

Cancer Insurance

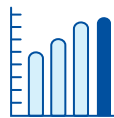
Protection for the treatment of cancer and 23 specified diseases



Think About This



Early detection, improved treatments and access to care are factors that influence cancer survival[†]



The number of cancer survivors in the U.S. is increasing, and is expected to jump to nearly 22.1 million by 2030^{††}



The five-year relative cancer survival rate has improved over the past several decades for most cancer types[‡]

After a cancer diagnosis, your life can become a whirlwind of doctor appointments and difficult decisions. Your finances don't need to be added to your list of concerns. Cancer Insurance can help you rest a little easier.

Here's How It Works

- Select the coverage that's right for you and your family
- If diagnosed with cancer or a specified disease, you file a claim
- You may receive a lump-sum benefit via check or direct deposit that you can use however you wish

Protecting Your Finances

You've worked hard for your savings – don't let a cancer diagnosis wipe them out.

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



Protecting insureds for over 60 years

Meeting Your Needs

- Coverage can include your dependents
- Includes coverage for cancer and 23 specified diseases
- Waiver of premium after 90 days when disabled due to cancer*
- Coverage is renewable for life; refer to your policy for details

[†]Life After Cancer: Survivorship by the Numbers, American Cancer Society, 2021.

^{††}Cancer Treatment & Survivorship Facts & Figures, 2019-2021.

*Premiums waived for primary insured only.

CA License #: OK53294

Claim Example



Choose

A husband signs up for Cancer Insurance during his employer's Open Enrollment.

Use

A few months later, he learns that he has prostate cancer. Here's his treatment path:



Pre-Op Testing

He undergoes PSA testing at a hospital 300 miles from his home



Surgery

He is admitted to the hospital for laparoscopic prostate cancer surgery



Post-Surgery

After surgery, he spends several hours in the recovery waiting room



Hospital Stay

He's transferred to his room and visited by his doctor during a 2-day hospital stay



Recovery

He visits his doctor regularly during a 2-month recovery period

Claim

TJ files a claim on his Cancer Insurance coverage through the convenient web portal, **MyBenefits**. He receives cash benefits for:

- Fixed Wellness Benefit
- Invasive Cancer Initial Diagnosis Progressive Benefit
- Continuous Hospital Confinement
- Non-Local Transportation
- Surgery
- Anesthesia
- Radiation/Chemotherapy
- Medical Imaging
- Inpatient Drugs and Medicine
- Physician's Attendance
- Anti-Nausea

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 he can use his 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 afford home repairs for after care



Expenses

Can help pay his 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, 4, and 5.

Cancer Insurance (CP12)

Includes coverage for 23 Specified Diseases
from American Heritage Life Insurance Company

Benefit Amounts

Hospital Confinement/Related Benefits	Plan 1	Plan 2
Continuous Hospital Confinement (daily)	\$400 ³	\$300 ³
Government or Charity Hospital (daily)	\$400 ³	\$300 ³
Private Duty Nursing Services (daily)	\$400 ³	\$300 ³
Radiation/Chemotherapy/Related Benefits	Plan 1	Plan 2
Radiation/Chemotherapy for Cancer ¹ (every 12 months)	\$20,000 ³	\$15,000 ³
Lifetime Max	\$100,000 ³	\$75,000 ³
Blood, Plasma, and Platelets ¹ (every 12 months)	\$20,000 ³	\$15,000 ³
Medical Imaging (every 12 months)	\$1,000 ³	\$750 ³
Hematological Drugs (every 12 months)	\$400 ³	\$300 ³
Surgery/Related Benefits	Plan 1	Plan 2
Surgery ²	\$6,000 ³	\$4,500 ³
Anesthesia (% of Surgery benefit)	25% ³	25% ³
Ambulatory Surgical Center (daily)	\$1,000 ³	\$750 ³
Second Opinion (every 12 months)	\$400 ³	\$300 ³
Bone Marrow Transplant (every 12 months)	\$14,000 ³	\$10,500 ³
Stem Cell Transplant (every 12 months)	\$14,000 ³	\$10,500 ³
Miscellaneous Benefits	Plan 1	Plan 2
Inpatient Drugs and Medicine (daily)	\$25	\$25
Physician's Attendance (daily)	\$50	\$50
Ambulance (per confinement)	Ground Air	\$250 \$10,000
Non-Local Transportation	\$0.50/mi	\$0.50/mi
Outpatient Lodging	Daily Yearly Max	\$100 \$2,000
Family Member Lodging (daily per trip; max. 60 days) and Transportation (coach fare or amount shown per mile*)	\$100 \$0.50/mi	\$100 \$0.50/mi
Physical or Speech Therapy (daily)	\$50	\$50
New or Experimental Treatment ¹ (every 12 months)	\$5,000	\$5,000
Prosthesis (per amputation)	\$2,000	\$2,000
Hair Prosthesis (every 2 years)	\$50	\$50
Nonsurgical External Breast Prosthesis (initial prosthesis)	\$100	\$100
Anti-Nausea Drugs (every 12 months)	\$200	\$200
National Cancer Institute Evaluation/Consultation (every 12 mos.)	\$500	\$500
Egg Harvesting and Storage (one-time benefit)	Extraction Storage	\$500 \$175
Waiver of Premium (primary insured only)	Yes	Yes
Additional Rider Benefits	Plan 1	Plan 2
Invasive Cancer Initial Diagnosis Level Benefit (one-time benefit)	\$10,000	\$7,000
Invasive Cancer Initial Diagnosis Progressive Benefit (one-time benefit)	\$2,000	\$1,200
Fixed Wellness Benefit	\$100	\$100
Intensive Care (ICU)	ICU (daily max. 45 days) Step-down (daily max. 45 days) Ground Ambulance Air Ambulance	\$200 \$100 \$250 \$10,000

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Opt 1 - 3HOSP; 3CHEM; 3SURG; 1MISC; 1ICR5; 10CLR3; 5CPR3; 1CABR3; 4WBR6; 0WBR7

Opt 2 - 2HOSP; 2CHEM; 2SURG; 1MISC; 1ICR5; 7CLR3; 3CPR3; 1CABR3; 4WBR6; 0WBR7

For use in: California

This rate insert is part of the CP12 Brochure for and is not to be used on its own.

This material is valid as long as information remains current, but in no event later than January, 13, 2029. Underwritten by American Heritage Life Insurance Company (Home Office, Jacksonville, FL). Insurance products are offered by American Heritage Life Insurance Company, Jacksonville, Florida in all states except New York. This information highlights some features of the policy/certificate but is not the insurance contract. Only the actual policy/certificate provisions

Plan 1 Weekly Premiums

Ages	Individual	Family
18-64	\$17.82	\$34.35
65-69	N/A°	N/A°
70-74	N/A°	N/A°
75-80	N/A°	N/A°

Plan 1 Bi-Weekly Premiums

Ages	Individual	Family
18-64	\$35.64	\$68.70
65-69	N/A°	N/A°
70-74	N/A°	N/A°
75-80	N/A°	N/A°

Plan 1 Semi-Monthly Premiums

Ages	Individual	Family
18-64	\$38.60	\$74.43
65-69	N/A°	N/A°
70-74	N/A°	N/A°
75-80	N/A°	N/A°

Plan 1 Monthly Premiums

Ages	Individual	Family
18-64	\$77.20	\$148.85
65-69	N/A°	N/A°
70-74	N/A°	N/A°
75-80	N/A°	N/A°

Plan 2 Weekly Premiums

Ages	Individual	Family
18-64	\$13.05	\$25.17
65-69	N/A°	N/A°
70-74	N/A°	N/A°
75-80	N/A°	N/A°

Plan 2 Bi-Weekly Premiums

Ages	Individual	Family
18-64	\$26.10	\$50.34
65-69	N/A°	N/A°
70-74	N/A°	N/A°
75-80	N/A°	N/A°

Plan 2 Semi-Monthly Premiums

Ages	Individual	Family
18-64	\$28.27	\$54.53
65-69	N/A°	N/A°
70-74	N/A°	N/A°
75-80	N/A°	N/A°

Plan 2 Monthly Premiums

Ages	Individual	Family
18-64	\$56.53	\$109.05
65-69	N/A°	N/A°
70-74	N/A°	N/A°
75-80	N/A°	N/A°

Issue Ages: 18-64

¹Up to number of days of previous hospital confinement.

²Pays the lesser of the amount listed or the cost.

³Pays up to amount listed in policy Schedule of Surgical Procedures. Amount paid depends on surgery.

⁴Includes the CAB Rider which increases the base policy benefit.

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*Maximum of 700 miles.

Cancer Insurance (CP12)

Includes coverage for 23 Specified Diseases
from American Heritage Life Insurance Company

Benefit Amounts

Hospital Confinement/Related Benefits	Plan 3
Continuous Hospital Confinement (daily)	\$200 ³
Government or Charity Hospital (daily)	\$200 ³
Private Duty Nursing Services (daily)	\$200 ³
Radiation/Chemotherapy/Related Benefits	Plan 3
Radiation/Chemotherapy for Cancer ¹ (every 12 months)	\$10,000 ³
Lifetime Max	\$50,000 ³
Blood, Plasma, and Platelets ¹ (every 12 months)	\$10,000 ³
Medical Imaging (every 12 months)	\$500 ³
Hematological Drugs (every 12 months)	\$200 ³
Surgery/Related Benefits	Plan 3
Surgery ²	\$3,000 ³
Anesthesia (% of Surgery benefit)	25% ³
Ambulatory Surgical Center (daily)	\$500 ³
Second Opinion (every 12 months)	\$200 ³
Bone Marrow Transplant (every 12 months)	\$7,000 ³
Stem Cell Transplant (every 12 months)	\$7,000 ³
Miscellaneous Benefits	Plan 3
Inpatient Drugs and Medicine (daily)	\$25
Physician's Attendance (daily)	\$50
Ambulance (per confinement)	Ground Air
	\$250 \$10,000
Non-Local Transportation	\$0.50/mi
Outpatient Lodging	Daily Yearly Max
	\$100 \$2,000
Family Member Lodging (daily per trip; max. 60 days) and Transportation (coach fare or amount shown per mile*)	\$100 \$0.50/mi
Physical or Speech Therapy (daily)	\$50
New or Experimental Treatment ¹ (every 12 months)	\$5,000
Prosthesis (per amputation)	\$2,000
Hair Prosthesis (every 2 years)	\$50
Nonsurgical External Breast Prosthesis (initial prosthesis)	\$100
Anti-Nausea Drugs (every 12 months)	\$200
National Cancer Institute Evaluation/Consultation (every 12 mos.)	\$500
Egg Harvesting and Storage (one-time benefit)	Extraction Storage
	\$500 \$175
Waiver of Premium (primary insured only)	Yes
Additional Rider Benefits	Plan 3
Invasive Cancer Initial Diagnosis Level Benefit (one-time benefit)	\$4,000
Invasive Cancer Initial Diagnosis Progressive Benefit (one-time benefit)	\$800
Fixed Wellness Benefit	\$75
Intensive Care (ICU)	ICU (daily max. 45 days) Step-down (daily max. 45 days) Ground Ambulance Air Ambulance
	\$200 \$100 \$250 \$10,000

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Opt 3 - 1HOSP; 1CHEM; 1SURG; 1MISC; 1ICR5; 4CLR3; 2CPR3; 1CABR3; 3WBR6; 0WBR7

Plan 3 Weekly Premiums

Ages	Individual	Family
18-64	\$8.70	\$16.60
65-69	N/A°	N/A°
70-74	N/A°	N/A°
75-80	N/A°	N/A°

Plan 3 Bi-Weekly Premiums

Ages	Individual	Family
18-64	\$17.40	\$33.20
65-69	N/A°	N/A°
70-74	N/A°	N/A°
75-80	N/A°	N/A°

Plan 3 Semi-Monthly Premiums

Ages	Individual	Family
18-64	\$18.84	\$35.96
65-69	N/A°	N/A°
70-74	N/A°	N/A°
75-80	N/A°	N/A°

Plan 3 Monthly Premiums

Ages	Individual	Family
18-64	\$37.67	\$71.92
65-69	N/A°	N/A°
70-74	N/A°	N/A°
75-80	N/A°	N/A°

Issue Ages: 18-64

†Up to number of days of previous hospital confinement.

¹Pays the lesser of the amount listed or the cost.

²Pays up to amount listed in policy Schedule of Surgical

Procedures. Amount paid depends on surgery.

³Includes the CAB Rider which increases the base policy benefit.

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*Maximum of 700 miles.

For use in: California

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Benefits - Subject to maximums as listed on pages 3 and 4

Hospital Confinement and Related Benefits

Continuous Hospital Confinement - inpatient confinement

Government or Charity Hospital - confinements in lieu of other benefits, except Waiver of Premium

Private Duty Nursing Services - nurse cannot be employed by confining hospital

Radiation/Chemotherapy and Related Benefits

Radiation/Chemotherapy for Cancer - covered treatments to destroy or modify cancerous tissue

Blood, Plasma and Platelets - transfusions, administration, processing, procurement, crossmatching

Medical Imaging - initial diagnosis or follow-up evaluation based on covered imaging exam

Hematological Drugs - boosts cell lines for white/red cell counts and platelets; payable when Radiation/Chemotherapy for Cancer benefit is paid

Surgery and Related Benefits

Surgery - based on Schedule of Surgical Procedures; per operation on an inpatient/outpatient basis. Two or more surgeries done at the same time through one incision or entry point are considered one operation. The operation with the largest benefit will be paid. Outpatient is paid at 150% of the amount listed in the Schedule of Surgical Procedures

Anesthesia - 25% of Surgery benefit for anesthesia received by an anesthetist

Ambulatory Surgical Center - payable only if Surgery benefit is paid

Second Opinion - second surgery or treatment opinion by a doctor not in practice with your doctor

Bone Marrow Transplant

Stem Cell Transplant

Miscellaneous Benefits

Inpatient Drugs and Medicine - not including drugs/medicine covered under the Radiation/Chemotherapy for Cancer or Anti-Nausea benefits

Physician's Attendance - one inpatient visit by one physician

Ambulance - transfer to or from hospital by licensed or hospital-owned ambulance

Non-Local Transportation - obtaining treatment not available locally

Outpatient Lodging - payable only if Radiation/Chemotherapy for Cancer benefit is paid; more than 100 miles from home

Family Member Lodging and Transportation - adult family member travels with you during non-local hospital stays for specialized treatment. Transportation not paid if Non-Local Transportation benefit paid

Physical or Speech Therapy - to restore normal body function

New or Experimental Treatment - payable if physician judges to be necessary; and only for treatment not covered under other policy benefits

Prosthesis - surgical implantation of prosthetic device for each amputation

Hair Prosthesis - wig or hairpiece every two years due to hair loss

Nonsurgical External Breast Prosthesis - initial prosthesis after a covered partial mastectomy

Anti-Nausea Benefit - prescribed anti-nausea medication on outpatient basis

National Cancer Institute Evaluation/Consultation - evaluation/consultation as a result of cancer

Egg Harvesting and Storage - harvesting of oocytes and storage of oocytes/sperm at a licensed facility

Waiver of Premium - must be disabled 90 days in a row, due to cancer, as long as disability lasts, up to 5 years. Premiums waived for primary insured only

Optional/Additional Rider Benefits

Invasive Cancer Initial Diagnosis Level Benefit Rider - for first-time diagnosis of cancer other than skin cancer

Invasive Cancer Initial Diagnosis Progressive Benefit Rider - for first-time diagnosis of cancer other than skin cancer; benefit amount increases each year the rider is in force

Fixed Wellness Benefit - per day, once per year for one of the following wellness services and tests: Biopsy for skin cancer; Blood tests for triglycerides, CA15-3 (breast cancer), CA125 (ovarian cancer), CEA (colon cancer), and PSA (prostate cancer); Bone Marrow Testing; Chest X-ray; Colonoscopy; Doppler screening for carotids or peripheral vascular disease; Echocardiogram; EKG

(Electrocardiogram); Flexible sigmoidoscopy; Hemocult stool analysis; HPV (Human Papillomavirus) Vaccination; Lipid panel (total cholesterol count); Mammography, including Breast Ultrasound; Pap Smear, including ThinPrep Pap Test; Serum Protein Electrophoresis (test for myeloma); Stress test on bike or treadmill; Thermography; and Ultrasound screening of the abdominal aorta for abdominal aortic aneurysms; any generally medically accepted cancer screening test not listed above

Cancer and Specified Disease Additional Benefit - increases the benefit paid on the following base policy benefits: Continuous Hospital Confinement; Government or Charity Hospital; Private Duty Nursing Services; Extended Care

Facility; At Home Nursing; Hospice Care, Radiation/Chemotherapy for Cancer; Blood, Plasma and Platelets; Hematological Drugs; Medical Imaging; Surgery; Anesthesia; Bone Marrow Transplant; Stem Cell Transplant; Ambulatory Surgical Center and Second Opinion

Intensive Care (ICU)

a. ICU Confinement - illness or accident confinements up to 45 days/continuous confinement

b. Step-down ICU Confinement - confinements up to 45 days/continuous confinement

c. Ground/Air Ambulance - not paid if the policy's Ambulance benefit is paid

Specified Diseases

23 Specified Diseases Covered - Addison's Disease; Amyotrophic Lateral Sclerosis (Lou Gehrig's Disease); Brucellosis; Diphtheria; Encephalitis;

Hansen's Disease; Hepatitis (Chronic B or Chronic C with liver failure or hepatoma); Legionnaires' Disease (confirmation by culture or sputum); Lyme Disease; Multiple Sclerosis; Muscular Dystrophy; Myasthenia

Gravis; Primary Biliary Cirrhosis; Rabies; Reye's Syndrome; Rocky Mountain Spotted Fever; Sickle Cell Anemia; Systemic Lupus Erythematosus; Tetanus; Thalassemia; Tuberculosis; Tularemia; Typhoid Fever

Policy Specifications

Eligibility - Coverage may include you, your spouse or domestic partner and children under age 26.

Termination of Coverage - Policy coverage terminates at the end of the grace period or your death (except that your covered spouse or domestic partner becomes the new insured; coverage will continue until their death). The riders terminate at the end of the grace period, if the policy terminates, or on the next renewal date after you request termination. Spouse/domestic partner coverage ends upon divorce/termination of partnership. Coverage for children ends when the child reaches age 26, unless the child is disabled and dependent on you for support.

Renewability - The policy is guaranteed renewable for life, subject to change in premiums by class. All premiums may change on a class basis. A notice is mailed in advance of any change.

Limitations and Exclusions

Pre-Existing Condition Limitation - Benefits are not paid for a pre-existing condition during the 12-month period beginning on the date that person's coverage starts. A pre-existing condition is a disease or condition for which: medical advice or treatment was recommended or received from a medical professional within the 12-month period prior to the effective date.

Policy Exclusions and Limitations - We only pay for a loss when cancer or a specified disease is the proximate cause of the loss. Benefits are not paid for losses caused or aggravated by cancer or a specified disease or as a result of treatment. We do not pay for any loss when cancer or a specified disease is only a remote cause of the loss. We do not pay for any loss due to precancerous conditions, including but not limited to: leukoplakia; actinic keratosis; hyperplasia; polycythemia; moles; or similar diseases or lesions. Treatment must be received in the United States or its territories.

Blood, Plasma and Platelets Limitation - Does not include blood replaced by donors, or for immunoglobulins.

Radiation/Chemotherapy for Cancer Limitation - We do not pay for: treatment or emergency or room charges; treatment planning, management, devices, or supplies; medications or drugs covered elsewhere in the policy; X-rays, scans, and their interpretations; or any other drug, charge or expense that does not directly modify or destroy cancerous tissues.

Limitations of Rider Benefits

Intensive Care Rider Exclusions and Limitations - Benefits are not paid for: attempted suicide or intentional self-inflicted injury; loss sustained or contracted in consequence of the insured being intoxicated or being under the influence of any controlled substance not prescribed by a physician. Benefits are not paid for confinements to a care unit that does not qualify as a hospital intensive care unit including progressive care, subacute intensive care, intermediate care, private rooms with monitoring, step-down and other lesser care units. Benefits are not paid for step-down confinements in the following units: telemetry or surgical recovery rooms; post-anesthesia care; progressive care; intermediate care; private monitored rooms; observation units in emergency rooms or outpatient surgery units; beds, wards, or private or semi-private rooms; emergency, labor or delivery rooms; or other facilities that do not meet the standards for a step-down hospital intensive care unit. Benefits are not paid for confinements occurring during a hospitalization prior to the effective date. Children born within 10 months of the rider date are not covered for confinement occurring or beginning during the first 30 days of the child's life.

Cancer and Specified Disease Benefits Additional Benefit Rider Limitation - The Radiation/Chemotherapy for Cancer and Blood, Plasma and Platelets benefits will only be paid under this rider after the limit per coverage year in the policy has been reached.

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Cancer and Specified Disease benefits are provided under policy form CP12 or state variations thereof. Cancer Rider benefits are provided under the following rider forms or state variations thereof: Fixed Wellness Benefit Rider WBR6; Intensive Care Rider ICR5; Invasive Cancer Initial Diagnosis Progressive Benefit Rider CPR3; Cancer and Specified Disease Additional Benefit Rider CABR3.

The policy and riders provide limited benefit supplemental cancer and specified disease 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. There may be instances when a law requires that benefits under this coverage be paid to a third party, rather than to you. If you or a dependent have coverage under Medicare, Medicaid, or a state variation, please refer to your health insurance documents to confirm whether assignments or liens may apply.

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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