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

The Standard is a marketing name for StanCorp Financial Group, Inc. and subsidiaries. Insurance products are offered by American Heritage Life Insurance Company, Jacksonville, Florida in all states except New York. Product features and availability vary by state and are solely the responsibility of American Heritage Life Insurance Company.

Critical Illness Insurance

Protection when faced with a critical illness diagnosis

Think About This

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

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

By 2035, 45.1% of the U.S. population is projected to have some form of CVD[ii]

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 you may 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)

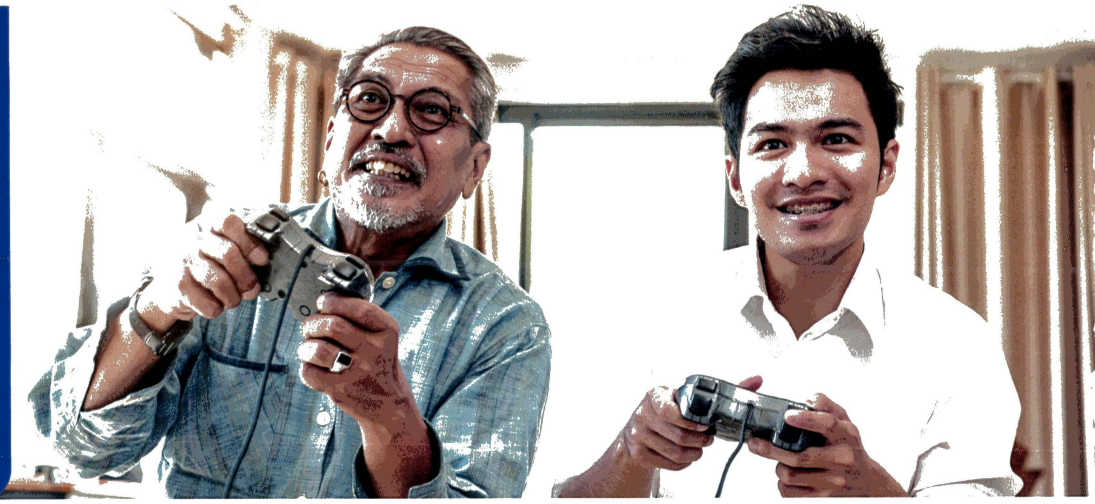
Protecting insureds for over 60 years

Meeting Your Needs

- Guaranteed Issue coverage with a Pre-Existing Condition Limitation*
- Coverage can include your dependents
- Benefits paid regardless of any other medical or disability plan coverage
- Coverage may be continued; refer to your certificate for details

[i] Heart Disease and Stroke Statistics—2023 Update: A Report From the American Heart Association.
[ii] 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.

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 coronary artery disease. Here's his story:

Wellness Exam
Carlos' doctor detects a heart condition during his annual wellness exam

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

Decision
His doctor recommends surgery to remove a blockage and tells Carlos his recovery will take six to eight weeks

Surgery
Carlos has bypass surgery and is in the hospital for 4 days

Recovery
Carlos goes home to begin his recovery and has regular doctor visits

Claim

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

- Variable Wellness
- Coronary Artery 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 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 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.

Group Critical Illness (GVCIP4)

Critical Illness Insurance from American Heritage Life Insurance Company

Offered to the employees of:

UNION COUNTY

Benefit Amounts

Percentages below are based on the Basic Benefit Amount of $10,000(Plan 1) or $20,000(Plan 2) chosen by your employer.

†Covered dependents receive 50% of your benefit amount.

Initial Critical Illness Benefits†		Plan 1	Plan 2
Heart Attack (100%)		$10,000	$20,000
Stroke (100%)		$10,000	$20,000
End Stage Renal Failure (100%)		$10,000	$20,000
Major Organ Transplant (100%)		$10,000	$20,000
Coronary Artery Bypass Surgery (25%)		$2,500	$5,000
Waiver of Premium (employee only)		Yes	Yes
Cancer Critical Illness Benefits†		**Plan 1**	**Plan 2**
Invasive Cancer (100%)		$10,000	$20,000
Carcinoma In Situ (25%)		$2,500	$5,000
Reoccurrence Of Critical Illness Benefits†		**Plan 1**	**Plan 2**
Initial Critical Illness (same amount as Initial Critical Illness Benefit)		Yes	Yes
Cancer Critical Illness (same amount as Cancer Critical Illness Benefit)		Yes	Yes
Rider Benefits		**Plan 1**	**Plan 2**
Skin Cancer Rider		$250	$250
Second Evaluation, Transportation and Lodging Rider			
Second Evaluation		$1,000	$1,000
Non-Local Transportation[1] (per trip or mile♦)	Air Fare	$500	$500
	Personal Vehicle	$0.50/mi.	$0.50/mi.
Outpatient Lodging[2] (daily)		$100	$100
Family Member Lodging[2] (daily)		$100	$100
and Transportation[1] (per trip or mile♦)	Air Fare	$500	$500
	Personal Vehicle	$0.50/mi.	$0.50/mi.
Specified Chronic Illness Rider† (50%)		$5,000	$10,000
Specified Chronic Illness or Injury Rider†	Illness (50%)	$5,000	$10,000
	Injury (100%)	$10,000	$20,000
Supplemental Critical Illness Rider†			
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
Complete Loss of Hearing (100%)		$10,000	$20,000
Complete Loss of Sight (100%)		$10,000	$20,000
Complete Loss of Speech (100%)		$10,000	$20,000
Paralysis (100%)		$10,000	$20,000
Variable Wellness Rider (per year)	Category 1	$25	$25
	Category 2	$50	$50
	Category 3	$100	$100

[1]Limit of $5,000 in a calendar year. [2]Limit of $1,000 in a calendar year. ♦Maximum of 1,000 miles.

Variable Wellness Rider List of Services and Tests

Category One: Blood tests for triglycerides, CA15-3 (breast cancer), CA125 (ovarian cancer), CEA (colon cancer), PSA (prostate cancer); Hemoccult stool analysis; HPV (Human Papillomavirus) Vaccination; Lipid panel (total cholesterol count); Pap Smear, including ThinPrep Pap Test; Serum Protein Electrophoresis (test for myeloma)

Category Two: Biopsy for skin cancer; Sampling of blood or tissue for genetic testing for cancer risk; Mammography, including Breast Ultrasound; Thermography; Doppler screening for carotids or peripheral vascular disease; Echocardiogram; Chest X-ray; Stress test on bike or treadmill

Category Three: Bone Marrow Testing; Colonoscopy; Flexible sigmoidoscopy; Ultrasound screening for abdominal aortic aneurysms

Certificate Specifications

Eligibility - Your employer decides who is eligible for your group (such as length of service and hours worked each week). Issue ages are 18 and over.

Dependent Eligibility/Termination - Family members eligible for coverage are your spouse or domestic partner and children. Coverage for children ends when the child reaches age 26, unless he or she continues to meet the requirements of an eligible dependent. Spouse coverage ends upon valid decree of divorce or your death. Domestic partner coverage ends when the domestic partnership ends or your death.

When Coverage Ends - Coverage under the policy ends on the earliest of: the date the certificate is canceled, the date the policy is canceled; you stop paying your premium; the last day of active employment; you or your class are no longer eligible; a false claim is filed; or when all benefits have been paid under the policy and riders, if applicable.

Continuing Your Coverage - You 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 diganosis of any covered critical illness or specified disease after your effective date will be payable. Benefits are subject to the Pre-Existing Condition Limitation as well as all other limitations and exclusions. All critical illnesses must meet the definitions and dates of diagnoses stated in the policy 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, subject to the terms and conditions in the certificate.

Pre-Existing Condition Limitation - Benefits are not paid for: a critical illness that is, caused by, contributed to by or results from, a pre-existing condition when the date of diagnosis is within 12 months after the effective date of coverage. A pre-existing condition is a sickness, injury or other condition, whether diagnosed or not, for which symptoms existed within the 12-month period prior to the effective date; or medical advice or treatment was recommended or received from a medical professional within 12 months prior to the effective date.

Critical Illness Certificate Exclusions and Limitations - Benefits are not paid for: intentionally self-inflicted injury or action; illegal activities or occupations; suicide while sane, or self-destruction, while insane, or any attempt at either; substance abuse, including alcohol, alcoholism, abuse of legally obtained prescription medication, or illegal use of non-prescribed drugs, or narcotics; or being under the influence of alcohol, drugs or narcotics, unless administered and taken as prescribed by a physician.

This brochure is for use in enrollments situsued in OH. 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 13, 2029.

Group Critical Illness benefits are provided under policy form GVCIP4, or state variations thereof. Critical Illness Rider benefits are provided under the following rider forms, or state variations thereof: Skin Cancer Rider GCIP4SCR; Second Evaluation, Transportation and Lodging Rider GCIP4SER; Specified Chronic Illness Rider GCIP4SC1R; Specified Chronic Illness or Injury Rider GCIP4SC2R; Supplemental Critical Illness Rider GCIP4SR2; Variable Wellness Rider GCIP4VWR.

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

Plan 1
Bi-Weekly Issue Age Premiums

Age	EE, EE+CH	EE+SP, F	EE, EE+CH	EE+SP, F
	Non-Tobacco		Tobacco	
18-29	$2.08	$3.46	$2.50	$4.10
30-39	$4.24	$6.80	$5.68	$8.96
40-49	$8.46	$13.32	$12.42	$19.24
50-59	$14.78	$23.02	$22.26	$34.24
60-64	$19.98	$30.98	$29.98	$45.98
65+	$31.06	$47.82	$45.86	$70.02

Plan 2
Bi-Weekly Issue Age Premiums

EE, EE+CH	EE+SP, F	EE, EE+CH	EE+SP, F
Non-Tobacco		Tobacco	
$3.46	$5.50	$4.30	$6.80
$7.60	$11.82	$10.48	$16.16
$15.68	$24.14	$23.58	$35.98
$27.84	$42.60	$42.82	$65.08
$37.94	$57.92	$57.94	$87.90
$59.68	$90.76	$89.28	$135.14

Plan 1
Semi-Monthly Issue Age Premiums

Age	EE, EE+CH	EE+SP, F	EE, EE+CH	EE+SP, F
	Non-Tobacco		Tobacco	
18-29	$2.24	$3.74	$2.71	$4.44
30-39	$4.59	$7.37	$6.16	$9.71
40-49	$9.17	$14.42	$13.45	$20.84
50-59	$16.00	$24.92	$24.11	$37.10
60-64	$21.64	$33.56	$32.47	$49.80
65+	$33.65	$51.81	$49.68	$75.85

Plan 2
Semi-Monthly Issue Age Premiums

EE, EE+CH	EE+SP, F	EE, EE+CH	EE+SP, F
Non-Tobacco		Tobacco	
$3.73	$5.96	$4.66	$7.37
$8.22	$12.80	$11.36	$17.50
$16.99	$26.14	$25.55	$38.98
$30.15	$46.15	$46.37	$70.49
$41.10	$62.73	$62.75	$95.22
$64.66	$98.31	$96.71	$146.39

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

FOR HOME OFFICE USE ONLY - GVCIP4
Opt 1 - Pre-Ex; 1.0U Base; CCILB: RCIB; RCCIB; SCI W/O; SCR; SCIR90; SCIR365; 1U VWR; 2ndETL
Opt 2 - Pre-Ex; 2.0U Base; CCILB: RCIB; RCCIB; SCI W/O; SCR; SCIR90; SCIR365; 1U VWR; 2ndETL

ABQ V 08.01.2026 Proposal Creation Date: 10/13/2026

For use in enrollments situsued in: OH. This rate insert is part of the approved brochure for UNION COUNTY 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 October 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 control.

Benefits - Benefits paid upon diagnosis of one of the following conditions (subject to maximums as listed on pages 3 and 4)
*Benefits paid once per covered person. When all benefits have been used, the coverage terminates.

Initial Critical Illness Benefits*

Heart Attack - the death of a portion of the heart muscle due to inadequate blood supply. Established (old) myocardial infarction and cardiac arrest are not covered

Stroke - the death of a portion of the brain producing neurological sequelae including infarction of brain tissue, hemorrhage and embolization from an extra-cranial source. Transient ischemic attacks (TIAs), head injury, chronic cerebrovascular insufficiency and reversible ischemic neurological deficits are not covered

End Stage Renal Failure - irreversible failure of both kidneys, resulting in peritoneal dialysis or hemodialysis. Renal failure caused by traumatic events, including surgical trauma, are not covered

Major Organ Transplant - pays either Candidate Benefit if placed on National Transplant List, or Surgery Benefit for transplant of heart, lungs, liver, pancreas or kidneys. Lungs and kidneys are each considered one major organ, regardless of whether one or both lungs or kidneys are transplanted. Surgery Benefit not paid if Candidate Benefit paid for the same major organ; also not paid for mechanical or non-human organs

Coronary Artery Bypass Surgery - to correct narrowing or blockage of one or more coronary arteries with bypass graft. Abdominal aortic bypass, balloon angioplasty, laser embolectomy, atherectomy, stent placement and non-surgical procedures are not covered

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

Cancer Critical Illness Benefits*

Invasive Cancer - malignant tumor with uncontrolled growth, including Leukemia and Lymphoma. Carcinoma in situ, non-invasive or metastasized skin cancer and early prostate cancer are not covered

Carcinoma In Situ - non-invasive cancer, including early prostate cancer (stages A, I, II) and melanoma that has not invaded the dermis. Other skin malignancies, pre-malignant lesions (such as intraepithelial neoplasia), benign tumors and polyps are not covered

Reoccurrence of Critical Illness Benefit(s)*

Initial Critical Illness - second diagnosis more than 6 months after the first date of diagnosis for which an Initial Critical Illness benefit was paid

Cancer Critical Illness - second diagnosis more than 6 months after the last date treatment was received for which a Cancer Critical Illness benefit was paid

Rider Benefits

Skin Cancer Rider - includes diagnosis of basal cell carciroma and squamous cell carcinoma. Must not have been paid within 365 days. Malignant melanoma and pre-cancerous conditions such as leukoplakia; actinic keratosis; carcinoid; hyperplasia; polycythemia; non-malignant me anoma; moles; and similar diseases or lesions are not covered

Second Evaluation, Transportation and Lodging Rider -

- **Second Evaluation** - must be obtained prior to surgery or treatment and by a physician other than your current physician. One second evaluation per surgery or treatment
- **Non-Local Transportation** - traveling to receive outpatient treatment for a covered critical illness more than 75 miles from home
- **Outpatient Lodging** - while receiving outpatient treatment for a covered critical illness more than 75 miles from home
- **Family Member Lodging and Transportation** - for one adult family member to accompany and care for an incapacitated covered person during non-local hospital stays (more than 75 miles from family member's home) for specialized treatment. Transportation benefit not paid if Non-Local Transportation benefit paid

Specified Chronic Illness Rider - must be certified by a physician as having one of the following chronic illnesses: Adrenal Hypofunction (Addison's Disease); Lou Gehrig's Disease (ALS); Arthritis; Huntington's Chorea; Multiple Sclerosis; Muscular Dystrophy; Osteomyelitis; Osteoporosis. Must be unable to perform at least two daily activities for at least 90 days. Daily activities include: bathing, dressing, toileting, bladder and bowel continence, transferring and eating. Benefits paid once per covered person. When all benefits have been used, the coverage terminates

Specified Chronic Illness or Injury Rider - must be certified by a physician as having an injury or one of the chronic illnesses: Adrenal Hypofunction (Addison's Disease); Lou Gehrig's Disease (ALS); Arthritis; Huntington's Chorea; Multiple Sclerosis; Muscular Dystrophy; Osteomyelitis; Osteoporosis. Must be unable to perform at least two daily activities for at least 365 days. Daily activities include: bathing, dressing, toileting, bladder and bowel continence, transferring and eating. Benefits paid once per covered person. When all benefits have been used, the coverage terminates

Supplemental Critical Illness Rider -

- **Advanced Alzheimer's Disease** - must exhibit impaired memory and judgment and be certified unable to perform at least two daily activities without adult assistance. Daily activities include: 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 bradykinesis (slowness in physical and mental responses); and be certified unable to perform at least two daily activities without adult assistance. Daily activities include: 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. Tumors of the skull, pituitary adenomas less than 10mm, and germinomas are not covered
- **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
- **Complete Loss of Hearing** - permanent loss of hearing in both ears
- **Complete Loss of Sight** - permanent loss of vision in both eyes
- **Complete Loss of Speech** - permanent loss of speech or verbal communication
- **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

Variable Wellness Rider - 24 exams. Once per person, per category each calendar year (see Variable Wellness Rider List of Services and Tests for covered wellness services and tests)