



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

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Critical Illness Insurance

Protection when faced with a critical illness diagnosis



Think About This



More than half of American adults suffer from at least one chronic illness or condition[†]



More than 75% of all health care costs in the U.S. are due to chronic conditions^{††}



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

If you're diagnosed with a critical illness and it keeps you out of work, the impact to your finances can grow quickly. 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 and receive a lump-sum cash benefit*

Protecting Your Finances

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

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



Protecting insureds for over 60 years

Meeting Your Needs

- Guaranteed Issue coverage, subject to exclusions and limitations*
- Coverage can include your dependents
- Covered Spouse receives 50% and Child(ren) 50% of your benefit amount
- Coverage may be continued; refer to your certificate for details

[†]Heart Disease and Stroke Statistics—2022 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.

Coverage offered to the employees of:



Health

Meet Carlos

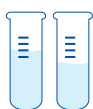


Choose

Carlos signs up for Critical Illness Insurance during his employer's Open Enrollment.

Use

A few months later, Carlos learns he has a critical illness. Here's his story:



Wellness Exam

Carlos has his annual wellness exam and his doctor notices abnormalities in his blood work



Tests

His doctor orders more tests to determine if Carlos is suffering from a common illness or something more serious



Diagnosis

Three days later, Carlos' doctor reports that the additional tests show signs of a critical illness



Treatment Plan

During a follow-up appointment, Carlos' doctor details a treatment plan and suggests they begin immediately



Recovery

Carlos schedules several doctor visits over the next 6 months for treatment of his condition to ensure a better health outcome

Claim

Carlos files claims on his Critical Illness coverage while undergoing treatment, through the convenient web portal, **MyBenefits**.

Carlos is thankful that he has supplemental Critical Illness coverage, because it provides the cash benefits he needs to help pay the out-of-pocket expenses his medical insurance doesn't cover.

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 Carlos 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 and 4.

Critical Illness Insurance (GCI5)

Group Critical Illness Insurance from The Standard

Offered to the Employees of: Medical Transportation Management Inc (MTM)

BENEFIT AMOUNTS

The percentages below are based on the Benefit Amount of
\$10,000 Plan 1, \$20,000 Plan 2 chosen by your employer.

†Covered spouse receives 50% of your benefit amount. †Covered child receives 50% of your benefit amount.

CRITICAL ILLNESS BENEFITS†	Benefit*	Plan 1	Plan 2	Recur**
Heart Attack	100%	\$10,000	\$20,000	100%
Stroke	100%	\$10,000	\$20,000	100%
End Stage Renal Failure	100%	\$10,000	\$20,000	100%
Major Organ Failure	100%	\$10,000	\$20,000	100%
Coronary Artery Disease/Coronary Artery Bypass Graft	25%	\$2,500	\$5,000	25%
Transient Ischemic Attack (TIA) or Reversible Ischemic Neurologic Deficit (RIND)	25%	\$2,500	\$5,000	25%
Crohn's Disease	25%	\$2,500	\$5,000	0%
Bone Marrow or Stem Cell Transplant	100%	\$10,000	\$20,000	0%
Invasive Cancer	100%	\$10,000	\$20,000	100%
Carcinoma In Situ	25%	\$2,500	\$5,000	25%
Waiver of Premium (employee only)	Included	Yes	Yes	Included
CARDIO BENEFITS†	Benefit*	Plan 1	Plan 2	Recur**
Sudden Cardiac Arrest	25%	\$2,500	\$5,000	0%
Idiopathic Pulmonary Fibrosis	25%	\$2,500	\$5,000	0%
Pulmonary Embolism	25%	\$2,500	\$5,000	0%
Coronary Artery Disease/Coronary Angioplasty	10%	\$1,000	\$2,000	0%
Cardiac Valve Disease/Aortic Valve or Mitral Valve Repair or Replacement	10%	\$1,000	\$2,000	0%
Cardiac Arrhythmias/Internal Cardioverter Defibrillator (ICD) Placement	10%	\$1,000	\$2,000	0%
Cardiac Arrhythmias/Pacemaker Placement	10%	\$1,000	\$2,000	0%
SUPPLEMENTAL CRITICAL ILLNESS BENEFITS†	Benefit*	Plan 1	Plan 2	
Advanced Alzheimer's Disease	100%	\$10,000	\$20,000	
Advanced Parkinson's Disease	100%	\$10,000	\$20,000	
Benign Brain Tumor	100%	\$10,000	\$20,000	
Coma	100%	\$10,000	\$20,000	
Loss of Hearing	100%	\$10,000	\$20,000	
Loss of Sight	100%	\$10,000	\$20,000	
Loss of Speech	100%	\$10,000	\$20,000	
Paralysis	100%	\$10,000	\$20,000	
CHILDHOOD BENEFITS	Benefit*	Plan 1	Plan 2	
Childhood Benefits	Child benefit amt.	100%	\$5,000	\$10,000

ADDITIONAL RIDER BENEFITS		Benefit*	Plan 1	Plan 2
Variable Health Screening Services				
Category 1		Yearly	\$50	\$50
Category 2		Yearly	\$100	\$100
Category 3		Yearly	\$200	\$200
Mental or Nervous Disorder	Payable up to	15 days	\$50/day	\$50/day
Substance Abuse	Payable up to	15 days	\$50/day	\$50/day
Skin Cancer [†]		Calendar Year	\$500	\$500
Specified Condition and Infectious Disease [†]		25%	\$2,500	\$5,000
Second Evaluation, Transportation, and Lodging				
Second Evaluation		Per treatment	\$2,000	\$2,000
Non-Local Transportation ¹	Air Fare	Per trip	\$1,000	\$1,000
	Personal Vehicle ³	Per mile	\$1/mile	\$1/mile
Outpatient Non-Local Lodging ²		Daily	\$200/day	\$200/day
Companion Non-Local Lodging ² and Transportation ¹		Daily	\$200/day	\$200/day
	Air Fare	Per trip	\$1,000	\$1,000
	Personal Vehicle ³	Per mile	\$1/mile	\$1/mile

*Benefit (some benefits pay a percentage of the benefit amount chosen or pay yearly, per treatment, a number of days or miles traveled.)

**Recurrence Benefit (pays a percentage of the benefit amount when a second diagnosis occurs for which a critical illness benefit was already paid.)

Benefits - Benefits paid upon diagnosis of the following conditions (subject to maximums as listed on page 3)

*Benefits paid once per covered person. When all benefits have been used, the coverage terminates.

Critical Illness Benefits*

Heart Attack[†] - the death of a portion of the heart muscle due to inadequate blood supply. Does not include established (old) myocardial infarction or cardiac arrest

Stroke[†] - death of a portion of the brain producing neurological sequelae, including infarction of brain tissue, hemorrhage and embolization from an extra-cranial source. Does not include transient ischemic attacks (TIAs), head injury, chronic cerebrovascular insufficiency or reversible ischemic neurological deficits

End Stage Renal Failure[†] - irreversible failure of both kidneys, resulting in peritoneal dialysis or hemodialysis. Does not include renal failure caused by traumatic events, including surgical trauma

Major Organ Failure[†] - diagnosis of failure of heart, lungs, liver, pancreas, or kidneys, with placement on National Transplant List or actual surgical transplant. Lungs and kidneys are considered one major organ, regardless of whether one or both lungs or kidneys are transplanted. Does not include bone marrow or stem cell transplant or donation surgery, and does not pay for mechanical or non-human organs

Coronary Artery Disease/Coronary Artery Bypass Graft[†] - surgery to correct narrowing or blockage of one or more coronary arteries or valves due to damage or disease with a bypass graft. Does not include coronary angioplasty, coronary angiography or any other intra-catheter technique procedures

Transient Ischemic Attack (TIA) or Reversible Ischemic Neurologic Deficit (RIND)[†] - a temporary or reversible ischemic event where measurable and functional neurological impairment is confined to an arterial area of the brain, there is no evidence of cerebral tissue damage, and reversible functional neurological impairments are confirmed

Crohn's Disease - chronic inflammation of the digestive tract. Does not include irritable bowel syndrome or ulcerative colitis

Bone Marrow or Stem Cell Transplant - surgical transplant of bone marrow and stem cells to a covered person (must come from a human donor). Does not include autologous transplant

Invasive Cancer[†] - malignant tumor with uncontrolled growth, including leukemia and lymphoma. Does not include carcinoma in situ or skin cancer (other than invasive malignant melanoma or metastasized skin malignancies)

Carcinoma In Situ[†] - non-invasive cancer, including melanoma that has not invaded the dermis. Does not include other skin malignancies, pre-malignant lesions (such as intraepithelial neoplasia), benign tumors, or polyps

Waiver of Premium (employee only) - premiums waived if disabled for 90 consecutive days due to a critical illness

Cardio Benefits*

Sudden Cardiac Arrest - sudden loss of normal heart function due to malfunction in the electrical system of the heart, resulting in an irregular heart rhythm (must be the primary diagnosis). Does not include a heart attack

Idiopathic Pulmonary Fibrosis - lung condition involving scarring and thickening of the lung tissue due to unknown causes. Does not include interstitial pneumonia, sarcoidosis or silicosis

Pulmonary Embolism - sudden blockage in a pulmonary artery or branch of pulmonary artery confirmed by an angiogram, ventilation perfusion scan, computerized tomography scan, magnetic resonance imaging or other reliable imaging techniques

Coronary Artery Disease/Coronary Angioplasty** - catheterization performed on damaged or diseased arteries or valves when cardiac function is impaired due to plaques or buildup of fatty deposits on artery walls causing narrowing of the coronary artery, resulting in partial or complete blockage

Cardiac Valve Disease/Aortic Valve or Mitral Valve Repair or Replacement** - surgical repair or replacement of an aortic valve or mitral valve with a mechanical or bio-prosthetic due to a defect with regurgitation and stenosis. Not paid if a diagnostic cardiac catheterization is performed

Cardiac Arrhythmia/Internal Cardioverter Defibrillator (ICD) Placement** - placement of an ICD under the skin to detect and correct an irregular heartbeat due to cardiac arrhythmias. Does not include replacement of existing ICD. Not paid if Heart Attack or Sudden Cardiac Arrest benefit is paid. Not paid if a diagnostic cardiac catheterization is performed

Cardiac Arrhythmia/Pacemaker Placement** - placement of a pacemaker under the skin to correct an irregular heartbeat due to cardiac arrhythmias. Does not include replacement of existing pacemaker. Not paid if Heart Attack or Sudden Cardiac Arrest benefit is paid. Not paid if a diagnostic cardiac catheterization is performed

Supplemental Critical Illness Benefits*

Advanced Alzheimer's Disease - must exhibit impaired memory and judgment and be certified unable to perform at least two activities of daily living (ADLs) without adult assistance. ADLs are bathing, dressing, toileting, bladder and bowel continence, transferring and eating

Advanced Parkinson's Disease - must exhibit two or more of the following: muscle rigidity, tremor, or bradykinesia (slowness in physical and mental responses); and be certified unable to perform at least two activities of daily living (ADLs) without adult assistance. ADLs are bathing, dressing, toileting, bladder and bowel continence, transferring and eating

Benign Brain Tumor - a non-malignant tumor limited to brain, meninges, cranial nerves or pituitary gland. Does not include tumors of the skull or ear canal, cysts, acoustic neuroma, pituitary adenomas less than 10mm, or germinomas

Coma - unconscious and not responsive to external stimulation or responsive to internal needs for at least 7 consecutive days. Does not include medically-induced coma, coma resulting from alcohol or drug use, or diagnosis of brain death

Loss of Hearing - total and permanent loss of hearing in both ears (cannot be corrected by hearing aid or device)

Loss of Sight - total and permanent loss of vision in both eyes

Loss of Speech - total and permanent loss of speech or verbal communication (without a medical device)

Paralysis - permanent loss of muscle function in two or more limbs due to disease or injury. Does not include loss of muscle function limited to fingers or toes

Childhood Benefits*

10 childhood diseases or defects for dependent children are covered. Cerebral Palsy; Cleft Lip or Cleft Palate; Congenital Heart Disease (coarctation of the aorta, hypoplastic left heart syndrome, patent ductus arteriosus, tetralogy of

Fallot, or transposition of the great arteries); Cystic Fibrosis; Type 1 Diabetes; Down Syndrome; Muscular Dystrophy; Spina Bifida; Structural Congenital Defect (anal atresia, anencephaly, biliary atresia, club foot, diaphragmatic hernia,

Hirschsprung's disease, gastroschisis, omphalocele, pyloric stenosis, and spinal muscular atrophy)

**Benefit is paid upon diagnosis/recommendation and not treatment
Benefits are included under the Recurrence of Benefits option.

Optional/Additional Rider Benefits*

All rider benefits listed are paid (subject to the maximums listed on pages 3 and 4)

The Specified Condition and Infectious Disease Rider pays a percentage of the maximum benefit amount upon diagnosis and is only once per covered person.

Variable Health Screening Services Rider - coverage for one eligible service performed each year under each category, for each covered person. Covered services include: Category 1 - Blood Chemistry Panel; Blood Tests for Triglycerides, CA15-3 (breast cancer), CA125 (ovarian cancer), CEA (colon cancer), or PSA (prostate cancer); Clinical Testicular Exam; CBC (blood count); Fasting Blood or Plasma Glucose test; Hemoglobin A1C; Hemoccult Stool Analysis; HPV (Human Papillomavirus) vaccination; Lipid Panel (total cholesterol count); Oral Cancer Screening; Pap Smear, including ThinPrep Pap Test; Serum Protein Electrophoresis (test for myeloma); Skin Cancer Screening; Skin Exam; Testing for Donation of Bone Marrow (includes HLA - Human Leukocyte Antigen); Two-Hour Post-Load Plasma Glucose Test. Category 2 - Biopsy for cancer and skin cancer; Chest X-ray; Doppler Screening (cancer, carotids or peripheral vascular disease); Echocardiogram; EKG (Electrocardiogram); EEG (Electroencephalogram); Endoscopy; Mammography (breast ultrasound); Sampling of blood or tissue for genetic testing for cancer risk; Stress Test (bike or treadmill); Thermography; Ultrasound Screening for cancer

detection. Category 3 - Colonoscopy; Flexible Sigmoidoscopy; Ultrasound Screening of abdominal aorta for aortic aneurysms

Skin Cancer Rider - basal cell carcinoma and squamous cell carcinoma. Does not include malignant melanoma and pre-cancerous conditions such as leukoplakia, actinic keratosis, carcinoid, hyperplasia, polycythemia, nonmalignant melanoma, moles, or similar diseases or lesions

Specified Condition and Infectious Disease Rider* - diagnosis of one of the following specified conditions or infectious diseases: Adrenal insufficiency (Addison's Disease); Lou Gehrig's Disease (ALS); Bacterial meningitis; Cerebral palsy; Cystic fibrosis; Diphtheria; Encephalitis; Huntington's chorea; Legionnaires' disease (confirmation by culture or sputum); Malaria; Multiple sclerosis; Muscular dystrophy; Myasthenia gravis; Necrotizing fasciitis; Novel infectious disease; Osteomyelitis; Poliomyelitis; Rabies; Scleroderma; Sickle cell anemia; Systemic lupus; Tetanus; Tuberculosis

Second Evaluation, Transportation and Lodging Rider

Second Evaluation - must be obtained prior to treatment and by a physician not affiliated with the physician rendering the original recommendation. One second evaluation per treatment

Non-Local Transportation - traveling to receive outpatient treatment for a covered critical illness more than 50 miles from home

Outpatient Non-Local Lodging - while receiving outpatient treatment for a covered critical illness more than 50 miles from home

Companion Non-Local Lodging and Transportation - for one companion to accompany and care for a covered person during non-local hospital confinement (more than 50 miles from companion's home) for specialized treatment. Transportation benefit is not paid if Non-Local Transportation benefit is paid



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

Eligibility

Your employer and American Heritage Life Insurance Company decide who is eligible for your group during the enrollment period (such as length of service, hours worked each week, eligibility waiting period, if applicable, and evidence of insurability). Issue ages are 18 and over.

Dependent Eligibility/Termination

Family members eligible for coverage are your spouse and dependent children. Spouse and child coverage ends when your coverage ends, when you request to terminate dependent coverage, when your spouse or children exhaust all benefits under the coverage, or upon your death. Spouse coverage also ends upon valid decree of 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 ends on the earliest of the following: the date the group policy is terminated; the group policy grace period ends after nonpayment 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; when all benefits have been paid under the policy and riders.

Continuing Your Coverage

You, your spouse, and your child(ren) may be eligible to continue coverage when coverage under the policy ends. Refer to your Certificate of Insurance for details.

Exclusions and Limitations

Conditions and Limits

A diagnosis occurring before your coverage begins is not payable; however, a diagnosis of any covered critical illness after your effective date will be payable. Benefits are subject to all other limitations and exclusions. All critical illnesses must meet the definitions and dates of diagnoses stated in the certificate and be diagnosed by a physician while coverage is in effect.

If the first diagnosis of cancer occurs before the effective date of coverage, benefits are paid for a subsequent diagnosis of cancer after the effective date if, after the first diagnosis, the covered person is free of any symptoms and treatment.

Recurrence of Benefits for a Subsequent Critical Illness

Benefit amounts for a recurrence of a critical illness will be paid if diagnosed with a subsequent critical illness for which a benefit was previously paid if the date of diagnosis, loss, or treatment is separated by 6 months after the previous date of diagnosis, loss, or treatment.

Exclusions for: Critical Illness Certificate; Variable Health Screening Services Rider; Skin Cancer Rider; Specified Condition and Infectious Disease Rider*; Second Evaluation, Transportation and Lodging Rider

Benefits are not paid for: intentionally self-inflicted injury that is obviously not an attempted suicide; substance abuse, including alcohol, alcoholism, legally obtained prescription medication and illegal use of non-prescribed drugs or narcotics; voluntarily taking or using of any drug, medication, narcotic, or controlled substance, unless administered by a physician or taken according to over-the-counter package directions.

Exclusions for: Second Evaluation, Transportation and Lodging Rider

Benefits are not paid for intentionally self-inflicted injury that is obviously not an attempted suicide.

We will not pay benefits for conditions diagnosed prior to the effective date of coverage or outside of the United States, its territories, or Canada, unless confirmed by a physician in the United States, 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 07, 2029. Critical Illness Rider benefits are provided under the following rider forms, or state variations thereof: Variable Health Screening Services Rider GCIC5VHSR; Skin Cancer Rider GCIC5SCR; Specified Condition and Infectious Disease Rider GCIC5SCIDR; Second Evaluation, Transportation and Lodging Rider GCIC5SER.

The coverage provided is limited benefit supplemental 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 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