



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

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Group Accident Insurance

Protection for
accidental off-
the-job injuries



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 that meets your needs
- Premiums will be deducted each pay period
- If you have an accident and receive medical attention, file a claim and 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)



**Protecting insureds
for over 60 years**

Meeting Your Needs

- Guaranteed Issue coverage, subject to exclusions and limitations*
- Coverage can include your dependents
- Premiums are affordable and can be conveniently payroll deducted
- Coverage may be continued; refer to your certificate for details

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

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

Meet Daniel & Sandy



Choose

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

Use

A few months later, Daniel hurts his leg playing basketball. Here's his story:



Ambulance

Daniel's teammate calls an ambulance to take him to the hospital



Tests

After X-rays, the doctors determine that Daniel has ruptured his Achilles tendon



Hospital Stay

He was admitted to the hospital for a one-day stay to undergo surgery



Surgery

Daniel has surgery and is sent home with crutches and medications



Recovery

Daniel undergoes six weeks of physical therapy to regain strength in his leg

Claim

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

- Ground Ambulance
- Medicine
- Medical Expenses (Emergency Room and X-rays)
- Hospitalization Confinement
- Daily Hospitalization Confinement
- Accident Physician Treatment
- Tendon Surgery
- General Anesthesia
- Accident Follow-Up Treatment
- Physical Therapy (1 day/week)

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 Daniel 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 afford 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 and 5.

Benefit Amounts

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

Base Policy Benefits		Plan 1	Plan 2
Accidental Death	Employee	\$40,000	\$60,000
	Spouse	\$20,000	\$30,000
	Children	\$10,000	\$15,000
Common Carrier Accidental Death (fare-paying passenger)	Employee	\$200,000	\$300,000
	Spouse	\$100,000	\$150,000
	Children	\$50,000	\$75,000
Dismemberment ¹	Employee	\$40,000	\$60,000
	Spouse	\$20,000	\$30,000
	Children	\$10,000	\$15,000
Dislocation or Fracture ¹	Employee	\$4,000	\$6,000
	Spouse	\$2,000	\$3,000
	Children	\$1,000	\$1,500
Hospitalization Confinement (pays once/year)		\$1,000	\$1,500
Daily Hospitalization Confinement (pays daily)		\$200	\$300
Intensive Care (pays daily)		\$400	\$600
Ambulance	Ground	\$200	\$300
	Air	\$600	\$900
Accident Physician Treatment		\$100	\$150
X-ray		\$200	\$300
Emergency Room Services		\$200	\$300
Benefit Enhancements		Plan 1	Plan 2
Lacerations (pays once/year)		\$100	\$100
Burns	< 15% body surface	\$200	\$200
	15% or more	\$1,000	\$1,000
Skin Graft (% of Burns Benefit)		50%	50%
Brain Injury Diagnosis (pays once per lifetime)		\$300	\$300
Computed Tomography (CT) Scan and Magnetic Resonance Imaging (MRI) (pays once/accident/year)		\$100	\$100
Paralysis (pays once per lifetime)	Paraplegia	\$15,000	\$15,000
	Quadriplegia	\$30,000	\$30,000
Coma with Respiratory Assistance (pays once per lifetime)		\$20,000	\$20,000
Open Abdominal or Thoracic Surgery		\$2,000	\$2,000
Tendon, Ligament, Rotator Cuff or Knee Cartilage Surgery	Surgery	\$1,000	\$1,000
	Exploratory	\$300	\$300
Ruptured Disc Surgery		\$1,000	\$1,000
Eye Surgery		\$200	\$200
General Anesthesia		\$200	\$200
Blood and Plasma		\$600	\$600
Appliance		\$250	\$250
Medical Supplies		\$10	\$10
Medicine		\$10	\$10
Prosthesis	1 device	\$1,000	\$1,000
	2 or more devices	\$2,000	\$2,000
Physical Therapy (pays daily)		\$60	\$60
Rehabilitation Unit (pays daily)		\$200	\$200
Non-Local Transportation (pays up to three times per accident)		\$800	\$800
Family Member Lodging (pays daily)		\$200	\$200
Post-Accident Transportation (pays once/year)		\$400	\$400
Accident Follow-Up Treatment (pays daily)		\$100	\$100
Additional Rider Benefit		Plan 1	Plan 2
Outpatient Physician's Benefit Rider (payable daily)		\$100	\$100

¹Up to amount shown; see Injury Benefit Schedule on page 4. Multiple losses from same injury are payable only up to amount shown above.

Plan 1 Premiums

MODE	EE	EE + SP	EE + CH	F
Weekly	\$3.18	\$4.57	\$6.46	\$8.07
Bi-Weekly	\$6.36	\$9.14	\$12.92	\$16.14
Semi-Monthly	\$6.88	\$9.90	\$13.98	\$17.48
Monthly	\$13.76	\$19.80	\$27.96	\$34.96

Plan 2 Premiums

MODE	EE	EE + SP	EE + CH	F
Weekly	\$4.28	\$6.22	\$8.65	\$10.82
Bi-Weekly	\$8.56	\$12.44	\$17.30	\$21.64
Semi-Monthly	\$9.26	\$13.47	\$18.74	\$23.43
Monthly	\$18.52	\$26.94	\$37.48	\$46.86

Issue ages: 18 and over if actively at work

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

Injury Benefit Schedule is on page 4

Injury Benefit Schedule

Benefit amounts for coverage and one occurrence are shown below.

Covered spouse gets 50% of the amounts shown and children 25%.

Loss of Life or Limb	Plan 1	Plan 2
Life or both eyes, hands, arms, feet, or legs, or one hand or arm and one foot or leg	\$40,000	\$60,000
One eye, hand, arm, foot, or leg	\$20,000	\$30,000
One or more entire toes or fingers	\$4,000	\$6,000
Complete Dislocation	Plan 1	Plan 2
Hip joint	\$4,000	\$6,000
Knee or ankle joint [^] , bone or bones of the foot [^]	\$1,600	\$2,400
Wrist joint	\$1,400	\$2,100
Elbow joint	\$1,200	\$1,800
Shoulder joint	\$800	\$1,200
Bone or bones of the hand [^] , collarbone	\$600	\$900
Two or more fingers or toes	\$280	\$420
One finger or toe	\$120	\$180
Complete, Simple or Closed Fracture	Plan 1	Plan 2
Hip, thigh (femur), pelvis ^{**}	\$4,000	\$6,000
Skull ^{**}	\$3,800	\$5,700
Arm, between shoulder and elbow (shaft), shoulder blade (scapula), leg (tibia or fibula)	\$2,200	\$3,300
Ankle, kneecap (patella), forearm (radius or ulna), collarbone (clavicle)	\$1,600	\$2,400
Foot ^{**} , hand or wrist ^{**}	\$1,400	\$2,100
Lower jaw ^{**}	\$800	\$1,200
Two or more ribs, fingers or toes, bones of face or nose	\$600	\$900
One rib, finger or toe, coccyx	\$280	\$420

[^]Knee joint (except patella). Bone or bones of the foot (except toes). Bone or bones of the hand (except fingers). ^{**}Pelvis (except coccyx). Skull (except bones of face or nose). Foot (except toes). Hand or wrist (except fingers). Lower jaw (except alveolar process).

Benefits - Benefits payable for the following conditions (subject to limits listed on pages 3 and 4)

Base Policy Benefits

Accidental Death - must begin or be received within 180 days of the accident

Common Carrier Accidental Death - riding as a fare-paying passenger on a scheduled common-carrier. Must result within 180 days of the accident

Dismemberment - amount paid depends on type of dismemberment. See Injury Benefit Schedule on page 4. Multiple dismemberments are limited to the amount shown on pages 3 and 4. Must result within 180 days of the accident

Dislocation or Fracture - amount paid depends on type of dislocation or fracture. See Injury Benefit Schedule on page 4. Multiple dislocations or fractures are limited to the amount shown on pages 3 and 4

Hospitalization Confinement - initial hospitalization after the effective date

Daily Hospitalization Confinement - up to 90 days for any one injury

Intensive Care - up to 90 days for each period of continuous confinement

Ambulance Services - transfer to or from hospital by ambulance service

Accident Physician Treatment - treatment by a doctor due to an injury

X-ray - due to an injury

Emergency Room Services - services received at an emergency room due to an injury

Benefit Enhancements

Lacerations - treatment for one or more lacerations (cuts). Within 3 days after the accident

Burns - treatment for one or more burns, other than sunburns. Within 3 days after the accident

Skin Graft - receiving a skin graft for which a benefit is paid under the Burns benefit

Brain Injury Diagnosis - diagnosis of concussion, cerebral laceration, cerebral contusion or intracranial hemorrhage within 30 days after the accident. Must be diagnosed by CT Scan, MRI, EEG, PET scan or X-ray. Must first be treated by a physician within 3 days after the accident

Computed Tomography (CT) Scan and Magnetic Resonance Imaging (MRI) - must first be treated by a physician within 30 days after the accident. Must begin or be received within 180 days of the accident

Paralysis - spinal cord injury resulting in complete/permanent loss of use of two or more limbs for 90 days. Within 3 days after the accident

Coma with Respiratory Assistance - unconsciousness lasting 7 or more days; intubation required. Medically induced comas excluded

Open Abdominal or Thoracic Surgery - Two or more surgeries done at the same time are considered one operation. Within 3 days after the accident

Tendon, Ligament, Rotator Cuff or Knee Cartilage Surgery - surgery for torn, ruptured, or severed tendon, ligament, rotator cuff or knee cartilage; pays the reduced amount shown for arthroscopic exploratory surgery. Must begin or be received within 180 days of the accident. Two or more surgeries done at the same time are considered one operation

Ruptured Disc Surgery - diagnosis and surgical repair to a ruptured disc of the spine by a physician. Must begin or be received within 180 days of the accident. Two or more surgeries done at the same time are considered one operation

Eye Surgery - surgery or removal of a foreign object by a physician

General Anesthesia - payable only if one of the policy Surgery benefits is paid. Must begin or be received within 180 days of the accident

Blood and Plasma - transfusion after an accident. Within 3 days after the accident

Appliance - physician-prescribed wheelchair, crutches or walker to help with personal locomotion or mobility

Medical Supplies - purchased over-the-counter medical supplies. Payable only if a benefit is paid for Accident Physician Treatment or X-ray

Medicine - purchased prescription or over-the-counter medicines. Payable only if a benefit is paid for Accident Physician Treatment or X-ray

Prosthesis - physician-prescribed prosthetic arm, leg, hand, foot or eye lost as a result of an accident. Must begin or be received within 180 days of the accident. Payable only if a benefit is paid for loss of arm, leg, hand, foot or eye under the Dismemberment benefit

Physical Therapy - 1 treatment per day; maximum of 6 treatments per accident. Chiropractic services are excluded. Not payable for same visit for which Accident Follow-Up Treatment benefit is paid. Must take place no longer than 6 months after accident. Payable only if a benefit is paid for Accident Physician Treatment or X-ray

Rehabilitation Unit - must be hospital-confined due to an injury prior to being transferred to rehab. Paid for each day a room charge is incurred, up to 30 days for each covered person per continuous period of rehabilitation unit confinement, for a maximum of 60 days per calendar year. Not paid for days on which the Daily Hospitalization Confinement benefit is paid

Non-Local Transportation - treatment obtained at a non-local hospital or freestanding treatment center more than 100 miles from your home. Does not cover ambulance or physician's office or clinic visits for services other than treatment. Up to three times per covered person, per accident

Family Member Lodging - 1 adult family member to be with you while you are confined in a non-local hospital or freestanding treatment center. Not payable if family member lives within 100 miles one-way of the treatment facility. Up to 30 days per accident. Payable only if a benefit is paid for Non-Local Transportation

Post-Accident Transportation - to return home on a common-carrier after a hospital stay of 3 days or more if the accident occurs more than 250 miles from home. Common-carrier includes public airlines, railroads, and bus lines. Travel must take place within 48 hours following discharge. Payable only if a benefit is paid for Daily Hospitalization Confinement

Accident Follow Up Treatment - must take place no longer than 6 months after the accident. Payable only if a benefit is paid for Accident Physician Treatment or X-ray. Not payable for the same visit for which the Physical Therapy benefit is paid. Two treatments per covered person, per accident

Additional Rider Benefit

Outpatient Physician's Benefit Rider - treatment outside the hospital for any cause, including sickness. Payable once per day, per covered person, not to exceed 2 days per covered person, per calendar year and a maximum of 4 days per calendar year if dependents are covered

Certificate Specifications

Conditions and Limits - When an injury results in a covered loss within 90 days (unless otherwise stated on the Benefits page) from the date of an accident, and is diagnosed by a physician, we will pay benefits as stated. Treatment must be received in the United States or its territories.

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. Coverage for children ends when the child reaches age 26, unless they continue to meet the definition of a dependent child. Spouse coverage ends upon valid decree of divorce or your death. Domestic partner coverage ends upon termination of the domestic partnership or your death.

When Coverage Ends - Coverage under the policy and rider ends on the earliest of: the date the policy or certificate is canceled; the last day of the period for which you made any required contributions; the last day you are in active employment, except as provided under the Temporary Layoff, Leave of Absence, or Family and Medical Leave of Absence provision; the date you are no longer in an eligible class; the date your class is no longer eligible; or discovery of fraud or material misrepresentation when filing a claim.

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

Exclusions and Limitations for Base Policy - Benefits are not paid for: injury incurred before the effective date; injury as a result of an on-the-job accident; act of war or participation in a riot, insurrection or rebellion; suicide or attempt at suicide; intentionally self-inflicted injury or action; injury while under the influence of alcohol or any narcotic, unless taken upon the advice of a physician; any bacterial infection (except pyogenic infections 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 racetrack or speedway; hernia, including complications; serving as an active member of the Military, Naval, or Air Forces of any country or combination of countries.

Exclusions and Limitations for Outpatient Physician's Benefit Rider - Benefits are not paid for: a loss incurred before the effective date; a loss occurring from an on-the-job accident; act of war or participation in a riot, insurrection or rebellion; suicide or attempt at suicide; intentionally self-inflicted injury or action; any loss while under the influence of alcohol or any narcotic, unless taken upon the advice of a physician; 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 an automobile or any vehicle on any racetrack or speedway; serving as an active member of the Military, Naval, or Air Forces of any country or combination of countries.

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

Rev. May 2026. This material is valid as long as information remains current, but in no event later than May 1, 2029.

Group Accident benefits are provided under policy form GVAP2, or state variations thereof. Outpatient Physician's Benefit Rider provided under rider form GOPBR, or state variations thereof.

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. There may be instances when a law requires that benefits under this coverage be paid to a third party, rather than to you. If you or a dependent have coverage under Medicare, Medicaid, or a state variation, please refer to your health insurance documents to confirm whether assignments or liens may apply.

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.
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