

N.Y.S.C.O.P.B.A

New York State Correctional Officers &
Police Benevolent Association



2026 OPEN ENROLLMENT

Specified Disease Insurance

No Medical Questions Asked
If returned by **November 18, 2026**

NYSCOPBA SPECIFIED DISEASE INSURANCE

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 such as 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)

Skin Cancer is paid once per lifetime at \$250.

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

What Are Your Coverage Options?

COVERAGE FOR...	COVERAGE AMOUNT
You	\$5,000–\$40,000 in increments of \$5,000 NO MEDICAL QUESTIONS
Your Spouse / or Domestic Partner	\$5,000–\$20,000 in increments of \$5,000 NO MEDICAL QUESTIONS
All 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.

Bi-Weekly Premiums for you and your Spouse / or Domestic Partner are based on your individual ages as of **12/1/2026**

Member's and Spouse / or Domestic Partner's Age					
Bi-Weekly Premium					
Coverage Amount	< 30	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
Spousal / or Domestic Partner amount may not exceed \$20,000					

Important Details

Eligibility Requirements

To be eligible for this coverage, you must be a Member in good standing with NYSOPBA 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.

Coverage Effective Date – December 1, 2026

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. In order to ensure you remain eligible, please contact Norvest at 1-888-869-8252.

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.

How Do I Enroll?

Complete and return the enclosed application or enroll online by going to **nyscopbaenroll.com** or scan QR Code below:



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 continue this insurance and be billed at home.

Group Insurance Certificate

If coverage becomes effective and you become insured, your group certificate can be obtained by going to **www.nyscopba.norvest.net**. **Your password is 2011**. The 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

SNY 17616-D-645228-C1 (12/17)

N.Y.S.C.O.P.B.A



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

• STROKE	• MAJOR ORGAN FAILURE	• CANCER (<i>includes Cancer In Situ and Skin Cancer</i>)
• HEART ATTACK	• ALZHEIMERS DISEASE	• SEVERE CORONARY ARTERY DISEASE (<i>25% of covered amount</i>)
• KIDNEY FAILURE	• CARCINOMA IN SITU (<i>25% of covered amount</i>)	

An additional benefit is the Health Maintenance Screening Benefit of \$100

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.
- 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).