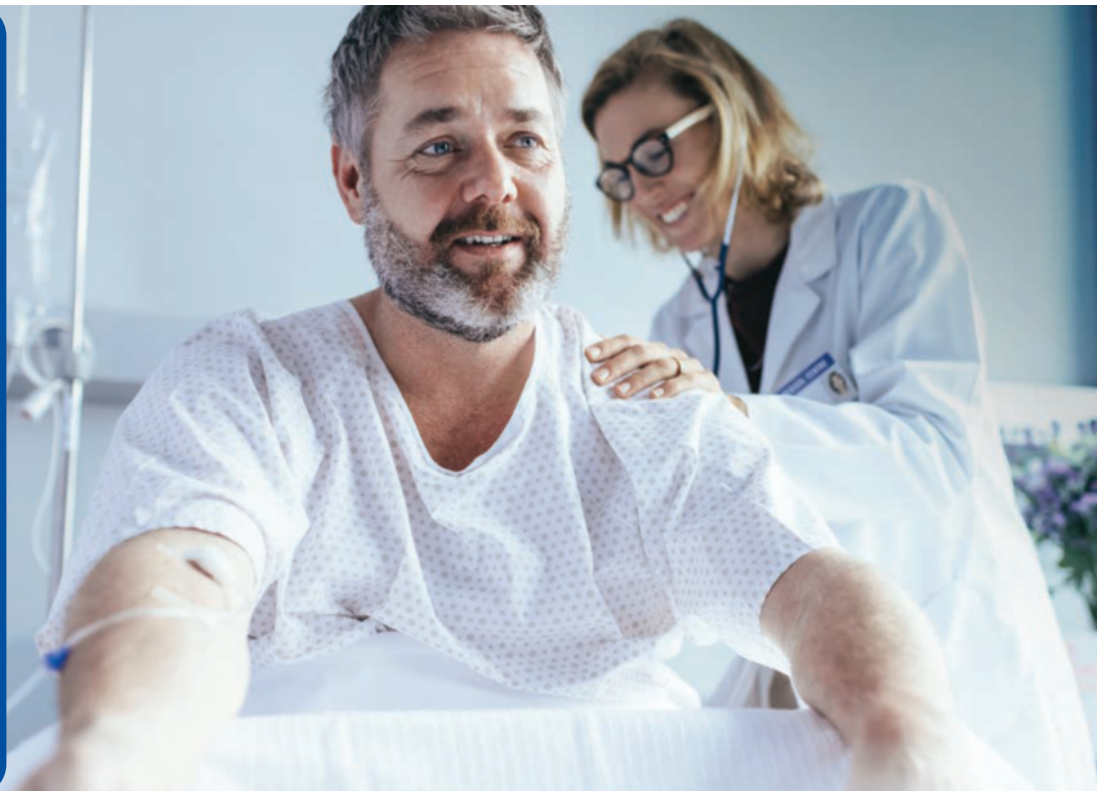
Underwritten by: **American Heritage Life Insurance Company**

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†

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
††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:**

- Wellness Benefit
- Coronary Artery Disease

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 (GVCIP2)

from American Heritage Life Insurance Company

Benefit Amounts

†Covered dependents receive 50% of your benefit amount

See reverse for premiums

Initial Critical Illness Benefits†	Plan 1	Plan 2
Heart Attack (100%)	$10,000	$20,000
Stroke (100%)	$10,000	$20,000
Major Organ Transplant (100%)	$10,000	$20,000
End Stage Renal Failure (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
Second Event Benefits†	**Plan 1**	**Plan 2**
Second Event Initial Critical Illness (same amount as Initial Critical Illness)	Yes	Yes
Supplemental Critical Illness Benefits Ii†	**Plan 1**	**Plan 2**
Advanced Alzheimer's Disease (25%)	$2,500	$5,000
Advanced Parkinson's Disease (25%)	$2,500	$5,000
Benign Brain Tumor (100%)	$10,000	$20,000
Coma (100%)	$10,000	$20,000
Complete Blindness (100%)	$10,000	$20,000
Complete Loss of Hearing (100%)	$10,000	$20,000
Paralysis (100%)	$10,000	$20,000
Optional/Additional Benefit	**Plan 1**	**Plan 2**
Wellness Benefit (per year)	$100	$100

ABJ30427-1 - Insert - 12963

Plan 1 - Weekly Premiums

$10,000 Basic Benefit Amount

Age	EE, EE + CH	EE + SP, F
	Non-Tobacco	
18-35	$2.89	$4.86
36-50	$5.45	$8.70
51-60	$10.28	$15.94
61-63	$15.59	$23.90
64+	$22.74	$34.63
	Tobacco	
18-35	$3.95	$6.45
36-50	$8.39	$13.10
51-60	$16.44	$25.18
61-63	$23.45	$35.70
64+	$34.58	$52.39

Plan 2 - Weekly Premiums

$20,000 Basic Benefit Amount

Age	EE, EE + CH	EE + SP, F
	Non-Tobacco	
18-35	$4.28	$6.94
36-50	$9.40	$14.62
51-60	$19.05	$29.09
61-63	$29.66	$45.02
64+	$43.97	$66.47
	Tobacco	
18-35	$6.40	$10.12
36-50	$15.26	$23.41
51-60	$31.37	$47.58
61-63	$45.41	$68.63
64+	$67.65	$101.99

Plan 1 - Semi-Monthly Premiums

$10,000 Basic Benefit Amount

Age	EE, EE + CH	EE + SP, F
	Non-Tobacco	
18-35	$6.26	$10.52
36-50	$11.81	$18.85
51-60	$22.26	$34.52
61-63	$33.76	$51.77
64+	$49.26	$75.02
	Tobacco	
18-35	$8.56	$13.97
36-50	$18.16	$28.37
51-60	$35.61	$54.55
61-63	$50.81	$77.35
64+	$74.91	$113.50

Plan 2 - Semi-Monthly Premiums

$20,000 Basic Benefit Amount

Age	EE, EE + CH	EE + SP, F
	Non-Tobacco	
18-35	$9.26	$15.02
36-50	$20.36	$31.67
51-60	$41.27	$63.03
61-63	$64.27	$97.53
64+	$95.26	$144.02
	Tobacco	
18-35	$13.85	$21.91
36-50	$33.06	$50.72
51-60	$67.97	$103.08
61-63	$98.38	$148.69
64+	$146.56	$220.97

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

FOR HOME OFFICE USE ONLY - GVCIP2
Opt 1 - PX; 1.0U Base; CR; 2CIR; SBR W/O; 4.0U WR;
Opt 2 - PX; 2.0U Base; CR; 2CIR; SBR W/O; 4.0U WR;
ABQ V 09.19.2025 Rate Insert Creation Date: 6/24/2026

For use in enrollments situsted in: IA. This rate insert is part of the approved brochure for 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 June 24, 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.

ABJ30427-1 - Insert - 12963

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 Benefit(s)*

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 Benefit(s)*

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

Second Event Benefit(s)*

Second Event Initial Critical Illness - second diagnosis more than 12 months after the first date of diagnosis for which an Initial Critical Illness benefit was paid

Supplemental Critical Illness II Benefit(s)*

Advanced Alzheimer's Disease - must exhibit impaired memory and judgment and be certified unable to perform at least three 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 three daily activities without adult assistance. Daily activities include: bathing, dressing, toileting, bladder, and bowel continence, transferring and eating

Benign Brain Tumor - a non-cancerous tumor confirmed by biopsy or surgical excision, or specific neuroradiological examination, and persistent neurological deficits including but not limited to: loss of vision; loss of hearing; or balance disruption. Tumors of the skull, pituitary adenomas, and germinomas are not covered

Coma - unconsciousness due to sickness or traumatic brain injury, with severe neurologic dysfunction and unresponsiveness for 14 consecutive days. Requires significant medical intervention and life support. Medically induced Coma is not covered

Complete Blindness - irreversible reduction of sight in both eyes

Complete Loss of Hearing - total and irreversible loss of hearing in both ears

Paralysis - total and permanent loss of voluntary movement or motor function of 2 or more limbs

Optional/Additional Benefit(s)

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

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 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, if applicable, 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.

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 situsted in IA. 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 June 24, 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.