

# Protect what you love about your life

**Accident Insurance**

**Hospital Indemnity Insurance**

**Specified Disease Insurance**



**MEMBERSHIP**  
BENEFITS PROGRAM





# A benefits overview

Life is a journey with unexpected twists and turns. Having the right insurance gives you the freedom to live your life instead of worrying about it. Because no matter where you are in life, your future needs to be protected. Whether that means enjoying your new baby instead of worrying about hospital bills, or focusing on family and not finances in a time of need, insurance can help you prepare for all that life has to offer.

The Public Employees Federation Membership Benefits Program (PEF MBP) sponsors Accident, Hospital Indemnity, and Specified Disease insurance through Sun Life.

## Accident insurance

When you or your covered dependents have a covered accident, like a fall from a bicycle that requires medical attention, you can receive cash benefits to help cover unexpected costs.

## Hospital Indemnity insurance

When you're facing a hospital stay, you can receive a benefit to help pay unexpected expenses not covered by your health plan.

## Specified Disease insurance

When you or your covered dependents are diagnosed with a covered condition, you can receive a cash benefit to help pay unexpected costs not covered by your health plan.

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# Accident insurance

## Why do you need it?

- **Helps your finances after a mishap.** When you, your spouse/domestic partner, or child has a covered accident, like a fall from a bicycle that requires medical attention, you can receive cash benefits to help cover unexpected costs.
- **Helps cover related expenses.** While health plans may cover direct costs associated with an accident, you can use accident benefits to help cover related expenses like lost income, child care, deductibles, and co-pays.
- **Pays cash benefits directly to you.** Accident insurance can be used however you want, and it pays in addition to any other coverage you may already have. Benefits are payable directly to you. And, there are no health questions or pre-existing conditions limitations.

## Accident fast facts

- Falls are the leading cause of injuries treated in emergency rooms every year, for people of all ages.<sup>1</sup>
- This coverage pays benefits whether your covered accident happens at work, at home, or away (also known as 24-hour coverage).
- You can purchase this coverage for you and your family.
- Child coverage is available to age 26.

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FEDERATION MEMBERSHIP BENEFITS PROGRAM

All Eligible PEF Members POLICY # 962884

1: Health, United States, 2016. US Dept. of Health and Human Services,  
Table 75

## What's covered

Once your coverage goes into effect, you can file a claim for covered accidents that occur after your insurance plan's effective date. Unless otherwise specified, benefits are payable only once for each covered accident, as applicable. The full list of benefits is below:

<b>Dislocations</b>	<b>Open (surgery)</b>	<b>Closed (no surgery)</b>
Hip, knee, ankle, or bones of the foot	\$1,000	\$500
Elbow, wrist, shoulder, collarbone, or bones of the hand	\$800	\$400
Finger(s) or toe(s)	\$100	\$50
Lower jaw	\$600	\$300

<b>Fractures</b>	<b>Open (surgery)</b>	<b>Closed (no surgery)</b>
Hip or thigh	\$2,000	\$1,000
Skull-depressed	\$3,000	\$1,500
Skull-simple	\$1,500	\$750
Vertebral processes, bones of the face, or nose	\$700	\$350
Leg	\$1,000	\$500
Vertebrae, sternum, or pelvis	\$800	\$400
Upper jaw or upper arm	\$750	\$375
Lower jaw, collarbone, shoulder, forearm, hand, wrist, foot, ankle, kneecap, elbow, or heel	\$650	\$325
Rib, finger, toe, or coccyx	\$350	\$175
Multiple ribs	\$500	\$250

<b>Additional injuries</b>	<b>Benefit</b>
Eye injury - surgical repair	\$125
Eye injury - object remove	\$125
Paralysis—paraplegia	\$5,000
Paralysis—quadriplegia	\$5,000
Coma	\$5,000
Concussion	\$50

<b>Burns</b>	<b>2nd degree</b>	<b>3rd degree</b>
20-40 square centimeters	\$100	\$250
41-65 square centimeters	\$300	\$1,000
66-160 square centimeters	\$400	\$3,000
161-225 square centimeters	\$500	\$5,000
More than 225 square centimeters	\$500	\$5,000
Skin graft	50% of the applicable Burn Benefit	

<b>Lacerations</b>	<b>Benefit</b>
No sutures and treated by doctor	\$35
Single laceration under 5 cm with sutures	\$65
5-15 cm with sutures (total of all lacerations)	\$250
Greater than 15 cm with sutures (total of all lacerations)	\$500

<b>Medical services</b>	<b>Benefit</b>
Diagnostic Exam - Arteriogram, Angiogram, CT, CAT, EKG, EEG, or MRI (1 time per benefit year)	\$200
Diagnostic Exam - X-ray (1 time per covered accident)	\$50
Accident Emergency Treatment, non-emergency room (once per covered accident)	\$50
Physician's Follow-up Treatment office visit (per visit, up to 6 times per covered accident)	\$50
Physical Therapy (per visit up to 10 visits per covered accident)	\$50
Medical Devices	\$125
Epidural Pain Management (up to 2 times per covered accident)	\$100
Prosthesis (one)	\$750
Prosthesis (two)	\$1,500
Blood, Plasma, or Platelet Transfusion	\$300



<b>Hospital</b>	<b>Benefit</b>
Hospital Admission (once per benefit year)	\$1,000
Hospital Confinement (per day up to 365 days per covered accident)	\$200
Intensive Care Unit Admission (once per Benefit Year; payable instead of Hospital Admission benefit if Confined immediately to ICU)	\$2,500
Intensive Care Unit Confinement (per day up to 90 days, payable in addition to any Hospital Confinement benefit)	\$750
Ambulance (Ground)	\$200
Ambulance (Air)	\$1,500
Emergency Room Admission	\$150
Family Lodging (per day up to 30 days per benefit year)	\$125
Transportation (100 or more miles up to 3 times per covered accident)	\$600
Rehabilitation Unit (per day up to 30 days per covered accident)	\$150

<b>Surgery</b>	<b>Benefit</b>
Open Surgery	\$500
Exploratory Surgery or Debridement	\$125
Tendon/Ligament/Rotator Cuff Tear	\$300
Torn Knee Cartilage	\$300
Ruptured/Herniated Disc	\$300

<b>Emergency Dental</b>	<b>Benefit</b>
Emergency Dental extraction	\$50
Emergency Dental crown	\$100

<b>Life and dismemberment losses*</b>	<b>Benefit</b>
Accidental Death	\$50,000
Accidental Death Common Carrier (pays an additional benefit if accidental death occurs while traveling as a fare-paying passenger on a public conveyance)	\$150,000
Catastrophic Loss: Both arms or both hands, both legs or both feet, one hand and one foot or one arm and one leg, or irrecoverable loss of sight of both eyes	\$50,000
Loss of one hand, foot, leg, or arm	\$3,750
Loss of sight of one eye or loss of one eye	\$3,750
Two or more fingers or toes	\$1,000
One finger or one toe	\$500

\*Benefits displayed for life and dismemberment are for the PEF member only. Spouse/domestic partner benefits are 100% of the member benefit amount for death and 100% of the member benefit amount for dismemberment. Dependent children benefits are 50% of the member benefit amount for death and 50% of the member benefit amount for dismemberment.

## Frequently asked questions

**Who do I call with questions about my claim?** If you have any questions regarding Accident insurance or existing coverage, please call PEF MBP Insurance at (800) 767-1840 or (518) 785-1900, ext. 243, opt. 2, before submitting a claim.

**What happens once my claim is approved?** The benefit amount you receive will depend on your injury and/or the treatment provided. Remember, benefits are payable only once for each covered accident, unless noted otherwise in the benefit schedule.

**Is there a time schedule that I need to follow?** Injuries and other related benefits due to a covered accident must be diagnosed or treated within a defined period from the date of your accident. This could be as few as three days for certain benefits. Refer to your Certificate for details.

**Can I take my insurance with me if I leave my position with New York State?** If you leave your PEF position at the State, you cannot take your insurance with you.

**Accident insurance is a limited benefit policy. The Certificate has exclusions that may affect any benefits payable. Benefits payable are subject to all terms and conditions of your Certificate.**

## Important information

**The following coverage(s) do not constitute comprehensive health insurance (often referred to as “major medical coverage”). They do NOT provide basic hospital, basic medical, or major medical insurance as defined by the New York State Department of Financial Services.**

This is accident only insurance. **IMPORTANT NOTICE—THIS POLICY DOES NOT PROVIDE COVERAGE FOR SICKNESS.**

The expected benefit ratio for this policy is 65%.

The expected benefit ratio(s) shown above reflect the portion of future premiums which the Company expects to return as benefits, when averaged over all people with the policy.

To become insured, you must meet the eligibility requirements set forth by PEF MBP. Your coverage effective date will be determined by the Policy and may be delayed if you are not actively at work on the date your coverage would otherwise go into effect. Similarly, dependent coverage, if offered, may be delayed if your dependents are in the hospital (except for newborns) on the date coverage would otherwise become effective. Refer to your Certificate for details.

### **Limitations and exclusions**

The below exclusions and limitations may vary by state law and regulations. This list may not be comprehensive.

Please see your Certificate or call PEF MBP Insurance at (800) 767-1840 or (518) 785-1900, ext. 243, opt. 2.

## **Accident**

We will not pay a benefit that is due to or results from: suicide while sane or insane; intentionally self-inflicted injuries; committing or attempting to commit an assault, felony or other criminal act; war or an act of war; active participation in a riot, rebellion or insurrection; voluntary use of any controlled substance/illegal drugs; operation of a motorized vehicle while intoxicated; if you do not submit proof of your loss as required by us (this covers medical examination, continuing care, death certificate, medical records, etc.); incarceration; engaging in hang-gliding, bungee jumping, parachuting, sail gliding, parasailing, parakiting or mountaineering; participating in or practicing for any semi-professional or professional competitive athletic contest in which any compensation is received, including coaching or officiating; injuries sustained from commercial air transportation other than riding as a fare paying passenger; work-related illness or injuries unless you are enrolled in 24-coverage.

**This Overview is preliminary to the issuance of the Policy. Refer to your Certificate for details. Receipt of this Overview does not constitute approval of coverage under the Policy. In the event of a discrepancy between this Overview, the Certificate and the Policy, the terms of the Policy will govern. Product offerings may not be available in all states and may vary depending on state laws and regulations.**

## Rates

### Coverage and Bi-Weekly rates for Accident insurance.

Accident coverage is contributory meaning you are responsible for paying for all or a part of the cost through payroll deduction.

Coverage	Bi-Weekly cost*
PEF Member	\$2.81
PEF Member + Spouse/Domestic Partner	\$5.09
PEF Member + Child(ren)	\$5.84
Employee + Family	\$8.11

\*The rates are in effect for March 1, 2024. Contact PEF MBP to confirm the portion of the cost for which you are responsible.

## How to enroll

Enroll online at [pefmbp.com](https://pefmbp.com) or, complete, sign, and submit a hard copy enrollment form to the PEF Membership Benefits Program. This form will authorize the PEF Membership Benefits Program to make payroll deductions to cover the cost of your insurance. When your application is approved, your premiums will be automatically deducted from your paycheck.



Online Enrollment Form

You will need to sign into the PEF MBP website with your PEF Membership Identification Number (MIN) and password to access the online application.



# Hospital Indemnity insurance

## Helps protect your finances

When you're facing a hospital stay, you can receive a benefit to help pay unexpected expenses not covered by your health plan.

- **Helps cover related expenses.** While health plans may cover direct costs associated with an illness or injury, you can use your hospital indemnity benefits to help cover related expenses like lost income, child care, deductibles, and copays.
- **Pays cash benefits directly to you.** Hospital Indemnity insurance payments can be used however you want, and it pays in addition to any other coverage you may already have.

## Hospitalization fast facts

- 5.4 days is the average length of stay in community hospitals<sup>1</sup>
- \$2,607 is the average cost per day of an inpatient stay<sup>2</sup>
- \$13,300<sup>3</sup> is the average cost of a hospital stay.

## THE NEW YORK STATE PUBLIC EMPLOYEES FEDERATION MEMBERSHIP BENEFITS PROGRAM

### All Eligible PEF Members POLICY # 962884

1. Trendwatch Chartbook 2020, American Hospital Association, 3:1, Average Length of Stay in Community Hospitals, 1995-2018. Chart Source: Analysis of American Hospital Association Annual Survey data, 2018, for community hospitals. Last accessed 07/21.

2. 1999-2019 AHA Annual Survey, Copyright 2020 by Health Forum, LLC, an affiliate of the American Hospital Association. Special data request, 2020. Last accessed 02/22.

3. [https://consumerhealthratings.com/healthcare\\_category/inpatient-average-cost-typical-prices-ballpark/](https://consumerhealthratings.com/healthcare_category/inpatient-average-cost-typical-prices-ballpark/). Estimated cost for a hospital stay in 2021 based on inflation. Last accessed 02/22.

## What's covered

This plan offers hospitalization benefits for you, your spouse/domestic partner, and/or your child(ren). Child coverage is available to age 26. Once your Hospital Indemnity coverage goes into effect, you can file a claim for hospital stays occurring after your plan's effective date.

### **Benefits are payable for hospital stays due to:**

- Sickness • Accidents\* • Complications of pregnancy
- Newborn complications • Routine newborn nursery care
- Mental and nervous disorders • Substance abuse

<b>Benefit Schedule—Choose the plan that best meets your need and budget</b>	<b>Low plan</b>	<b>High plan</b>
First day hospital confinement – 1 day per year  This benefit pays the first day you stay in a regular hospital bed or ICU bed.	\$1,000	\$2,000
First day ICU confinement – 1 day per year  This benefit pays the first day you stay in an ICU bed.	\$1,000	\$2,000
Daily hospital confinement – Up to 30 days per year  This benefit pays for a hospital stay in a standard room.	\$100 per day	\$165 per day
Intensive Care Unit (ICU) confinement – Up to 10 days per year  This benefit pays for an ICU stay.	\$100 per day	\$165 per day

\*Confinements due to an accident must be within 365 days of the accident.

**Here's another reason to sign up—there are no medical questions to answer, so coverage is guaranteed.**



## Rates

**Coverage and Bi-Weekly rates for Hospital Indemnity Insurance.** Hospital Indemnity coverage is contributory, meaning that you are responsible for paying for all or a portion of the cost through payroll deduction.

Coverage	Low plan Bi-Weekly cost*	High plan Bi-Weekly cost*
PEF Member	\$5.86	\$11.18
PEF Member + Spouse/Domestic Partner	\$12.49	\$23.83
PEF Member + Child(ren)	\$9.68	\$18.32
PEF Member + Family	\$16.31	\$30.97

\*The rates are in effect for March 1, 2024. Contact PEF MBP to confirm the portion of the cost for which you will be responsible.

## How to enroll

Enroll online at [pefmbp.com](https://pefmbp.com) or, complete, sign, and submit a hard copy enrollment form to the PEF Membership Benefits Program. This form will authorize the PEF Membership Benefits Program to make payroll deductions to cover the cost of your insurance. When your application is approved, your premiums will be automatically deducted from your paycheck.



You will need to sign into the PEF MBP website with your PEF Membership Identification Number (MIN) and password to access the online application.

Online Enrollment  
Form

## Frequently asked questions

**What if I have a pre-existing condition?** If your hospital stay is due to a pre-existing condition, benefits may not be payable if the diagnosis or treatment for your sickness was in:

- the first 12 months following your coverage effective date, or
- 12 months after any increase in your amount of coverage.

A pre-existing condition includes anything you have sought treatment for in the 3 months prior to coverage becoming effective. Treatment can include consultation, advice, care, services, or a prescription for drugs or medicine.

### **What benefits will I receive for my newborn child?**

Benefits payable for your newborn child will depend on where their stay occurs. If your baby is receiving routine newborn nursery care, the regular hospital confinement benefits are payable. If your newborn stays in the Neonatal Intensive Care unit (NICU), the Intensive Care Unit (ICU) benefits will be paid.

**Who do I call with questions about my claim?** If you have any questions regarding Hospital Indemnity insurance or existing coverage, please contact PEF MBP Insurance at (800) 767-1840 or (518) 785-1900, ext. 243, opt. 2, before submitting a claim application.

### **Do I need to file my claim within a certain timeframe?**

You should file your claim within 30 days of a covered confinement or as soon as reasonably possible.

### **Can I take my insurance with me if I leave my position with New York State?**

If you leave your PEF position at the State, you cannot take your insurance with you.

## Important information

This is a limited benefit policy. It does NOT provide basic hospital, basic medical, or major medical insurance. It is not a Medicare Supplement policy. The certificate has exclusions, limitations, and benefit waiting periods for certain conditions that may affect any benefits payable. Benefits payable are subject to all terms and conditions of the certificate.

The policy, certificate, and any rider, if applicable, may not be available in all states and may vary based on state laws and regulations. This product is inappropriate for individuals who are eligible for Medicaid coverage.

To become insured, you must meet the eligibility requirements set forth by PEF MBP and you must also be covered under major medical, or at least basic hospital and basic medical insurance. Your coverage effective date will be determined by the Policy and may be delayed if you are not actively at work on the date your coverage would otherwise go into effect. Similarly, dependent coverage, if offered, may be delayed if your dependents are in the hospital (except for newborns) on the date coverage would otherwise become effective. Refer to the Certificate for details.

## Helpful definitions

- **Confinement** means resident inpatient stay in a hospital or rehabilitation unit for at least 20 continuous hours. There must be a charge for room and board unless it is a Veteran's Administration Hospital or other federal government operated hospital. Hours spent in an observation unit are not eligible for the first day hospital confinement benefit. However, an observation unit stay of 20 hours or more will be covered under the daily hospital confinement benefit. Confinement does not include the period of time in a hospital emergency room, an observation room, a freestanding surgical facility, or an outpatient facility.
- **Hospital** means a short-term, acute general hospital that primarily provides diagnostic services, treatment, and care of injured or sick persons by physicians or dentists with organized departments of medicine and major surgery. It provides 24-hour nursing service by or under the supervision of a registered professional nurse (R.N.). If located in New York State, it has in effect a hospitalization review plan applicable to all patients which meets at least the standards set forth in section 1861(k) of the United States Public Law 89-87 (42 U.S.C. 1395x[k]). It also must be licensed; and is not, other than incidentally a place of rest, a place primarily for the treatment of tuberculosis, a place for the aged, a place for drug addicts, alcoholics, or a place for custodial, educational, or rehabilitative care.<sup>1</sup>
- **Intensive Care Unit (ICU)** means a specifically designated part of a hospital that provides the highest level of medical care. It is restricted to patients who are critically ill or injured and who require intensive comprehensive observation and care, including a neonatal intensive care unit specializing in the care of ill or premature newborn infants. The ICU must be under continuous observation by a specially trained nursing staff assigned exclusively to the intensive care unit on a 24-hour basis and have an assigned physician on a full-time basis. An ICU is not a progressive care unit; an intermediate care unit; a private monitored room; sub-acute intensive care unit, or an observation unit.

- **Inpatient or Inpatient Treatment** means receiving treatment as a resident patient using, and being charged for, the room and board facilities of a hospital or rehabilitation unit. The requirement that you be charged does not apply to confinement in a Veteran's Administration Hospital or other federal government operated hospital.
- **Rehabilitation Unit** means a distinct unit within a hospital that provides rehabilitation care services on an inpatient basis. Rehabilitation care services consist of multidisciplinary physical restorative services to achieve the highest possible functional ability for disability due to sickness or injury. Services are provided by or under the supervision of a trained and experienced rehabilitation physician. A rehabilitation unit is not a freestanding rehabilitative facility; a nursing home; an extended care facility; a Skilled Nursing Facility; a rest home or home for the aged; a Hospice Facility; a facility for the treatment of alcoholism or drug addiction or an assisted living facility.
- **Exclusions**  
The exclusions listed below may vary by state law and regulations. This list may not be comprehensive. Please see the Certificate or or call PEF MBP Insurance at (800) 767-1840 or (518) 785-1900, ext. 243, opt. 2.
- **Hospital Indemnity insurance** No benefits will be payable relating to or resulting from services or treatment rendered or confinement outside the United States, Mexico, or Canada.
  - No benefits will be payable for any loss that is caused or contributed to by: war or any act of war; service in the Armed Forces or unit's auxiliary thereof; participation in a felony; participation in a riot or insurrection; committing or attempting to commit suicide or intentionally self-inflicted injury; or cosmetic surgery except for reconstructive surgery or unless due to congenital anomaly or disease of a Dependent Child which has resulted in a defect; pregnancy or childbirth, except complications of pregnancy; hospital confinement (except for newborns) on the date coverage would otherwise become effective. Refer to the Certificate for details.



# Specified Disease Insurance

## **Helps protect your finances from an illness.**

When you, your spouse/domestic partner or child is diagnosed with a covered condition, you can receive a cash benefit to help pay unexpected costs not covered by your health plan.

**Helps cover related expenses.** While health plans may cover direct costs associated with a specified disease, you can use your benefit to help with related expenses like lost income, child care, travel to and from treatment, deductibles, and co-pays.

**Pays a cash benefit directly to you.** Specified Disease insurance can be used however you want, and it pays in addition to any other coverage you may already have.

What's more, all family members on your plan are eligible for the Wellness Screening Benefit, also paid directly to you once each year per covered person.

## Specified Disease fast fact

Most heart attack victims are middle-aged or older; the risk of a heart attack climbs for men after age 45 and for women after age 55.\*\*

\*\* "What are your Odds of a Heart Attack?" Health.com, 6/18

# Benefits

<b>Plan</b>	<b>Coverage amounts</b>
For you	You can choose between \$10,000 and \$40,000 of coverage in increments of \$10,000. No medical questions asked.
For your spouse/ domestic partner	<p>If you elect coverage for yourself, you can choose between \$10,000 and \$40,000 of coverage in increments of \$10,000. No medical questions asked.</p> <p>Not to exceed 100% of your coverage amount.</p>
For your child(ren)	<p>If you elect coverage for yourself, you can choose between \$2,000 and \$20,000 of coverage in increments of \$1,000. No medical questions asked.</p> <p>Not to exceed 50% of your coverage amount.</p> <p>An eligible child is defined as your child from birth to age 26.</p>

## What's covered

Once your coverage goes into effect, you can file a claim for covered conditions diagnosed after your insurance plan's effective date. Below is the full list of conditions.

### Covered conditions

The plan pays 100% of the benefit amount unless stated otherwise.

Conditions	
Core Conditions	<ul style="list-style-type: none"><li>• Heart Attack<sup>R</sup></li><li>• End-Stage Kidney Disease<sup>R</sup></li><li>• Major Organ Failure<sup>R</sup></li><li>• Stroke<sup>R</sup></li><li>• Coronary Artery Disease<sup>R</sup> (pays 25%)</li></ul>
Cancer Conditions	<ul style="list-style-type: none"><li>• Invasive Cancer<sup>R</sup></li><li>• Noninvasive Cancer<sup>R</sup> (Plan pays 25%)</li><li>• Skin Cancer<sup>R</sup> (Plan pays 5%)</li></ul>
Wellness Screening Benefit	<p>Payable to any covered person on your plan one time each year, once you provide proof of an eligible health screening.</p> <p>Employee—\$50 Spouse/Domestic Partner—\$50 Child—\$50</p>

<sup>R</sup> = Recurrence Benefit available

### When would I need the Recurrence Benefit?

Sometimes people are diagnosed with the same condition twice. If this happens to you, and 12 consecutive months have passed between the first and second diagnoses, we'll pay you a second time. Only the conditions marked (<sup>R</sup>) in the table above are eligible for the Recurrence Benefit. Once a Recurrence Benefit has been paid, no additional benefit will be paid for that Specified Disease.



## Rates

**Coverage and Bi-Weekly rates for Specified Disease Insurance.\*** Specified Disease coverage is contributory, meaning that you are responsible for paying for all or a portion of the cost through payroll deduction.

Find your age bracket (as of the effective date of coverage) to see the cost for the coverage amount you choose.

### PEF Member Specified Disease Age and Cost Bi-Weekly premium

Coverage amounts	\$10,000	\$20,000	\$30,000	\$40,000
<30	\$1.26	\$2.10	\$2.95	\$3.78
30-39	\$2.15	\$3.90	\$5.63	\$7.37
40-49	\$4.89	\$9.38	\$13.86	\$18.34
50-59	\$10.22	\$20.03	\$29.84	\$39.66
60-69	\$18.66	\$36.91	\$55.17	\$73.42
70+	\$35.33	\$70.25	\$105.17	\$140.09

### Spouse/Domestic Partner Specified Disease Age and Cost Bi-Weekly premium

Coverage amounts	\$10,000	\$20,000	\$30,000	\$40,000
<30	\$1.26	\$2.10	\$2.95	\$3.78
30-39	\$2.15	\$3.90	\$5.63	\$7.37
40-49	\$4.89	\$9.38	\$13.86	\$18.34
50-59	\$10.22	\$20.03	\$29.84	\$39.66
60-69	\$18.66	\$36.91	\$55.17	\$73.42
70+	\$35.33	\$70.25	\$105.17	\$140.09

\*The rates in the above charts are in effect for March 1, 2024. Please contact PEF MBP to confirm the portion of the rate for which you will be responsible.

**Child(ren) Specified Disease  
Cost Bi-Weekly premium**

<b>Coverage amounts</b>	<b>Cost Bi-Weekly premium</b>
\$2,000	\$0.05
\$3,000	\$0.07
\$4,000	\$0.08
\$5,000	\$0.10
\$6,000	\$0.13
\$7,000	\$0.15
\$8,000	\$0.17
\$9,000	\$0.19
\$10,000	\$0.21
\$11,000	\$0.23
\$12,000	\$0.25
\$13,000	\$0.27
\$14,000	\$0.30
\$15,000	\$0.32
\$16,000	\$0.34
\$17,000	\$0.35
\$18,000	\$0.38
\$19,000	\$0.40
\$20,000	\$0.42

\*The rates are in effect for March 1, 2024. Please contact PEF MBP to confirm the portion of the rate for which you will be responsible.

## How to enroll

Enroll online at [pefmbp.com](http://pefmbp.com) or, complete, sign, and submit a hard copy enrollment form to the PEF Membership Benefits Program. This form will authorize the PEF Membership Benefits Program to make payroll deductions to cover the cost of your insurance. When your application is approved, your premiums will be automatically deducted from your paycheck.



You will need to sign into the PEF MBP website with your PEF Membership Identification Number (MIN) and password to access the online application.

Online Enrollment  
Form

## Frequently asked questions

**What if I have a pre-existing condition?** If your hospital stay is due to a pre-existing condition, benefits may not be payable if the diagnosis or treatment for your sickness was in:

- the first 6 months following your coverage effective date, or
- 6 months after any increase in your amount of coverage.

A pre-existing condition includes anything you have sought treatment for in the 6 months prior to coverage becoming effective. Treatment can include consultation, advice, care, services, or a prescription for drugs or medicine.

**Who do I call with questions about my claim?** If you have any questions regarding Specified Disease insurance or existing coverage, please contact PEF MBP Insurance at (800) 767-1840 or (518) 785-1900, ext. 243, opt. 2, before submitting a claim.

**How do I get the Wellness Screening Benefit?** You may be paid the benefit when you or a covered family member submit proof of a simple screening each year, like specific blood tests, cancer screenings, cardiac stress tests, immunizations, school sports exams, and more.

**Can I receive benefits for more than one Specified Disease?** Yes. In order to receive benefits for more than one Specified Disease, there must be at least 6 consecutive months between each diagnosis date. You can only claim benefits once for each covered condition unless a recurrence benefit is payable.

**Can I take my insurance with me if I leave my position with New York State?** If you leave your PEF position at the State, you cannot take your insurance with you.

## Important information

**The following coverage(s) do not constitute comprehensive health insurance (often referred to as “major medical coverage”). They do NOT provide basic hospital, basic medical, or major medical insurance as defined by the New York State Department of Financial Services.**

To become insured, you must meet the eligibility requirements set forth by PEF MBP. Your coverage effective date will be determined by the Policy and may be delayed if you are not actively at work on the date your coverage would otherwise go into effect. Similarly, dependent coverage, if offered, may be delayed if your dependents are in the hospital (except for newborns) on the date coverage would otherwise become effective. Refer to the Certificate for details.

### **Limitations and exclusions**

The below exclusions and limitations may vary by state law and regulations. This list may not be comprehensive. Please see the Certificate or call PEF MBP Insurance at (800) 767-1840 or (518) 785-1900, ext. 243, opt. 2.

### **Specified Disease**

We will not pay a benefit for any Specified Disease that is due to or results from: services or treatment provided by an immediate Family Member; suicide, attempted suicide or intentionally self-inflicted injuries; cosmetic surgery, except that cosmetic surgery shall not include reconstructive surgery when such service is incidental to or follows surgery resulting from trauma, infection or other diseases of the involved part, and reconstructive surgery because of congenital disease or anomaly of a covered Dependent Child which has resulted in a functional defect; service in the Armed Forces or units auxiliary thereto; war or any act of war (this does not include acts of terrorism); participation in a riot or insurrection; committing a felony or being engaged in an illegal occupation; your engagement in aviation and related activities, such as skydiving and parachuting, and participation as a professional in athletics or sports; being legally intoxicated or under the influence of any narcotic unless taken on the advice of a Physician and taken as prescribed.

Covered conditions have specific diagnostic criteria that must be met (along with supporting documentation) for a benefit to be paid. For additional information regarding covered conditions, please request an outline of coverage.

In New York, to be eligible for Specified Disease coverage, the Insured must also be covered under major medical, or at least basic hospital and basic medical insurance. This is a limited benefit policy. The expected benefit ratio for this policy is 70%. The expected benefit ratio(s) shown above reflect the portion of future premiums which the Company expects to return as benefits, when averaged over all people with the policy.





Visit the PEF Membership Benefits Program at [pefmbp.com](http://pefmbp.com), scan the QR code, or call (800) 767-1840 or (518) 785-1900, ext. 243, opt. 2.



## **THE NEW YORK STATE PUBLIC EMPLOYEES FEDERATION MEMBERSHIP BENEFITS PROGRAM**

### **All Eligible PEF Members POLICY # 962884**

In New York, to be eligible for Supplemental Health coverage, the Insured must also be covered under major medical, or at least basic hospital and basic medical insurance. This is a limited benefit policy. This coverage does not constitute comprehensive health insurance (often referred to as "major medical coverage") and does not satisfy the requirement for Minimum Essential Coverage under the Affordable Care Act. The expected benefit ratio for the Specified Disease policy is 70% and for the Accident policy is 65%. This ratio is the portion of future premiums which the Company expects to return as benefits, when averaged over all people with the policy. The certificates have exclusions and limitations for certain conditions that may affect any benefits payable. Benefits payable are subject to all terms and conditions of the certificate. In New York, group insurance policies are underwritten by Sun Life and Health Insurance Company (U.S.) (Lansing, MI) under Policy Form Series 15-GP-01, 16-AC-C-01, 16-ACPort-C-01, 15-SD-GP-01, 16-SD-C-01, 16-SDPort-C-01, 15-HI-GP-01, 20-HI-C-01, 20-HIPort-C-01.

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