



Underwritten by: **American Heritage Life Insurance Company**

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Group Accident Insurance

Protection for
accidental injuries
off-the-job



Think About This



More than 85% of the medically consulted injuries suffered by workers occurred off the job[†]



Every 10 minutes, 1,054 people suffer an injury severe enough to require a doctor or medical professional[†]



3.2 million people were treated in emergency departments for injuries involving sports and recreational equipment in 2021[†]

When an accidental injury requires medical attention, the costs can pile up quickly. Accident Insurance can help pick up where other insurance leaves off, providing a cash benefit to help cover expenses.

Here's How It Works

- Select a benefit and premium amount to meet your needs
- Premiums will be deducted each pay period
- If you have an accident and receive medical attention, file a claim and you may receive cash benefits*

Protecting Your Finances

You've worked hard for your savings - don't let an accident wipe it out.

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



**Protecting insureds
for over 60 years**

The Advantage

- Guaranteed Issue coverage, meaning no medical questions to answer*
- Premiums are affordable and can be conveniently payroll deducted
- Coverage may be continued; refer to your certificate for details

Coverage offered to the employees of:



Health

[†]National Safety Council, Injury Facts®, 2022 Edition.

*Please refer to the Exclusions and Limitations section of this brochure.

Meet Joe



Choose

Joe signs up for Accident Insurance during his employer's Open Enrollment.

Use

A few months later, Joe is playing soccer when he breaks his leg after colliding with another player. Here's his story:



Ambulance

Joe is taken by ambulance to an urgent care center



Tests

He is examined by a doctor and X-rays are taken



Hospital Stay

He is diagnosed with an open fracture of his tibia and fibula and admitted for surgery



Surgery

Joe has surgery and is visited by his doctor. He is released after a one-day hospital stay



Recovery

He is sent to physical therapy to strengthen his leg and improve his mobility

Claim

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

- Ground Ambulance
- Initial Hospital Admission
- Daily Hospital Confinement
- Urgent Care Center
- Accident Physician's Treatment
- Accident Follow-Up Treatment
- X-rays
- General Anesthesia
- Medical Equipment
- Medical Supplies
- Medication
- Therapy (6 days)
- Dislocation or Fracture (open reduction)

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 Joe 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 home repairs for after care



Expenses

Can help pay for 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 through 6.

ACCIDENT INSURANCE (GA17)

Group Accident Insurance Benefits from The Standard

ACCIDENT FACILITY CARE				PLAN 1	PLAN 2
Initial Hospital Admission				\$1,250	\$1,750
Daily Hospital Confinement (pays daily)				\$250	\$350
Intensive Care Unit Confinement (pays daily)				\$500	\$700
Rehabilitation Unit Confinement (pays daily)				\$250	\$350
ACCIDENT INJURIES				PLAN 1	PLAN 2
Brain Injury Diagnosis				\$750	\$1,050
Broken Tooth				\$250	\$350
Burns (% of body surface)	2nd Degree	Less than 10%	\$62.50	\$87.50	
			10% to 24%	\$125	\$175
			25% or more	\$625	\$875
	3rd Degree	Less than 10%	\$250	\$350	
			10% to 24%	\$1,250	\$1,750
			25% or more	\$5,000	\$7,000
Skin Graft (% of Burns Benefit)				50%	50%
Coma				\$25,000	\$35,000
Lacerations	With Repair (total length)	Less than 2"	\$125	\$175	
		2" to 6"	\$312.50	\$437.50	
		More than 6"	\$625	\$875	
	Without Repair		\$125	\$175	
Paralysis		1 or 2 Limbs	\$18,750	\$26,250	
		3 or 4 Limbs	\$37,500	\$52,500	
ACCIDENT TREATMENT AND URGENT CARE				PLAN 1	PLAN 2
Accident Follow-Up Treatment (pays daily)				\$125	\$175
Accident Physician Treatment (pays daily)				\$175	\$225
Ambulance		Air	\$1,750	\$2,250	
		Ground	\$350	\$450	
Urgent Care				\$175	\$225
X-ray				\$350	\$450
Emergency Room Services				\$250	\$350
Blood, Plasma or Platelets				\$750	\$1,050
Eye Injury				\$250	\$350
General Anesthesia				\$250	\$350
Ligament, Rotator Cuff, Tendon or Knee Cartilage Surgery		With Repair	\$1,250	\$1,750	
		Without Repair	\$375	\$525	
Miscellaneous Outpatient Surgery				\$250	\$350
Open Abdominal or Thoracic Surgery				\$2,500	\$3,500
Ruptured or Herniated Disc Surgery				\$1,250	\$1,750
Major Diagnostic Exam			up to	\$250	\$350
Pain Management (Epidural or Nerve Ablation)				\$125	\$175
or Corticosteroid Injection				\$25	\$35
TREATMENT, SUPPORT AND RECOVERY				PLAN 1	PLAN 2
Companion Non-Local Lodging (pays daily)				\$250	\$350
Medical Equipment				\$312.50	\$437.50
Medical Supplies				\$12.50	\$17.50
Medication				\$12.50	\$17.50
Non-Local Transportation (per trip; 3 times per accident)				\$625	\$875
Post-Accident Common Carrier Transportation				\$500	\$700
Prosthetic Device		1 device	\$1,250	\$1,750	
		2 or more devices	\$2,500	\$3,500	
Residence/Automobile Modification				\$1,250	\$1,750
Therapy (pays daily; up to 6 days per accident)				\$75	\$105
ACCIDENTAL DEATH AND DISMEMBERMENT				PLAN 1	PLAN 2
Accidental Death				\$50,000	\$70,000
Common Carrier Accidental Death (fare-paying passenger)				\$125,000	\$175,000
Accidental Dismemberment†				\$50,000	\$70,000
Functional Loss†				\$50,000	\$70,000
Automobile Accidental Death				\$5,000	\$7,000

OPTIONAL/ADDITIONAL RIDER		PLAN 1	PLAN 2
Dislocation and Fracture [^]			
Closed Reduction Maximum		\$12,000	\$16,000
Open Reduction Maximum		\$36,000	\$48,000
Avulsion Fracture or Chip Fracture (25% of Closed Reduction)	up to	\$3,000	\$4,000
Partial Dislocation (25% of Closed Reduction)	up to	\$3,000	\$4,000
Stress Fracture (10% of Closed Reduction)	up to	\$1,200	\$1,600
Automobile Accident ■		10%	10%
Organized Sports Activity*		10%	10%
Fixed Health Screening Services (once per person/year)		\$50	\$50

[^]Up to amount shown; see Injury Benefit Schedule in this document. Multiple losses from the same injury pay up to the maximums shown above for each type of repair (Open or Closed Reduction).

■ Automobile Accident Rider

Pays an additional percentage of the benefit amount paid for: Accident Facility Care; Accident Treatment and Urgent Care; Accident Injuries; Dislocation and Fracture

* Organized Sports Activity

Pays an additional percentage of the benefit amount paid for: Accident Facility Care; Accident Treatment and Urgent Care; Accident Injuries; Dislocation and Fracture

INJURY BENEFIT SCHEDULE

Benefit amounts for coverage and one occurrence are shown below.

WITH CLOSED or OPEN REDUCTION DISLOCATION*	PLAN 1		PLAN 2	
	OPEN	CLOSED	OPEN	CLOSED
Hip Joint	\$36,000	\$12,000	\$48,000	\$16,000
Ankle Joint; Knee Joint (except Patella); Bone or Bones of the Foot (except Toes)	\$14,400	\$4,800	\$19,200	\$6,400
Wrist Joint	\$12,600	\$4,200	\$16,800	\$5,600
Elbow Joint	\$10,800	\$3,600	\$14,400	\$4,800
Shoulder Joint	\$7,200	\$2,400	\$9,600	\$3,200
Bone or Bones of the Hand (except Fingers); Collarbone	\$5,400	\$1,800	\$7,200	\$2,400
Lower Jaw	\$3,600	\$1,200	\$4,800	\$1,600
Two or more Fingers or Two or more Toes	\$2,520	\$840	\$3,360	\$1,120
Kneecap (Patella)	\$1,800	\$600	\$2,400	\$800
One Finger or One Toe or Any other dislocation not listed above	\$1,080	\$360	\$1,440	\$480
FRACTURE*				
	OPEN	CLOSED	OPEN	CLOSED
Hip, Thigh (Femur); Pelvis (except Coccyx); Skull Fracture-Depressed (except Bones of the Face or Nose)	\$36,000	\$12,000	\$48,000	\$16,000
Skull Fracture-Non-Depressed (except Bones of the Face or Nose)	\$34,200	\$11,400	\$45,600	\$15,200
Vertebral Body or Vertebral Processes	\$27,000	\$9,000	\$36,000	\$12,000
Arm, between Shoulder and Elbow (Humerus); Shoulder Blade (Scapula); Leg (Tibia or Fibula)	\$19,800	\$6,600	\$26,400	\$8,800
Ankle; Kneecap (Patella); Collarbone (Clavical); Forearm (Radius or Ulna)	\$14,400	\$4,800	\$19,200	\$6,400
Foot (except Toes); Hand or Wrist (except Fingers)	\$12,600	\$4,200	\$16,800	\$5,600
Lower Jaw (Mandible) (except Alveolar Process)	\$7,200	\$2,400	\$9,600	\$3,200
Two or more Ribs, Fingers or Toes; Bones of Face (except Nose); Nose; Upper Jaw (except Alveolar Process); Sternum	\$5,400	\$1,800	\$7,200	\$2,400
One Rib, Finger or Toe; Coccyx; Any other fracture not listed above	\$2,520	\$840	\$3,360	\$1,120

*Employee, Spouse and Children receive 100% of the benefit amounts listed.

DISMEMBERMENT AND FUNCTIONAL LOSS	PLAN 1		PLAN 2	
Arm, Leg, Hand, Foot	\$25,000		\$35,000	
One or more entire Toes or Fingers	\$5,000		\$7,000	
Hearing or Sight (per Ear or Eye)	\$25,000		\$35,000	
Speech	\$50,000		\$70,000	

For Home Office Use Only Proposal P1708350736, Quote ACCMP1709485214, CL1

For use in enrollments situated in: MO. This rate insert is part of the approved brochure for Medical Transportation Management Inc (MTM) 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 September 30, 2029, 3 years from the date the rate insert was produced.



The Standard is the marketing name used by American Heritage Life Insurance Company, a subsidiary of The Standard Corporation.
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Benefits - Benefit paid for the following conditions (subject to maximums as listed on pages 3 and 4)

Accident Facility Care Benefits

Initial Hospital Admission - first admission to a hospital in a calendar year

Daily Hospital Confinement - maximum of 365 days over a two year period following the covered accident

Intensive Care Unit Confinement - maximum of 180 days

Rehabilitation Unit Confinement - must be hospital confined prior to being transferred to the rehabilitation unit. Maximum of 30 days per continuous period of rehabilitation unit confinement, up to the maximum of 60 days per calendar year

Accident Injuries Benefits

Brain Injury Diagnosis - diagnosis of concussion, cerebral laceration, cerebral contusion or intracranial hemorrhage

Broken Tooth - dental repair to sound natural teeth by crown, filling or extraction. One crown, filling or extraction per covered person, per accident. Not payable for injury caused by biting or chewing

Burns - treatment received within 48 hours of an accident for a 2nd or 3rd degree burn resulting from exposure to heat, electricity, radiation, friction or chemicals. Sunburns are not covered. If both 2nd and 3rd degree burns are suffered in a single accident, the benefit amount for each degree of burn is paid

Coma - unconsciousness lasting seven or more days; during which time, the Glasgow Coma Score is 4 or lower. Medically induced comas, coma resulting directly from drug or alcohol use, and diagnosis of brain death are excluded

Laceration - treatment received within three days of an accident for a cut or tear of skin/flesh. If more than one laceration in a single accident is repaired, the total length of all repaired lacerations will determine the benefit amount paid

Paralysis - complete/permanent loss of use of one or more limbs for 90 consecutive days

Skin Graft - skin transplant to repair or treat burns on the body. A benefit must be paid under the Burns benefit

Accident Treatment and Urgent Care Benefits

Accident Follow-Up Treatment - treatment received by telemedicine consultation (doesn't include electronic mail message, fax or online questionnaire), at a doctor's office or as an outpatient in a hospital. Maximum of six days. Not paid if the Therapy benefit is paid for the same day of treatment. If treatment is eligible for payment under the Accident Follow-Up Treatment and Therapy benefits, the treatment paying the highest benefit amount is paid

Accident Physician Treatment - treatment by a doctor

Ambulance - transportation by a licensed ground or air ambulance service. Both services pay once per accident per year

Urgent Care - services received at an urgent care facility

X-ray - must be ordered by a doctor

Emergency Room Services - treatment in an emergency room

Blood, Plasma or Platelets - transfusion of blood products to treat an injury

Eye Injury - surgery or removal of a foreign object by a doctor. Eye exam with or without anesthesia is not surgery

General Anesthesia - administered for surgery, provided one of the certificate surgery benefits is paid

Ligament, Rotator Cuff, Tendon, or Knee Cartilage Surgery - surgery or an exploratory arthroscopic surgical procedure to repair a torn, ruptured or severed tendon, ligament, rotator cuff or knee cartilage. Two or more surgeries done at the same time through one incision or entry point are considered one operation. The procedure or benefit that pays the highest amount is paid

Miscellaneous Outpatient Surgery - outpatient surgical procedures. Not paid if Eye Injury or any other surgery is paid. Two or more surgeries done at the same time through one incision or entry point are considered one operation. The procedure or benefit that pays the highest amount is paid

Open Abdominal or Thoracic Surgery - performed by a doctor for diagnosis or repair. Two or more surgeries done at the same time through one incision or entry point are considered one operation. The procedure or benefit that pays the highest amount is paid

Ruptured or Herniated Disc Surgery - surgical repair for a ruptured disc of the spine. Two or more surgeries done at the same time through one incision or entry point are considered one operation. The procedure or benefit that pays the highest amount is paid

Major Diagnostic Exam - CAT or CT scan, EEG, MRI, PET, ultrasound. X-rays are not covered. If more than one exam is ordered, the exam paying the highest benefit amount is paid

Pain Management - epidural injection, corticosteroid injection, or nerve ablation procedure to manage pain in the body. General, regional or local anesthesia is not covered

Treatment, Support and Recovery Benefits

Companion Non-Local Lodging - each day a companion stays at a non-local lodging to be with a covered person while confined in a non-local facility more than 50 miles from their home. Maximum of 30 days

Medical Equipment - doctor-prescribed cane, crutches, supportive braces, walker, walking boot, wheelchair, or scooter that aids in mobility

Medical Supplies - purchase of medical supplies

Medication - purchase of prescription or over-the-counter medication

Non-Local Transportation - when a covered person travels more than 50 miles from their home to obtain treatment not available locally. Not paid when receiving services other than non-local treatment,

when someone accompanies or visits a covered person receiving non-local treatment, or when transported by air or ground ambulance

Post-Accident Common Carrier Transportation - following a three-day hospital stay more than 250 miles from the covered person's home; requires a common carrier flight, train or bus to return home within 48 hours of discharge. Payable only if the Daily Hospital Confinement benefit is paid. Does not pay for someone to accompany the covered person

Prosthetic Device - a new or replacement of an existing prosthetic arm, eye, foot, hand, or leg. Does not include hearing aids, dental aids, false teeth, eyeglasses, artificial joints or cosmetic prostheses (including hair wigs)

Residence or Automobile Modification - permanent structural modifications made to a primary residence (by a licensed contractor) or an automobile within 365 days after a covered accident to maintain an independent lifestyle

Therapy - daily treatment for one or more of the following therapies: chiropractic; cognitive behavioral; occupational; physical; respiratory; speech or vocational. Not paid if the Accident Follow-Up Treatment benefit is paid; if the treatment received meets the requirements for Accident Follow-Up Treatment and Therapy, the benefit paying the highest amount is paid

Accidental Death and Dismemberment Benefits

Accidental Death - death caused by a covered accident

Common Carrier Accidental Death - death while traveling as a fare-paying passenger on a common carrier

Accidental Dismemberment - dismemberment(s) caused by a covered accident. If this benefit was previously paid for the loss of a finger, hand, foot or

toe and a second dismemberment occurs under the same covered accident in the same area of the body within 180 days, the benefit will be reduced by the previously paid amount

Functional Loss - total and irreversible loss of hearing, sight or speech lasting at least 90 days and caused by a covered accident

Automobile Accidental Death - death caused by a covered accident while driving or traveling as a passenger in an automobile. A police report must show that a seatbelt was worn and properly used at the time of the accident

Optional/Additional Rider Benefits

Dislocation and Fracture - dislocations or fractures resulting from a covered accident and listed in the schedule of benefits are covered. Multiple dislocations or fractures from the same accident are limited to the amount shown in the Benefit Amounts on page 3

- Closed Reduction** - non-surgical repair of a dislocation or fracture, including immobilization
 - Open Reduction** - surgical repair of a dislocation or fracture
 - Avulsion Fracture** - tendon or ligament pulls off a piece of bone
 - Chip Fracture** - small fragment of bone is broken off
 - Partial Dislocation** - joint is not completely separated
 - Stress Fracture** - tiny cracks in bone often caused by repetitive force
- Automobile Accident** - injuries caused by a covered accident while driving or traveling as a passenger in an automobile. Pays an additional percentage of the benefit amounts paid for: certificate

- and rider benefits for Accident Facility Care; Accident Treatment and Urgent Care; Accident Injuries; Dislocation and Fracture
- Organized Sports Activity** - pays for treatment of covered injuries received while participating as a player in a regularly scheduled athletic event or team practice. An athletic event: includes formal registration; has a set of written rules; is officiated by a certified official; has a governing body overseeing it; is an amateur event; and is not for wage or profit. Treatment must be received within 180 days of a covered accident. Pays an additional percentage of the benefit amounts paid for: certificate and rider benefits for Accident Facility Care; Accident Treatment and Urgent Care; Accident Injuries; Dislocation and Fracture
- Fixed Health Screening Services** - Fixed Health Screening Services - coverage for one eligible service performed each year for each covered person. Covered services include: Blood Chemistry Panel; Blood Tests for Triglycerides, Chest X-ray; Clinical Testicular Exam; CBC (blood count); Colonoscopy; Dental Exam; Doppler Screening (cancer, carotids or

peripheral vascular disease); Echocardiogram; EKG (Electrocardiogram); EEG (Electroencephalogram); Endoscopy; Eye Exam; Fasting Blood or Plasma Glucose test; Flexible Sigmoidoscopy; Hearing Test; Hemoglobin A1C; Hemocult Stool Analysis; HPV (Human Papillomavirus) vaccination; Immunization; Inpatient Visit for routine newborn care; Lipid Panel (total cholesterol count); Mental Health Assessments, including Patient Health Questionnaire-9 (PHQ-9), Beck Depression Inventory (BDI-II), and Hamilton Depression Rating Scale (HAM-D); [Novel infectious disease testing;] [Novel infectious immunization;] Office Visits for Preventative Care; Pap Smear, including ThinPrep Pap Test; Serum Protein Electrophoresis (test for myeloma); Sexually Transmitted Infections (STI) test; Skin Cancer Screening; Skin Exam; Stress Test (bike or treadmill); Testing for Donation of Bone Marrow (includes HLA - Human Leukocyte Antigen); Thermography; Two-Hour Post-Load Plasma Glucose Test; Ultrasound Screening of abdominal aorta for aortic aneurysms]



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
**Group Voluntary
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).

Certificate Specifications

Conditions and Limits

When an injury results in a covered loss within 180 days, unless otherwise stated, from the date of an accident, and is diagnosed by a physician, we will pay benefits as stated.

Eligibility

Your employer decides who is eligible for your group (such as length of service and hours worked each week).

Dependent Eligibility/Termination

Coverage may include you, your spouse or domestic partner, and your children. Spouse or domestic partner and children coverage ends when your coverage ends, when you request to terminate dependent coverage, or upon your death. Spouse or domestic partner coverage also ends upon divorce. Child coverage also ends when the child reaches age 26, unless the child is disabled and dependent on you for support.

When Coverage Ends

Coverage under the policy and riders ends on the earliest of the following: the date the group policy is terminated; the group policy grace period ends after non-payment of required premiums; you are no longer actively working for the group policyholder; you or your class are no longer eligible; you submit a written request to terminate the certificate; your death; a false claim is filed.

Exclusions and Limitations

Exclusions and Limitations for the Policy and the following riders: Automobile Accident Rider; Dislocation and Fracture Rider; Organized Sports Activity Rider; Fixed Health Screening Services Rider

Benefits are not paid for: act of war or participation in a riot, insurrection, rebellion or terrorist act; suicide or attempt at suicide, while sane; intentionally self-inflicted injury or action; any bacterial infections (except from an accidental cut or wound); participation in aeronautics unless a fare-paying passenger on a licensed common-carrier aircraft; engaging in an illegal occupation or committing or attempting an assault or felony; driving in any race or speed test or testing any vehicle on any course, racetrack or speedway; hernia, including complications; operating a vehicle with a blood alcohol level that equals or exceeds the legal limit in the jurisdiction where the accident occurred; voluntary ingestion, injection, inhalation, or absorption of any poison, gas or fumes; voluntarily taking drugs or sedatives, unless taken as prescribed by a physician; an on-the-job accident, regardless of whether the benefits were paid under workers' compensation; an error, mishap, or malpractice during a medical, diagnostic or surgical treatment or procedure; elective, cosmetic, plastic surgery, or drugs or supplies to alter, improve or enhance the shape or appearance of the body (including for psychological or emotional reasons); pregnancy; serving as an active member of the Military, Naval, or Air Forces of any country or combination of countries.

Benefits will not be paid for loss that occurs prior to the effective date of coverage or outside the United States or its territories, or Canada.

This brochure is for use in enrollments situated in MO. 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 October 06, 2029.

Group Accident benefits are provided under policy form GAI7, or state variations thereof. Dislocation and Fracture Rider GAIC7DF; Automobile Accident Rider GAIC7AA; Organized Sports Activity Rider GAIC7OS; Fixed Health Screening Services Rider GAIC7FHSR.

The coverage provided is limited benefit supplemental accident 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 is a brief overview of the benefits available under the group policy underwritten by American Heritage Life Insurance Company (Home Office, Jacksonville, FL). Details of the coverage, including exclusions and other limitations are included in the certificates issued. For additional information, you may contact your Representative at The Standard.

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