

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, 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 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

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

^{††}<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:
Rosen Hotels & Resorts**

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 heart issues 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:

- Wellness Benefit
- 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 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.

Benefit Amounts

†Covered dependents receive 50% of your benefit amount

Initial Critical Illness Benefits†	Plan 1	Plan 2	Plan 3
Heart Attack (100%)	\$10,000	\$20,000	\$30,000
Stroke (100%)	\$10,000	\$20,000	\$30,000
Major Organ Transplant (100%)	\$10,000	\$20,000	\$30,000
End Stage Renal Failure (100%)	\$10,000	\$20,000	\$30,000
Coronary Artery Bypass Surgery (25%)	\$2,500	\$5,000	\$7,500
Waiver of Premium (employee only)	Yes	Yes	Yes
Cancer Critical Illness Benefits†	Plan 1	Plan 2	Plan 3
Invasive Cancer (100%)	\$10,000	\$20,000	\$30,000
Carcinoma in Situ (25%)	\$2,500	\$5,000	\$7,500
Additional Benefit	Plan 1	Plan 2	Plan 3
Wellness Benefit (per year)	\$50	\$50	\$50

Plan 1 - Weekly Premiums

\$10,000 Basic Benefit Amount

Age	EE, EE+CH	EE+SP, F	Age	EE, EE+CH	EE+SP, F
Non-Tobacco			Tobacco		
18-24	\$0.94	\$1.37	18-24	\$1.31	\$1.92
25-29	\$0.98	\$1.45	25-29	\$1.35	\$2.00
30-35	\$1.26	\$1.86	30-35	\$1.79	\$2.65
36-39	\$1.67	\$2.49	36-39	\$2.58	\$3.84
40-44	\$2.21	\$3.32	40-44	\$3.53	\$5.29
45-50	\$3.11	\$4.65	45-50	\$5.13	\$7.66
51-54	\$4.30	\$6.42	51-54	\$6.98	\$10.35
55-60	\$5.72	\$8.55	55-60	\$9.65	\$14.40
61-70	\$7.68	\$11.45	61-70	\$12.10	\$18.05
71+	\$11.51	\$17.18	71+	\$17.09	\$25.69

Plan 2 - Weekly Premiums

\$20,000 Basic Benefit Amount

Age	EE, EE+CH	EE+SP, F	Age	EE, EE+CH	EE+SP, F
Non-Tobacco			Tobacco		
18-24	\$1.46	\$2.12	18-24	\$2.20	\$3.22
25-29	\$1.50	\$2.20	25-29	\$2.24	\$3.30
30-35	\$2.02	\$2.96	30-35	\$3.07	\$4.54
36-39	\$2.83	\$4.21	36-39	\$4.66	\$6.91
40-44	\$3.90	\$5.83	40-44	\$6.53	\$9.75
45-50	\$5.68	\$8.46	45-50	\$9.72	\$14.49
51-54	\$8.08	\$12.03	51-54	\$13.43	\$19.89
55-60	\$10.94	\$16.32	55-60	\$18.79	\$28.00
61-70	\$14.87	\$22.15	61-70	\$23.71	\$35.34
71+	\$22.53	\$33.63	71+	\$33.70	\$50.64

Plan 3 - Weekly Premiums

\$30,000 Basic Benefit Amount

Age	EE, EE+CH	EE+SP, F	Age	EE, EE+CH	EE+SP, F
Non-Tobacco			Tobacco		
18-24	\$1.97	\$2.87	18-24	\$3.09	\$4.52
25-29	\$2.01	\$2.95	25-29	\$3.13	\$4.61
30-35	\$2.78	\$4.07	30-35	\$4.36	\$6.42
36-39	\$3.99	\$5.93	36-39	\$6.74	\$9.98
40-44	\$5.59	\$8.33	40-44	\$9.52	\$14.21
45-50	\$8.25	\$12.28	45-50	\$14.31	\$21.32
51-54	\$11.86	\$17.63	51-54	\$19.88	\$29.43
55-60	\$16.15	\$24.08	55-60	\$27.93	\$41.61
61-70	\$22.06	\$32.85	61-70	\$35.32	\$52.64
71+	\$33.56	\$50.07	71+	\$50.32	\$75.60

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

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 in this category are paid, 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 is 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

Major Organ Transplant - transplant of heart, lung, liver, pancreas or kidneys. Transplanted organ must come from a human donor

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

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

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

Additional Benefit

Wellness Benefit - 23 exams. Once per person, per calendar year for the following wellness services and tests: Biopsy for skin cancer; Bone Marrow Testing; Blood tests for triglycerides, CA15-3 (breast cancer), CA125 (ovarian cancer), CEA (colon cancer), PSA (prostate cancer); Chest X-ray;

Colonoscopy; Doppler screening for carotids or peripheral vascular disease; Echocardiogram; EKG; Flexible sigmoidoscopy; Hemoccult 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; Ultrasound screening for abdominal 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

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 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.

When Coverage Ends - Coverage under the policy ends on the earliest of: 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; when all benefits have been paid under the policy.

Continuing Your Coverage - You may be able 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 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 certificate and be diagnosed by a physician while coverage is in effect. The date of diagnosis for each illness must be separated by 90 days. Emergency situations outside the U.S. will be considered when you return to the U.S.

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 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. The exception is follow-up care for breast cancer: If you have been previously found to be free of breast cancer, routine follow-up care does not constitute medical advice, diagnosis, care or treatment unless evidence of breast cancer is found during, or as the result of, the follow-up care.

Exclusions - Benefits are not paid for: war or participation in a riot, insurrection or rebellion; 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, drug addiction, or dependence upon any controlled substance.

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

Rev. 2/26. This material is valid as long as information remains current, but in no event later than February 1, 2029.

Group Critical Illness benefits are provided under policy form GVCIP2, or state variations thereof.

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