



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

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Group Accident Insurance

Protection for accidental injuries off-the-job and on- and off-the-job, 24 hours a day



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 them out.

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



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

THIS IS NOT A POLICY OF WORKERS' COMPENSATION INSURANCE. THE EMPLOYER DOES NOT BECOME A SUBSCRIBER TO THE WORKERS' COMPENSATION SYSTEM BY PURCHASING THIS POLICY, AND IF THE EMPLOYER IS A NON-SUBSCRIBER, THE EMPLOYER LOSES THOSE BENEFITS WHICH WOULD OTHERWISE ACCRUE UNDER THE WORKERS' COMPENSATION LAWS. THE EMPLOYER MUST COMPLY WITH THE WORKERS' COMPENSATION LAW AS IT PERTAINS TO NON-SUBSCRIBERS AND THE REQUIRED NOTIFICATIONS THAT MUST BE FILED AND POSTED.

[†]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 is 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 Treatment
- Accident Follow-Up Treatment
- X-rays
- General Anesthesia
- Medical Equipment
- Medical Supplies
- Medication
- Therapy (6 days)
- 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, 4, 5 and 6.

Benefit Amounts

Benefits are paid once per covered person per covered accident, unless otherwise noted

Accident Facility Care Benefits			Plan 1	Plan 2
Initial Hospital Admission			\$2,000	\$3,000
Daily Hospital Confinement (pays daily)			\$400	\$500
Intensive Care Unit Confinement (pays daily)			\$400	\$600
Accident Injuries Benefits			Plan 1	Plan 2
Brain Injury Diagnosis			\$420	\$600
Broken Tooth			\$200	\$400
Burns (% of body surface)	2nd Degree	Less than 10%	\$157.50	\$187.50
		10% to 24%	\$315	\$375
		25% or more	\$1,575	\$1,875
	3rd Degree	Less than 10%	\$630	\$750
		10% to 24%	\$3,150	\$3,750
		25% or more	\$12,600	\$15,000
Skin Graft (% of Burns Benefit)			50%	50%
Coma			\$15,000	\$20,000
Lacerations	With Repair (total length)	Less than 2"	\$120	\$160
		2" to 6"	\$300	\$400
		More than 6"	\$600	\$800
Without Repair			\$120	\$160
Paralysis	1 or 2 Limbs		\$10,500	\$21,000
	3 or 4 Limbs		\$21,000	\$42,000
Accident Treatment and Urgent Care Benefits			Plan 1	Plan 2
Accident Follow-Up Treatment (pays daily)			\$100	\$100
Accident Physician Treatment (pays daily)			\$200	\$300
Ambulance	Air		\$1,500	\$2,500
	Ground		\$300	\$500
Urgent Care			\$200	\$300
X-ray			\$200	\$300
Emergency Room Services			\$200	\$300
Blood, Plasma or Platelets			\$600	\$900
Eye Injury			\$200	\$300
General Anesthesia			\$200	\$300
Ligament, Rotator Cuff, Tendon or Knee Cartilage Surgery	With Repair		\$1,000	\$1,500
	Without Repair		\$300	\$450
Miscellaneous Outpatient Surgery			\$200	\$300
Open Abdominal or Thoracic Surgery			\$2,000	\$3,000
Ruptured or Herniated Disc Surgery			\$1,000	\$1,500
Major Diagnostic Exam	up to		\$200	\$300
Pain Management (Epidural or Nerve Ablation)			\$100	\$150
Treatment, Support and Recovery Benefits			Plan 1	Plan 2
Companion Non-Local Lodging (pays daily)			\$100	\$200
Medical Equipment			\$125	\$250
Medical Supplies			\$5	\$10
Medication			\$5	\$10
Non-Local Transportation (per trip; 3 times per accident)			\$250	\$500
Post-Accident Common Carrier Transportation			\$200	\$400
Prosthetic Device	1 device		\$500	\$1,000
	2 or more devices		\$1,000	\$2,000
Residence/Automobile Modification			\$500	\$1,000
Therapy (pays daily; up to 6 days per accident)			\$30	\$60
Accidental Death and Dismemberment Benefits			Plan 1	Plan 2
Accidental Death			\$50,000	\$100,000
Common Carrier Accidental Death (fare-paying passenger)			\$125,000	\$250,000
Accidental Dismemberment [†]			\$50,000	\$100,000
Functional Loss [†]			\$50,000	\$100,000
Automobile Accidental Death			\$5,000	\$10,000

Plan 1 Weekly Premiums

EE	EE + SP	EE + CH	F
\$1.83	\$3.66	\$4.35	\$5.18

Plan 1 Bi-Weekly Premiums

EE	EE + SP	EE + CH	F
\$3.66	\$7.32	\$8.70	\$10.36

Plan 2 Weekly Premiums

EE	EE + SP	EE + CH	F
\$2.87	\$5.73	\$6.66	\$8.02

Plan 2 Bi-Weekly Premiums

EE	EE + SP	EE + CH	F
\$5.73	\$11.47	\$13.32	\$16.04

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

Issue ages: 18 and Over if Actively at Work

Injury Benefit Schedule is on page 4

[†]Up to amount shown; see Injury Benefit Schedule -
Dismemberment and Functional Loss section on page 4.
Multiple losses from same injury pay up to amount shown.

Additional Rider Benefits	Plan 1	Plan 2
Dislocation and Fracture Rider[^]		
Closed Reduction Maximum	\$3,000	\$4,000
Open Reduction Maximum	\$9,000	\$12,000
Avulsion Fracture or Chip Fracture (25% of Closed Reduction) up to	\$750	\$1,000
Partial Dislocation (25% of Closed Reduction) up to	\$750	\$1,000
Stress Fracture (10% of Closed Reduction) up to	\$300	\$400
Organized Sports Activity Rider*	25%	25%
Fixed Health Screening Services Rider (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).

***Organized Sports Activity Rider**

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

Injury Benefit Schedule

Benefit amounts for coverage and one occurrence are shown below.

With Closed or Open Reduction	Plan 1		Plan 2	
	Open	Closed	Open	Closed
Dislocation*				
Hip Joint	\$9,000	\$3,000	\$12,000	\$4,000
Ankle Joint; Knee Joint (except Patella); Bone or Bones of the Foot (except Toes)	\$3,600	\$1,200	\$4,800	\$1,600
Wrist Joint	\$3,150	\$1,050	\$4,200	\$1,400
Elbow Joint	\$2,700	\$900	\$3,600	\$1,200
Shoulder Joint	\$1,800	\$600	\$2,400	\$800
Bone or Bones of the Hand (except Fingers); Collarbone	\$1,350	\$450	\$1,800	\$600
Lower Jaw	\$900	\$300	\$1,200	\$400
Two or more Fingers or Two or more Toes	\$630	\$210	\$840	\$280
Kneecap (Patella)	\$450	\$150	\$600	\$200
One Finger or One Toe or Any other dislocation not listed above	\$270	\$90	\$360	\$120
Fracture*	Open	Closed	Open	Closed
Hip; Thigh (Femur); Pelvis (except Coccyx); Skull Fracture—Depressed (except Bones of the Face or Nose)	\$9,000	\$3,000	\$12,000	\$4,000
Skull Fracture—Non-Depressed (except Bones of the Face or Nose)	\$8,550	\$2,850	\$11,400	\$3,800
Vertebral Body or Vertebral Processes	\$6,750	\$2,250	\$9,000	\$3,000
Arm, between Shoulder and Elbow (Humerus); Shoulder Blade (Scapula); Leg (Tibia or Fibula)	\$4,950	\$1,650	\$6,600	\$2,200
Ankle; Kneecap (Patella); Collarbone (Clavicle); Forearm (Radius or Ulna)	\$3,600	\$1,200	\$4,800	\$1,600
Foot (except Toes); Hand or Wrist (except Fingers)	\$3,150	\$1,050	\$4,200	\$1,400
Lower Jaw (Mandible) (except Alveolar Process)	\$1,800	\$600	\$2,400	\$800
Two or more Ribs, Fingers or Toes; Bones of Face (except Nose); Nose; Upper Jaw (except Alveolar Process); Sternum	\$1,350	\$450	\$1,800	\$600
One Rib, Finger or Toe; Coccyx; Any other fracture not listed above	\$630	\$210	\$840	\$280

*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 each	\$50,000 each
Hearing or Sight (per Ear or Eye)	\$25,000	\$50,000
Speech	\$50,000	\$100,000
One or more entire Toes or Fingers	\$5,000	\$10,000

Benefits - Benefits are paid for the following conditions (subject to limits 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

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

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

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

Lacerations - 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

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. Payable 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, or 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 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

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 4

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 - a small fragment of bone is broken off

Stress Fracture - tiny cracks in bone often caused by repetitive force

Partial Dislocation - joint is not completely separated

Organized Sports Activity - pays for treatment of covered injuries received while participating 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 certificate and rider benefit amounts paid for Accident Facility Care; Accident Injuries; Accident Treatment and Urgent Care; Treatment, Support and Recovery; Dislocation and Fracture

Fixed Health Screening Services - coverage for one eligible service performed each year for each covered person. Covered services include: Biopsy for cancer and skin cancer; Blood Chemistry Panel; Blood Tests for Triglycerides, CA15-3 (breast cancer), CA125 (ovarian cancer), CEA (colon cancer), or PSA (prostate cancer); Chest X-ray; Clinical Testicular Exam; CBC (blood count); Colonoscopy; Doppler Screening (cancer, carotids or peripheral vascular disease); Echocardiogram; EKG (Electrocardiogram); EEG (Electroencephalogram); Endoscopy; Fasting Blood or Plasma Glucose test; Flexible Sigmoidoscopy; Hemoglobin A1C; Hemocult Stool Analysis; HPV (Human Papillomavirus) vaccination; Lipid Panel (total cholesterol count); Mammography (including breast ultrasound); Oral Cancer Screening; Pap Smear, including ThinPrep Pap Test; Sampling of blood or tissue for genetic testing for cancer risk; Serum Protein Electrophoresis (test for myeloma); 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; Ultrasound for cancer detection



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 and your children. Spouse and child coverage ends when your coverage ends, when you request to terminate dependent coverage, or upon your death. Spouse 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.

Portability/Continuing Coverage

You may be eligible to continue coverage under the Portability Provision or the Continuation of Coverage for Layoff or Leave of Absence Provisions when coverage under the policy ends, you are no longer in an eligible class, your class is no longer eligible, or you are no longer actively working. Refer to your Certificate of Insurance for details.

Exclusions and Limitations

Exclusions and Limitations for the Policy and the following riders: Dislocation/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 or insane; 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 a 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 error, mishap, or malpractice during a medical, diagnostic or surgical treatment or procedure; elective, cosmetic, or 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, its territories, or Canada, except in case of an emergency.

This brochure is for use in enrollments situated in TX. 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 April 1, 2029.

Group Accident benefits are provided under policy form GAI7, or state variations thereof. Accident Rider benefits are provided under the following rider forms, or state variations thereof: Dislocation and Fracture Rider GAIC7DF; 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