

Critical Illness Insurance Plan

Simplified coverage for
not-so-simple events.

Group Membership Association Division





Some illnesses are more powerful than others. So are some solutions.

Our New York Life Group Critical Illness Insurance Plan is a cost-effective way to protect your members, and their families, from the financial impact of a specific, life-threatening illness. That's because this plan pays a cash benefit—as much as \$100,000—if the insured person is diagnosed with a covered illness or disease. In fact, the plan actually covers up to two separate and distinct types of critical illnesses for a maximum benefit of \$200,000.¹

Here's how it works...

When the insured is diagnosed with a covered illness, all they have to do is submit a claim to the plan administrator, who verifies their eligibility and contacts New York Life. Once the claim is approved, the benefit payment is sent directly to the insured—not to a hospital or health care provider. That way, there is no reimbursement process, no submitting of receipts—and your members are free to use the money to help:

- pay medical bills/offset high deductibles
- replace lost wages
- cover hotel and meal expenses for visiting family
- meet day-to-day expenses
- create a college fund or estate

Options they need now, more than ever.

Costs quickly add up for those facing a critical illness. As more companies cut back on health care benefits, there has never been a better time to offer your members an easy, affordable way to supplement their coverage, fill in any gaps, and offset high deductibles.

Financial protection, where it really matters.

Your members can take comfort in the fact that this plan covers many of the most common serious illnesses.

Cancer – The uncontrolled growth and spread of malignant cells and invasion of healthy tissue.²

Heart attack – Death of a portion of the heart muscle due to inadequate blood supply.

Renal (kidney) failure – End-stage chronic irreversible failure of both kidneys.

Stroke – Neurological impairment that results in paralysis or other neurological deficit that continues for at least 96 hours and is expected to be permanent.

Carcinoma in situ – The first diagnosis of cancer where the malignant cells remain in place (have not spread).³

What's more, this plan also covers medically necessary transplants of the lung, heart, liver, small intestine, pancreas, kidney, and bone marrow.

Here's what makes it different.

Simplicity with substance sets this plan apart. You can be proud to sponsor a plan that can make it simple for your members to add protection to their health portfolio while bringing comfort at a time it is needed most.

Simplified issue – It's easy to qualify for this plan. All your members have to do is answer some medical questions. There are no physical examinations or medical tests.

Higher coverage amounts – With as much as \$100,000 in coverage available, this plan offers a higher benefit than most other critical illness products.

No benefit cutbacks – Coverage does not reduce due to age or health status.

Backed by New York Life – You and your members will feel more secure knowing this coverage is backed by a Fortune 100 company that has been keeping its promises and honoring its commitments since 1845.

¹The second instance is subject to a six-month waiting period after diagnosis of the first illness.

²Does not include carcinoma in situ or skin cancer.

³Provides a 25% benefit.

Some questions to consider...

What issue ages are available?

Current members, ages 25–69, may apply.

Can spouses and domestic partners apply?

Yes, provided they meet the age criteria and do not apply for a benefit that is greater than the member's.

How much coverage is available?

Benefits are available from \$5,000–\$100,000 (in \$5,000 increments).

How long does the coverage last?

Until age 75 or until benefits are paid for a second illness.

Are premiums level?

No, but pricing is structured in five-year increments to provide consistency in premiums.

Is the same benefit paid for all covered diseases?

In most cases, the insured person receives 100% of the coverage purchased. The only exception is for carcinoma in situ, which pays 25% of the amount.

How often/many times can the benefit be used?

The benefit can be used twice, provided the claims are for two different types of illness. (The second instance is subject to a six-month waiting period after the first diagnosis.)

Are pre-existing conditions covered?

In most states, pre-existing conditions are covered after the member has been insured for 12 months. Some state-specific regulations may apply.

When can the insured person claim benefits?

In most states, the insured is eligible to claim benefits 15 days after being diagnosed with a critical illness. Some state-specific regulations may apply.



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AR07078.052019 SMRU1637572

