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

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Accident Insurance

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



Think About This

More than 85% of 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 to 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 ruptured his Achilles tendon

Hospital Stay
He is 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 has 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
- Emergency Room
- X-rays
- Initial Hospital Confinement
- Daily Hospital Confinement
- Accident Physician's 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 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.

Group Voluntary Accident (GVAP6)

24-Hour Accident Insurance from American Heritage Life Insurance Company

Offered to the employees of:

Meridian Public Schools

Benefit Amounts

Benefits are paid once per accident unless otherwise noted here

Base Policy Benefit		Plan 1	Plan 2
Initial Hospital Confinement (pays once/year)		$1,000	$1,500
Daily Hospital Confinement (pays daily)		$200	$300
Intensive Care (pays daily)		$400	$600
Rider Benefits		**Plan 1**	**Plan 2**
Accident Treatment and Urgent Care Rider			
Ambulance	Ground	$200	$200
	Air	$600	$600
Accident Physician's Treatment		$100	$100
X-ray		$200	$200
Urgent Care		$100	$100
Dislocation/Fracture Rider[1]		$3,000	$6,000
Emergency Room Services Rider		$200	$200
Outpatient Physician's Treatment for Accident and Preventive Care Benefit Rider (OPH) (pays daily)		$38	$50
Accidental Death, Dismemberment[1] and Functional Loss[1] Rider		$30,000	$60,000
Common Carrier Accidental Death (fare-paying passenger)		$75,000	$150,000
Benefit Enhancement Rider		**Plan 1**	**Plan 2**
Accident Follow-Up Treatment (pays daily)		$100	$100
Lacerations		$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		$600	$600
Computed Tomography (CT) Scan and Magnetic Resonance Imaging (MRI) (pays once/year)		$200	$200
Paralysis (pays once per lifetime)	Paraplegia	$15,000	$15,000
	Quadriplegia	$30,000	$30,000
Coma with Respiratory Assistance		$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 Spinal Disc Surgery		$1,000	$1,000
Eye Surgery		$200	$200
General Anesthesia		$200	$200
Blood and Plasma		$600	$600
Appliance		$250	$250
Medical Supplies		$10.00	$10.00
Medicine		$10.00	$10.00
Prosthesis	1 device	$1,000	$1,000
	2 or more devices	$2,000	$2,000
Physical, Occupational or Speech Therapy (pays daily)		$60	$60
Rehabilitation Unit (pays daily)		$200	$200
Non-Local Transportation (pays up to three times per accident)		$500	$500
Family Member Lodging (pays daily)		$200	$200
Post-Accident Transportation (pays once/year)		$400	$400
Broken Tooth		$200	$200
Residence/Vehicle Modification		$1,000	$1,000
Pain Management (Epidural Injection)		$100	$100
Miscellaneous Outpatient Surgery		$200	$200

[1]Up to amount shown; see Injury Benefit Schedule on reverse. Multiple losses from same injury pay only up to amount shown above.

Plan 1 Premiums

Mode	EE	EE + SP	EE + CH	F
Weekly	$3.17	$5.48	$6.62	$8.87
Monthly	$13.71	$23.71	$28.69	$38.44

Plan 2 Premiums

Mode	EE	EE + SP	EE + CH	F
Weekly	$4.25	$7.35	$9.19	$11.66
Monthly	$18.41	$31.82	$39.82	$50.49

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 reverse

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INJURY BENEFIT SCHEDULE

Benefit amounts for coverage and one occurrence are shown below.

Complete Dislocation*	Plan 1	Plan 2
Hip joint	$3,000	$6,000
Knee or ankle joint^, bone or bones of the foot^	$1,200	$2,400
Wrist joint	$1,050	$2,100
Elbow joint	$900	$1,800
Shoulder joint	$600	$1,200
Bone or bones of the hand^, collarbone	$450	$900
Two or more fingers or toes	$210	$420
One finger or toe	$90	$180
Complete, Simple Or Closed Fracture*	**Plan 1**	**Plan 2**
Hip, thigh (femur), pelvis++	$3,000	$6,000
Skull ++	$2,850	$5,700
Arm, between shoulder and elbow (shaft), shoulder blade (scapula), leg (tibia or fibula)	$1,650	$3,300
Ankle, knee cap (patella), forearm (radius or ulna), collarbone (clavicle)	$1,200	$2,400
Foot ++, hand or wrist ++	$1,050	$2,100
Lower jaw++	$600	$1,200
Two or more ribs, fingers or toes, bones of face or nose	$450	$900
One rib, finger or toe, coccyx	$210	$420
Loss	**Plan 1**	**Plan 2**
Life, hearing, speech, or both eyes, hands, arms, feet, or legs, or one hand or arm and one foot or leg	$30,000	$60,000
One eye, hand, arm, foot, or leg	$15,000	$30,000
One or more entire toes or fingers	$3,000	$6,000

^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).

FOR HOME OFFICE USE ONLY - GVAP6B

Opt 1 - 2.0U Base; 1.5U D/F 100%CH; 2.0U AUC; 2.0U ERS; 1.5U ADD; 2.0U BERINC; 1.5U OPH; 24 Hour

Opt 2 - 3.0U Base; 3.0U D/F 100%CH; 2.0U AUC; 2.0U ERS; 3.0U ADD; 2.0U BERINC; 2.0U OPH; 24 Hour

Quote Pro V 09.19.2025 RE V 06.03.2020

For use in enrollments sitused in: MS. This rate insert is part of the approved brochure for Meridian Public Schools 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 February 27, 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.

ABJ29986 - Insert - 01157

Benefits - Benefit paid for the following conditions (subject to limits listed on pages 3, 4 and 5)

Base Policy Benefits

Initial Hospital Confinement

Daily Hospital Confinement - up to 365 days for any one accident

Intensive Care - up to 180 days for each period of continuous confinement

Rider Benefits Added To Base Policy

Accident Treatment and Urgent Care Rider -
Benefits for: Ground Ambulance, Air Ambulance, Accident Physician's Treatment, X-ray, Urgent Care

Emergency Room Services Rider - received as a result of injury

Dislocation/Fracture Rider - ***Benefits for:*** amount paid depends on type of dislocation or fracture. See Injury Benefit Schedule on page 4. Multiple dislocations, fractures, from the same accident are limited to the amount shown on pages 3 and 4

Optional/Additional Rider Benefits

Outpatient Physician's Treatment for Accident and Preventive Care Benefit Rider - 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. Does not include sickness

Accidental Death, Dismemberment and Functional Loss Rider -
Benefits for: Accidental Death, Common Carrier, Dismemberment, Functional Loss. Multiple dismemberments or functional losses from the same accident are limited to the amount shown in the Benefit Amounts on pages 3 and 4

Benefit Enhancement Rider

Accident Follow-Up Treatment - not payable for the same visit for which the Physical, Occupational or Speech Therapy benefit is paid. Six treatments per covered person, per accident

Lacerations - treatment for one or more lacerations (cuts). Within 180 days after the accident

Burns - treatment for one or more burns, other than sunburns

Skin Graft - for a burn for which a benefit is paid under the Burns benefit

Brain Injury Diagnosis - first diagnosis of concussion, cerebral laceration, cerebral contusion or intracranial hemorrhage. Must be diagnosed by CT Scan, MRI, EEG, PET scan or X-ray

Computed Tomography (CT) Scan and Magnetic Resonance Imaging (MRI) - treatments must be received within 30 days after the accident. Payable once per covered person, per accident, per calendar year

Paralysis - spinal cord injury resulting in complete/permanent loss of use of two or more limbs for 90 consecutive days

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

Open Abdominal or Thoracic Surgery - must be performed by a physician. Two or more surgeries done at the same time are considered one operation

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. 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. 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

Blood and Plasma - transfusion after an accident. Within 180 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

Medicine - purchased prescription or over-the-counter medicines supplies

Prosthesis - physician-prescribed prosthetic arm, leg, hand, foot or eye lost as a result of an accident

Physical, Occupational or Speech Therapy - 1 treatment per day; maximum of 6 treatments per accident. Includes chiropractic services. Not payable for same visit for which Accident Follow-Up Treatment benefit is paid

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 Hospital Confinement benefit is paid

Non-Local Transportation - when a covered person travels more than 50 miles from their home to obtain treatment not available locally. Does not cover ambulance. Up to three times per covered persons, per accident

Family Member Lodging - 1 adult family member to be with you while you are hospital confined. Not paid if family member lives within 50 miles of the hospital. Payable up to 30 days per accident

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 theDaily Hospital Confinement benefit is paid

Broken Tooth - dental repair by crown, filling or extraction; only one of the three is covered per accident. Injury must be to natural teeth and cannot be due to biting or chewing

Residence/Vehicle Modification - permanent structural modification certified necessary by a physician, within 365 days after accident

Pain Management (Epidural Injection) - injection in the spine to manage pain due to an accidental injury

Miscellaneous Outpatient Surgery - physician-performed outpatient surgical procedure. Not paid if one of the following benefits is paid: Open Abdominal or Thoracic Surgery; Tendon, Ligament, Rotator Cuff or Knee Cartilage Surgery; Ruptured Disc Surgery; or Eye Surgery

Certificate Specifications

Conditions and Limits - When an injury results in a covered loss within 180 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 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 upon termination of the domestic partnership or your death.

When Coverage Ends - Coverage under the policy and riders 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 Policy and the following riders:Accident Treatment and Urgent Care Rider; Dislocation/Fracture Rider; Emergency Room Services Rider; Accidental Death, Dismemberment and Functional Loss Rider; and Benefit Enhancement Rider - Benefits are not paid for any loss that is caused by, contributed to by or results from: injury incurred before the effective date; act of war or participation in a riot, insurrection or rebellion; suicide or attempt at suicide, while sane or insane; intentionally self-inflicted injury or action; any bacterial infection (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 an assault or felony; driving in any race or speed test or testing any vehicle on any racetrack or speedway; hernia, including complications; injury while under the influence of alcohol or any drug, unless prescribed by a physician; 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 Treatment for Accident and Preventive Care Benefit Rider - Benefits are not paid for any loss that is caused by, contributed to by or results from: injury incurred before the effective date; act of war or participation in a riot, insurrection or rebellion; suicide or attempt at suicide, while sane or insane; intentionally self-inflicted injury or action; 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; injury while under the influence of alcohol or any drug, unless taken as prescribed by a physician; 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 sitused in MS. This advertisement is a solicitation of insurance; contact may be made by an Agent, Agency, or Representative of The Standard.

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Group Accident benefits are provided under policy form GVAP6 or state variations thereof. Accident Rider benefits are provided under the following rider forms, or state variations thereof: Accident Treatment and Urgent Care Rider GP6AUC; Dislocation/Fracture Rider GP6DF; Emergency Room Services Rider GP6ERS; Outpatient Physician's Treatment for Accident and Preventive Care Benefit Rider GP6OPH; Accidental Death, Dismemberment and Functional Loss Rider GP6ADD; Benefit Enhancement Rider GP6BE.

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.
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