

Critical Illness Insurance

Protection when
faced with a
critical illness
diagnosis



Think About This



Every 40 seconds,
an American will suffer
a heart attack[†]



Every 40 seconds,
someone in the U.S. has
a stroke[†]



By 2035, 45.1% of the U.S.
population is projected to
have some form of CVD^{††}

If you're diagnosed with a critical illness and it keeps you out of work, your finances may be affected. Critical Illness Insurance can help ease your mind so you can focus on getting better.

Here's How It Works

- Select a benefit and premium amount to meet your needs
- Premiums will be deducted each pay period
- If you're diagnosed with a critical illness, file a claim to receive a lump-sum cash benefit*

Protecting Your Finances

You've worked hard for your savings.

- Protect your checking and savings
- Don't dip into your 401(k)



**Protecting insureds
for over 60 years**

Meeting Your Needs

- Guaranteed renewable for life, subject to change in premiums by class*
- Spouse and child(ren) receive the same basic-benefit amount as you
- Benefits are paid regardless of any other medical coverage you have
- Premiums can be payroll deducted

[†]Heart Disease and Stroke Statistics—2023 Update: A Report From the American Heart Association. ^{††}CVD = Cardiovascular Disease. <https://www.heart.org/en/news/2019/01/31/cardiovascular-diseases-affect-nearly-half-of-american-adults-statistics-show> *Please refer to the Exclusions and Limitations section of this brochure.

Claim Example



Choose

A mother signs up for Critical Illness Insurance during her employer's Open Enrollment.

Use

A few months later, she learns she has a coronary artery disease. Here's her story:



Wellness Exam

Her doctor detects a heart condition during her annual wellness exam



Diagnosis

After more tests and a visit to a cardiologist, she is diagnosed with coronary artery disease



Decision

Her doctor recommends surgery to remove a blockage and her recovery will take six to eight weeks



Surgery

She has bypass surgery and is in the hospital for 4 days



Recovery

She goes home to begin her recovery and has regular doctor visits

Claim

She files a claim on her Critical Illness coverage through the convenient web portal, **MyBenefits**. She receives a lump-sum cash benefit for:

- Wellness
- Bypass Surgery

MyBenefits Claim Filing Portal

standard.com/ahl/mybenefits

Offers 24/7 access to important information about your benefits. eSign, submit and check your claims (including claim history), request cash benefits to be direct deposited, make changes to personal information, and more.

Here are some of the ways she can use her cash benefits



Finances

Can help protect savings, retirement plans and 401(k)s from being depleted



Travel

Can help pay for expenses while receiving treatment in another city



Home

Can help pay the mortgage, continue rental payments, or home repairs for after care



Expenses

Can help pay for her family's living expenses, such as bills, electricity, and gas

The example above details a fictional situation; your individual experience may vary. For a listing of benefits and benefit amounts, see pages 3 and 4.

Benefit Amounts

Critical Illness Category 1 Benefits ¹	Plan 1	Plan 2	Plan 3	Plan 4
Heart Attack (100%)	\$5,000	\$15,000	\$35,000	\$50,000
Stroke (100%)	\$5,000	\$15,000	\$35,000	\$50,000
Heart Transplant (100%)	\$5,000	\$15,000	\$35,000	\$50,000
Bypass Surgery (25%)	\$1,250	\$3,750	\$8,750	\$12,500
Angioplasty, Atherectomy, Stent Placement (25%)	\$1,250	\$3,750	\$8,750	\$12,500
Critical Illness Category 2 Benefits ¹	Plan 1	Plan 2	Plan 3	Plan 4
Major Organ Transplant (100%)	\$5,000	\$15,000	\$35,000	\$50,000
End Stage Renal Failure (100%)	\$5,000	\$15,000	\$35,000	\$50,000
Paralysis	4 limbs (100%)	\$5,000	\$15,000	\$35,000
	2 limbs (50%)	\$2,500	\$7,500	\$17,500
Multiple Sclerosis (25%)	\$1,250	\$3,750	\$8,750	\$12,500
Alzheimer's Disease (25%)	\$1,250	\$3,750	\$8,750	\$12,500
Additional Rider	Plan 1	Plan 2	Plan 3	Plan 4
Wellness Benefit Rider (pays daily)	\$25	\$25	\$25	\$25

¹The percentage shown for each benefit is the percentage of the Basic Benefit Amount payable for each critical illness. After 100% of the Basic Benefit Amount has been paid within a category (Category 1 or 2), no more benefits are paid for any illness associated with that category. Once a covered person has exhausted all benefit maximums in Categories 1 and 2, coverage ends for that person.

Plan 1 - Monthly Premiums

\$5,000 Basic Benefit Amount

AGE	EE	EE+CH	F
Non-Tobacco			
18-29	\$3.93	\$5.23	\$7.64
30-39	\$4.85	\$6.25	\$9.33
40-49	\$6.49	\$8.17	\$12.76
50-59	\$8.58	\$10.61	\$17.24
60-64	\$11.76	\$13.79	\$22.73
Tobacco			
18-29	\$4.70	\$6.09	\$9.01
30-39	\$6.82	\$8.65	\$13.19
40-49	\$11.04	\$13.44	\$21.11
50-59	\$16.37	\$19.01	\$31.06
60-64	\$22.38	\$25.70	\$42.53

Plan 2 - Monthly Premiums

\$15,000 Basic Benefit Amount

AGE	EE	EE+CH	F
Non-Tobacco			
18-29	\$5.30	\$6.80	\$10.07
30-39	\$8.04	\$9.88	\$15.15
40-49	\$12.97	\$15.63	\$25.43
50-59	\$19.25	\$22.94	\$38.87
60-64	\$28.77	\$32.49	\$55.36
Tobacco			
18-29	\$7.60	\$9.38	\$14.18
30-39	\$13.96	\$17.06	\$26.74
40-49	\$26.61	\$31.44	\$50.50
50-59	\$42.60	\$48.15	\$80.33
60-64	\$60.63	\$68.23	\$114.76

Plan 3 - Monthly Premiums

\$35,000 Basic Benefit Amount

AGE	EE	EE+CH	F
Non-Tobacco			
18-29	\$8.04	\$9.95	\$14.93
30-39	\$14.43	\$17.13	\$26.80
40-49	\$25.93	\$30.55	\$50.77
50-59	\$40.58	\$47.60	\$82.15
60-64	\$62.79	\$69.90	\$120.61
Tobacco			
18-29	\$13.39	\$15.97	\$24.53
30-39	\$28.23	\$33.89	\$53.83
40-49	\$57.75	\$67.44	\$109.27
50-59	\$95.07	\$106.44	\$178.88
60-64	\$137.13	\$153.28	\$259.21

Plan 4 - Monthly Premiums

\$50,000 Basic Benefit Amount

AGE	EE	EE+CH	F
Non-Tobacco			
18-29	\$10.09	\$12.32	\$18.57
30-39	\$19.23	\$22.58	\$35.54
40-49	\$35.65	\$41.75	\$69.78
50-59	\$56.58	\$66.09	\$114.60
60-64	\$88.30	\$97.95	\$169.55
Tobacco			
18-29	\$17.74	\$20.91	\$32.30
30-39	\$38.94	\$46.52	\$74.15
40-49	\$81.10	\$94.44	\$153.35
50-59	\$134.43	\$150.15	\$252.80
60-64	\$194.50	\$217.07	\$367.55

EE = Employee; EE+CH = Employee + Child(ren);
F = Family

Issue ages are 18 to 64.

Benefits - Subject to maximums as listed on page 3

Critical Illness Category 1 Benefits*

Heart Attack - a cardiac arrest is not a heart attack and is not covered by this benefit

Stroke - Transient ischemic attacks (TIAs) are excluded

Heart Transplant

Bypass Surgery - the following procedures are not considered bypass surgery: balloon angioplasty, laser embolectomy, atherectomy, stent placement, or other nonsurgical procedures

Angioplasty, Atherectomy, Stent Placement - confirmation by a licensed cardiologist and angiographic evidence of the underlying disease must be received

Critical Illness Category 2 Benefits*

Major Organ Transplant - pays a benefit when the covered person undergoes a lung, liver, pancreas, or kidney transplant; does not include heart transplant

End Stage Renal Failure - end stage renal disease affecting both kidneys, with the covered person undergoing peritoneal dialysis or hemodialysis or renal transplant

Paralysis - complete and permanent loss of use of 2 or more limbs. Not covered if a result of a stroke

Multiple Sclerosis - must be diagnosed by a consultant neurologist

Alzheimer's Disease - must be diagnosed by a psychiatrist or neurologist and unable to perform 3 or more of these activities: bathing, dressing, toileting, eating, taking medication

Additional Rider

Wellness Benefit Rider - once per day, per person, per calendar year. Tests include: Biopsy for skin cancer; Blood tests for triglycerides, CA15-3 (cancer antigen 15-3 - blood test for breast cancer), CA125 (cancer antigen 125 - blood test for ovarian cancer), CEA (carcinoembryonic antigen - blood test for colon cancer), PSA

(prostate specific antigen - blood test for prostate cancer); Bone Marrow Testing; Chest X-ray; Colonoscopy; Doppler screening for carotids or peripheral vascular disease; Echocardiogram; EKG (Electrocardiogram); Flexible sigmoidoscopy; Hemoccult stool analysis; HPV (Human Papillomavirus) Vaccination; Lipid panel (total

cholesterol count); Serum Protein Electrophoresis (test for myeloma); Stress test on bike or treadmill; Thermography; Ultrasound screening of the abdominal aorta for abdominal aortic aneurysms; Any generally medically accepted cancer screening test not listed above

*After 100% of the Basic Benefit Amount has been paid within a category (Category 1 or 2), no more benefits are paid for any illness associated with that category. Once a covered person has exhausted all benefit maximums in Categories 1 and 2, coverage ends for that person.



Protecting individuals & families
for over 60 years

Beneficial insurance coverage to **help you and your family enjoy greater financial peace of mind** when the unexpected happens.

When you choose our
**Individual
Insurance Coverage**,
we can help give you financial
peace of mind.

We have been in the business of protecting America's families for over 60 years. Our valuable coverage options help empower people to make the best decisions for their finances and their futures.

Once you've elected coverage, register with our convenient customer service portal, MyBenefits, for anytime access to your coverage details and important documents. MyBenefits also allows you to file claims quickly and easily – and get benefits deposited directly into your bank account (authorization required).

Policy Specifications

Conditions and Limits - The policy provides benefits only for the illnesses shown. You can only receive benefits for an illness once. The policy does not cover any other disease, sickness, or incapacity. All covered conditions must be diagnosed by a medical doctor. Emergency situations that occur while outside the United States will be reviewed and considered when the covered person returns to the United States.

Eligibility/Termination - Family coverage may include you, your spouse or domestic partner, and eligible children. The policy terminates when you stop paying premiums or request to cancel the coverage, or when all covered persons have received the maximum benefits payable in all benefit categories. Coverage for children ends when the child reaches age 26, unless he or she continues to meet the requirements of an eligible dependent. Spouse or domestic partner coverage ends upon divorce/termination of partnership. Your spouse or domestic partner, if covered, becomes the insured in the event of your death.

Benefit Conditions

Pre-Existing Condition Limitation - Benefits are not paid for a pre-existing condition during the first 6 months of coverage. A pre-existing condition is a condition (not revealed in the application) for which: symptoms existed within the 6-month period before the effective date, or medical advice or treatment was recommended or received from a medical doctor within the 6-month period before the effective date. A pre-existing condition can exist even though a diagnosis has not yet been made.

Exclusions and Limitations - Benefits are not paid for: any act of war or participation in a riot, insurrection or rebellion; intentionally self-inflicted injuries; engaging in an illegal occupation or felony; attempted suicide; loss sustained or contracted in consequence of being intoxicated or under the influence of any narcotic unless taken on the advice of a doctor; participation in any form of aeronautics except as a fare-paying passenger in a licensed common-carrier aircraft.

This brochure is for use in enrollments situated in CA. This advertisement is a solicitation of insurance; contact may be made by an Agent, Agency, or Representative of The Standard.

This material is valid as long as information remains current, but in no event later than January 15, 2029.

Critical Illness benefits are provided under policy form CILP1, or state variations thereof. Wellness Benefit Rider benefits are provided under rider form WBR5, or state variations thereof.

The policy and rider provide limited benefit critical illness insurance. The policy is not a Medicare Supplement Policy. If eligible for Medicare, review Medicare Supplement Buyer's Guide available from American Heritage Life Insurance Company.

This information highlights some features of the policy but is not the insurance contract. Only the actual policy provisions control. For additional information, you may contact your Representative at The Standard. Underwritten by American Heritage Life Insurance Company (Home Office, Jacksonville, FL).

The coverage does not constitute comprehensive health insurance coverage (often referred to as "major medical coverage") and does not satisfy the requirement of minimum essential coverage under the Affordable Care Act.



The Standard is the marketing name used by American Heritage Life Insurance Company, a subsidiary of StanCorp Financial Group, Inc. standard.com or standard.com/ahl