



GROUP BENEFIT
SOLUTIONS

A voluntary benefits offering that works for Devereux Advanced Behavioral Health

Voluntary Benefits

Accident | Critical Illness | Hospital Indemnity



Your team

Creating a supportive benefit experience; powered by our people.

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Simplified voluntary benefit claims

Ensuring employees can use their benefits when they need them most.



Simple + flexible claim submission

- Employees can easily submit a claim via phone, online, or by completing a claim form.
- On myNYLGBS, they can select a payment method such as direct deposit.
- They can also opt into text and/or email message notifications.



Seamless claim review

- Under our Proactive Claim Payments provision, certain accident claims will be reviewed for additional eligible benefits.
- When a disability, life, or AD&D claim is filed, we will auto-file or auto-pay any associated VB claims.
- We will use existing documentation to make decisions & expedite the VB claim payment.



Quick + easy claims communication

- Plain-English communications ensure the claimant is well informed of claim status.
- Notifications can be received via email and/or text, if the option was selected.
- Claimants can also view claim status any time on myNYLGBS.



Accurate + quick claim decisions

- Claim payments will be issued to the policyholder via EFT or check, depending on their selection.
- Health Screening Benefit claims are auto-adjudicated and paid within 48 hours.

Need to file a claim? Don't worry, it's easy.

Your accident, critical illness and hospital indemnity insurance benefits are there for you during times of need – so we've made the process of filing a claim easy and hassle-free, so you can focus on getting well.

1 You've had a need to use your benefits

You or a covered loved one has an illness, injury or hospitalization that's covered by your benefits.

2 It's time to file your claim

- › You can submit a claim online at myNYLGBS.com. If it's your first visit to the site, be sure to click "Register here" to set up your online account.
- › Please note that in most cases, we'll need you to include documentation to support your claim, such as medical records, doctor's notes, or hospital discharge summary.
- › Submitting your claim through myNYLGBS.com allows for the fastest claim process. Make sure to have direct deposit or EFT (Electronic Funds Transfer) set up ahead of time, so that you receive your claim payment faster.
- › You can also submit by phone at (888) 842-4462 or (866) 562-8421 (español), or by mail (print a claim form and mail it to us).

3 We review your claim

- › Once your claim has been received, one of our claim managers carefully reviews it.
- › Sometimes, additional information is needed to help us make a claim decision. We will let you know if there's anything else needed, and you can easily send us any missing documentation through myNYLGBS.com.

4 We notify you of our claim decision

- › You'll be notified as soon as we've made a decision on your claim.
- › Approved claim payments will be issued via direct deposit if you've signed up for Electric Funds Transfer or by mailed check.

5 If you need to file a claim for your health screening benefit

Provide the date and type of screening – claims can be approved and paid within 48 hours. Make sure to choose direct deposit to get your money even faster.

Helpful tips:



Sign up for text & email notifications online at myNYLGBS.com after you've submitted your claim.



You can also sign up for direct deposit at myNYLGBS.com. Signing up for direct deposit means getting your payment faster and easier.

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Simplified claims that put people first

Accident Insurance: Meet Carlos.



Carlos breaks his arm while on a ski trip with his family.



Carlos files an accident claim on myNYLGBS & uploads the needed documentation. He opts into text/email message notifications.

Carlos receives an email acknowledging receipt of his claim.



A VB claim manager reviews the claim for required information. If additional information is needed, the claim manager requests it from Carlos.



Once all the information is obtained, the **claim manager reviews the claim for additional benefits** through our Proactive Claim Payments feature.



Carlos receives a text message confirming the claim is approved. A lump sum payment for all applicable benefits is sent to him.

Carlos is encouraged to log into **myNYLGBS** to view his claim approval details.

Simplified claims that put people first

Critical Illness Insurance: Meet Milo.



Milo recently suffered a heart attack & needs to take a leave of absence from work.

Milo's employer submits an STD claim for his absence due to his heart attack.

Milo sets up direct deposit on **myNYLGBS**.

The VB claim manager is notified of Milo's STD claim because he is also enrolled in Critical Illness insurance.

His heart attack is identified as a qualifying diagnosis under his Critical Illness policy.

A Critical Illness claim is auto-filed on Milo's behalf. Medical information submitted as part of his STD claim is reviewed by the VB claim manager.

Milo's Critical Illness claim is approved, and he receives an approval letter. He is directed to **myNYLGBS** to view his approval details.

Since he had previously set up direct deposit for his STD claim, **Milo receives his Critical Illness claim payment via direct deposit.**

Simplified claims that put people first

Hospital Indemnity Insurance: Meet Peggy.



Peggy is having a baby and will deliver via C-section.

She wants to be prepared for her leave of absence.



Peggy files a disability claim on myNYLGBS prior to her delivery date.

She opts into text message notifications.



The VB claim manager is notified of Peggy's STD claim because she is also enrolled in Hospital Indemnity insurance.

Her childbirth is identified as a qualifying diagnosis under her Hospital Indemnity policy.



A Hospital Indemnity claim is auto-filed on Peggy's behalf.



Once Peggy delivers her baby, her Hospital Indemnity claim is approved, & she receives a text message confirming the claim approval.



Peggy receives a check for her VB claim & a separate disability claim payment.

She is encouraged to log into **myNYLGBS** to view her claim approval details.

Simplified claims that put people first

Health Screening Benefit: Meet Jordan.



Jordan & his wife, Susan get a **COVID-19 booster shot**.



Jordan remembers they each have a **Health Screening Benefit** available under their Accident & Critical Illness plans.



On myNYLGBS, Jordan files **ONE** health screening benefit claim for himself & **ONE** for his wife, even though they have the benefit under two separate plans. When submitting, they are only required to provide the date and type of screening – no documentation or proof of treatment required!



Within **48 hours**, the claims are **approved & paid** via two separate direct deposit transactions.