



# New Member Open Enrollment Packet

## Specified Disease Insurance



### NO MEDICAL QUESTIONS

*Convenience of Payroll Deduction*



#### What is Specified Disease Insurance?

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 diagnosed with a covered specified 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. Your benefit could be used for things like the deductible, copays, childcare, certain medications, time away from work, alternative treatments and a special diet.

#### Covered Conditions:

Diagnosis and recommendation must occur after your coverage becomes effective.

##### Receive 100 percent of your coverage amount for:

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

##### Receive 25 percent of your coverage amount for:

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

#### With Specified Disease Insurance, you can:

**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.

**\$100 Annual Cash Benefit** You and your covered dependents receive a Health Maintenance Screening Benefit of \$100 once per calendar year when completing one of the 20 tests listed below:

|                                                                        |                                          |
|------------------------------------------------------------------------|------------------------------------------|
| • Abdominal aortic aneurysm ultrasound                                 | • Complete Blood Count (CBC)             |
| • Ankle Brachial Index (ABI) screening for peripheral vascular disease | • Comprehensive Metabolic Panel (CMP)    |
| • Biopsies for cancer                                                  | • Electrocardiogram (EKG)                |
| • Bone density screening                                               | • Hemocult stool analysis                |
| • Breast ultrasound                                                    | • Hemoglobin A1C                         |
| • Cancer antigen 125 (CA 125) blood test for ovarian cancer            | • Human Papillomavirus (HPV) vaccination |
| • Cancer antigen 15-3 (CA 15-3) for breast cancer                      | • Lipid panel                            |
| • Carcinoembryonic antigen (CEA) blood test for colon cancer           | • Mammography                            |
| • Colonoscopy                                                          | • Pap smears or thin prep pap test       |
|                                                                        | • Prostate specific (PSA) test           |
|                                                                        | • Stress test on a bicycle or treadmill  |

# NYSCOPBA's SPECIFIED DISEASE INSURANCE

## What are Your Coverage Options?

| Coverage for...              | Coverage amount                                                   |
|------------------------------|-------------------------------------------------------------------|
| You                          | \$5,000–\$30,000 in increments of \$5,000<br>NO MEDICAL QUESTIONS |
| Your spouse                  | \$5,000–\$15,000 in increments of \$5,000<br>NO MEDICAL QUESTIONS |
| Your children through age 25 | Automatically covered at 50% of your coverage amount              |

## Affordable Group Rates

Because you'll be buying this insurance through NYSCOPBA, you'll have access to affordable group rates that will not increase as you age, ie (you will pay a 40 year old rate for as long as you have coverage). **Coverage may continue to age 80.**

| Select an amount for you and your spouse based on your individual ages |                              |        |         |         |         |
|------------------------------------------------------------------------|------------------------------|--------|---------|---------|---------|
| Coverage Amount                                                        | Member's and/or Spouse's Age |        |         |         |         |
|                                                                        | < 30                         | 30-39  | 40-49   | 50-59   | 60-69   |
| Bi-Weekly Rate                                                         |                              |        |         |         |         |
| \$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 |

### Evidence of Good Health

**A Health Questionnaire must be completed for the following:**

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

**(Please contact Norvest Financial Services at 1-888-869-8252)**

## Important Details

### Eligibility Requirements

To be eligible for this coverage, you must be a Member in good standing with NYSCOPBA and actively at work.

You can choose to cover your spouse, a person to whom you are legally married, or your domestic partner (as recognized by law). Child(ren) coverage from birth through age 25 is automatic.

All child(ren) are covered at 50% of the Member's amount. 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.

### How Do I Enroll?

Complete and return the enclosed application.

### Coverage Effective Date

Coverage will take effect the date you apply during your open enrollment period. Your premium deduction will begin within 2 pay periods.

### 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.

### 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 dependent's donation of an organ or tissue.

## When Insurance Ends

Your insurance ends if you notify Norvest Financial Services to terminate your coverage, you stop making premium payments, your employment 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.

Should your insurance end due to termination or retirement, you may apply to continue this insurance and be billed at home. You will have 31 days from the date of notification that this coverage has been terminated to apply for continuation of coverage.

## Group Insurance Certificate

If coverage becomes effective and you become insured, your group certificate can be obtained by going to [www.norvest.net](http://www.norvest.net) Your certificate contains 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, superior 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 Member benefits to serve the needs of Members across the state of New York.

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 Standard Life Insurance Company of New York  
360 Hamilton Avenue, Suite 210  
White Plains, New York 10601-1871

[www.standard.com](http://www.standard.com)

[SNY 17616-D-645228-C1 \(12/17\)](#)

## 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.

### 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 program (SHIP).