetic surgery or other procedure which:
 - Does not promote the proper function of your or your Dependent's body or prevent or treat sickness or injury.
 - Is directed at improving your or your Dependent's appearance, unless such cosmetic surgery or procedure is necessary to correct a deformity resulting from a congenital abnormality or disfigurement.
 - This exclusion will not apply to a Specified Disease caused or contributed to by your or your Dependent's donation of an organ or tissue.

This disclosure statement is a very brief summary of your contract. The contract itself sets forth the rights and obligations of both you and The Standard Life Insurance Company of New York. It is therefore imperative that you READ YOUR POLICY AND CERTIFICATE carefully.

The expected benefit ratio for this contract is 70%. This ratio is the portion of future premiums that we expect to return as benefits, when averaged over all people with this contract.