AMERICAN HERITAGE LIFE INSURANCE COMPANY

Underwritten by: American Heritage Life Insurance Company

Group Cancer Insurance

Protection for the treatment of cancer and 29 specified diseases

Think About This

Early detection, improved treatments and access to care are factors that influence cancer survival†

The number of cancer survivors in the U.S. is increasing, and is expected to jump to nearly 22.1 million by 2030††

5 Years

The five-year relative cancer survival rate has improved over the past several decades for most cancer types†

After a cancer diagnosis, your life can become a whirlwind of doctor appointments and difficult decisions. Your finances don't need to be added to your list of worries. Cancer Insurance can help you rest a little easier.

Here's How It Works

- Select the coverage that's right for you and your family
- If diagnosed with cancer or a specified disease, you file a claim
- You may receive a lump-sum benefit via check or direct deposit that you can use however you wish*

Protecting Your Finances

You've worked hard for your savings – don't let a cancer diagnosis wipe them out.

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

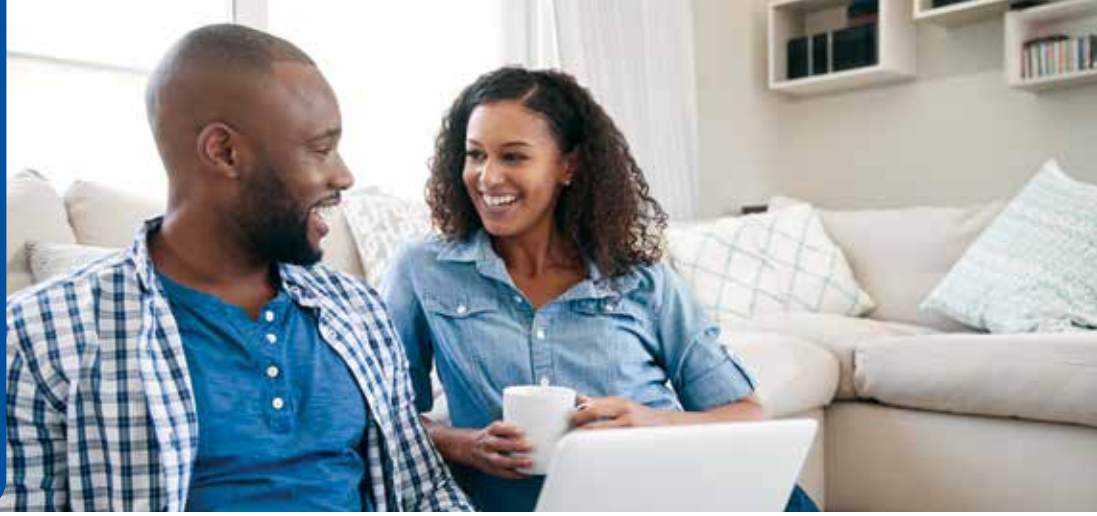
Protecting insureds for over 60 years

Meeting Your Needs

- Coverage can include your dependents
- Includes coverage for cancer and 29 specified diseases
- Waiver of premium after 90 days when disabled due to cancer (employee only)
- Coverage may be converted; refer to your certificate for details

†Life After Cancer: Survivorship by the Numbers, American Cancer Society, 2021.
††Cancer Treatment & Survivorship Facts & Figures, 2019-2021.
*Please refer to the Exclusions and Limitations section of this brochure.

Meet TJ



Choose

TJ signs up for Cancer Insurance during his employer's Open Enrollment.

Use

A few months later, TJ learns that he has prostate cancer. Here's his treatment path:

Pre-Op Testing
TJ undergoes PSA testing at a hospital 300 miles from his home

Surgery
He is admitted to the hospital for laparoscopic prostate cancer surgery

Post-Surgery
After surgery, he spends several hours in the recovery waiting room

Hospital Stay
He's transferred to his room and visited by his doctor during a 2-day hospital stay

Recovery
TJ visits his doctor regularly during a 2-month recovery period

Claim

TJ files a claim with his Cancer coverage through the convenient web portal, **MyBenefits**. **He receives cash benefits for:**

- Cancer Screening
- Cancer Initial Diagnosis
- Continuous Hospital Confinement
- Non-Local Transportation
- Surgery
- Anesthesia
- Inpatient Drugs and Medicine
- Physician's Attendance
- Comfort/Anti-Nausea

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 TJ 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 and 4.

Benefit Amounts

Hospital Confinement and Related Benefits	Plan 1	Plan 2
Continuous Hospital Confinement (daily)	$200	$300
Extended Benefits[1] (daily)	$200	$300
Government or Charity Hospital (daily)	$200	$300
Private Duty Nursing Services[1] (daily)	$200	$300
Extended Care Facility[1] (daily)	$200	$300
At Home Nursing[1] (daily)	$200	$300
Hospice Care Center[1] (daily) or Hospice Care Team[1] (per visit)	$200 $200	$300 $300
Radiation/Chemotherapy	**Plan 1**	**Plan 2**
Radiation/Chemotherapy[1] (every 12 months)	$5,000	$10,000
Blood, Plasma, and Platelets[1] (every 12 months)	$5,000	$10,000
Surgery and Related Benefits	**Plan 1**	**Plan 2**
Surgery[2] 1. Inpatient 2. Outpatient	 $1,500 $2,250	 $1,500 $2,250
Anesthesia[1] (% of surgery benefit)	25%	25%
Bone Marrow or Stem Cell Transplant (once/year) 1. Autologous 2. Non-autologous (cancer or specified disease treatment) 3. Non-autologous (Leukemia)	 1. $500 2. $1,250 3. $2,500	 1. $500 2. $1,250 3. $2,500
Ambulatory Surgical Center[1] (daily)	$250	$250
Second Surgical Opinion[1]	$200	$200
Transportation and Lodging Benefits	**Plan 1**	**Plan 2**
Ambulance[1] (per confinement)	$100	$100
Non-Local Transportation (coach fare or amount shown per mile♦)	$0.40/mi	$0.40/mi
Outpatient Lodging[3] (daily; limit $2,000/12 mo. period)	$50	$50
Family Member Lodging[3] (daily per trip; max. 60 days) and Transportation (coach fare or amount shown per mile♦)	$50 $0.40/mi	$50 $0.40/mi
Miscellaneous Benefits	**Plan 1**	**Plan 2**
Inpatient Drugs and Medicine[1] (daily)	$25	$25
Physician's Attendance[1] (daily)	$50	$50
Physical or Speech Therapy[1] (daily)	$50	$50
New or Experimental Treatment[1] (every 12 months)	$5,000	$5,000
Prosthesis[1] (per amputation)	$2,000	$2,000
Comfort/Anti-Nausea Benefit[1]	$200	$200
Waiver of Premium (employee only)	Yes	Yes
Additional Benefits	**Plan 1**	**Plan 2**
Cancer Initial Diagnosis (one-time benefit)	$2,000	$3,000
Cancer Screening	$50	$100

[1]Pays actual charges up to amount listed. [2]Pays actual charges up to amount listed in certificate Schedule of Surgical Procedures. Amount paid depends on surgery. [3]Pays actual cost up to amount listed.
♦Maximum of 700 miles.

Plan 1 Premiums

Mode	EE	F
Semi-Monthly	$6.85	$11.52

Plan 2 Premiums

Mode	EE	F
Semi-Monthly	$11.13	$18.75

EE = Employee; **F** = Family

Issue Ages: 18 and over if Actively at Work

Benefits - Benefits paid for the following (subject to limits listed on page 3)

Hospital Confinement and Related Benefits

Continuous Hospital Confinement - inpatient admission and confinement, up to 70 days per continuous confinement

Extended Benefits - daily benefit for continuous hospital confinement lasting more than 70 days. Paid in lieu of all other benefits except Waiver of Premium

Government or Charity Hospital - confinements in lieu of all other benefits, except Waiver of Premium

Private Duty Nursing Services - full-time nursing services authorized by attending physician

Extended Care Facility - confinement must begin within 14 days of a covered hospital stay; payable up to the number of days of the previous hospital stay

At Home Nursing - private nursing care must begin within 14 days of a covered hospital stay; payable up to the number of days of the previous hospital stay

Hospice Care (Freestanding Hospice Care Center or Hospice Care Team) - terminal illness care in a facility or at home; one visit per day. Must begin within 14 days of a covered hospital stay

Radiation/Chemotherapy and Related Benefits

Radiation/Chemotherapy - covered treatments to destroy or modify cancerous tissue

Blood, Plasma and Platelets - transfusions, administration charges, processing, procurement, cross matching

Surgery and Related Benefits

Surgery - based on Certificate Schedule of Surgical Procedures. Two or more surgeries done at the same time through one incision or entry point are considered one operation. The operation with the largest benefit will be paid. Outpatient is paid at 150% of the amount listed in the Schedule of Surgical Procedures. Does not pay for other surgeries covered by other benefits

Anesthesia - 25% of Surgery benefit for anesthesia received by an anesthetist

Bone Marrow or Stem Cell Transplant - autologous, non-autologous for treatment of cancer or specified disease other than Leukemia, or non-autologous for treatment of Leukemia

Ambulatory Surgical Center - payable only if Surgery benefit is paid

Second Surgical Opinion - second opinion for surgery by a doctor not in practice with your doctor

Transportation and Lodging Benefits

Ambulance - transfer by a licensed service or hospital-owned ambulance to or from hospital where confined for cancer or specified disease treatment

Non-Local Transportation - obtaining treatment not available locally

Outpatient Lodging - more than 100 miles from home

Family Member Lodging and Transportation - adult family member travels with you during non-local hospital stays for specialized treatment. Transportation not paid if Non-Local Transportation benefit paid

Miscellaneous Benefits

Inpatient Drugs and Medicine - not including drugs/medicine covered under the Radiation/Chemotherapy benefit

Physician's Attendance - one inpatient visit by one physician

Physical or Speech Therapy - to restore normal body function

New or Experimental Treatment - payable if physician judges to be necessary and only for treatment not covered under other policy benefits

Prosthesis - surgical implantation of prosthetic device for each amputation and breast reconstructive surgery incident to mastectomies

Comfort/Anti-Nausea Benefit - prescribed anti-nausea medication administered on outpatient basis

Waiver of Premium (Employee only) - must be disabled 90 days in a row due to cancer; payable as long as disability lasts

Additional Benefits

Cancer Initial Diagnosis - for first-time diagnosis of cancer other than skin cancer

Cancer Screening - pays annually for each covered person, when one of the following covered screening tests is performed: Bone Marrow Testing; Blood Tests for CA15-3 (breast cancer), CA125 (ovarian cancer), PSA (prostate cancer) and CEA (colon cancer); Chest X-ray; Colonoscopy; Flexible Sigmoidoscopy; Hemoccult Stool Analysis; Mammography; Pap Smear; Serum Protein Electrophoresis (test for myeloma)

Specified Diseases

29 Specified Diseases Covered - Amyotrophic Lateral Sclerosis (Lou Gehrig's Disease), Muscular Dystrophy, Poliomyelitis, Multiple Sclerosis, Encephalitis, Rabies, Tetanus, Tuberculosis, Osteomyelitis, Diphtheria, Scarlet Fever, Cerebrospinal Meningitis, Brucellosis, Sickle Cell Anemia, Thalassemia, Rocky Mountain Spotted Fever, Legionnaires' Disease, Addison's Disease, Hansen's Disease, Tularemia, Hepatitis (Chronic B or C), Typhoid Fever, Myasthenia Gravis, Reye's Syndrome, Primary Sclerosing Cholangitis (Walter Payton's Disease), Lyme Disease, Systemic Lupus Erythematosus, Cystic Fibrosis, and Primary Biliary Cirrhosis

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).

Definitions

Actual Charge vs. Actual Cost

Actual Charge – Amount billed for a treatment or service before any insurance discounts or payments.

Actual Cost – Amount actually paid by or on behalf of you, accepted as full payment by the provider of goods or services.

Certificate Specifications

Eligibility - Coverage may include you, your spouse, and children.

Termination of Coverage - Coverage under the policy ends on the date the policy is canceled, the last day premium payments were made, the last day of active employment, or the date you or your class is no longer eligible.

Spouse coverage ends upon divorce or your death. Coverage for children ends when the child reaches age 26, unless he or she continues to meet the requirements of an eligible dependent.

Conversion Privilege - If coverage terminates for any reason other than non-payment of premiums, the covered person can convert to an individual policy without evidence of insurability. This may also apply to a dependent whose coverage terminates.

Limitations and Exclusions

Pre-Existing Condition Limitation - We do not pay benefits for a pre-existing condition during the 12-month period beginning on the date that person's coverage starts. A pre-existing condition is a disease or physical condition for which medical advice or treatment was received by the covered person during the 6-month period prior to the effective date of coverage.

Exclusions and Limitations - We do not pay for any loss except for losses due directly from cancer or a specified disease and any other conditions or diseases caused or aggravated by cancer or a specified disease. Treatment and services must be received in the United States or its territories.

For those benefits for which we pay actual charges up to a specified maximum amount (except Radiation/Chemotherapy; Blood, Plasma and Platelets; Prosthesis; New or Experimental Treatment; and Bone Marrow or Stem Cell Transplant), if specific charges are not obtainable as proof of loss, we will pay 50% of the maximum benefit.

Hospice Care - Services are not covered for food or meals, well-baby care, volunteers or support for the family after covered person's death.

Blood, Plasma and Platelets Limitation - Does not include blood replaced by donors.

Radiation/Chemotherapy for Cancer - We do not pay for: treatment planning, consultation or management; the design and construction of treatment devices; basic radiation dosimetry calculation; any type of laboratory tests; X-ray or other imaging used for diagnosis or monitoring; the diagnostic tests related to these treatments; or any devices or supplies including intravenous solutions and needles related to these treatments.

Family Member Transportation - We do not pay the Family Member Transportation benefit if we pay the personal vehicle transportation benefit under the Non-Local Transportation benefit when the family member lives in the same town as the confined insured.