AMERICAN HERITAGE LIFE INSURANCE COMPANY

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.

Accident Insurance

Protection for accidental injuries 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 that meets 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)

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 the 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.

ACCIDENT INSURANCE (GVAP6)

Group Accident Insurance from The Standard

Offered to the Employees of:
Inotiv, LLC.

BENEFIT AMOUNTS

BASE POLICY BENEFITS		PLAN
Initial Hospital Confinement (payable once/year)		$1,500
Daily Hospital Confinement (payable daily)		$300
Intensive Care (payable daily)		$600
RIDER BENEFITS		**PLAN**
Accident Treatment and Urgent Care Rider		
Ground Ambulance		$350
Air Ambulance		$1,050
Accident Physician's Treatment		$175
X-ray		$350
Urgent Care		$175
Dislocation/Fracture Rider†		$4,000
Emergency Room Services Rider		$200
Outpatient Physician's Treatment for Accident and Preventive Care Benefit Rider (payable daily)		$50
Accidental Death, Dismemberment† and Functional Loss† Rider		
Accidental Death		$40,000
Common Carrier Accidental Death (fare-paying passenger)		$100,000
Dismemberment †		$40,000
BENEFIT ENHANCEMENT RIDER		**PLAN**
Accident Follow-Up Treatment (payable daily)		$175
Lacerations		$175
Burns	< 15% body surface	$350
	15% or more	$1,750
Skin Graft (% of Burns Benefit)		50%
Brain Injury Diagnosis		$1,050
Computed Tomography (CT) Scan and Magnetic Resonance Imaging (MRI)		$350
Paralysis (payable only once)	Paraplegia	$26,250
	Quadriplegia	$52,500
Coma with Respiratory Assistance		$35,000
Open Abdominal or Thoracic Surgery		$3,500
Tendon, Ligament, Rotator Cuff or Knee Cartilage Surgery	With Repair	$1,750
	Without Repair	$525
Ruptured Spinal Disc Surgery		$1,750
Eye Surgery		$350
General Anesthesia		$350
Blood and Plasma		$1,050
Appliance		$437.50
Medical Supplies		$17.50
Medicine		$17.50
Prosthesis	1 device	$1,750
	2 or more devices	$3,500
Physical, Occupational or Speech Therapy (payable daily)		$105
Rehabilitation Unit (payable daily)		$350
Non-Local Transportation		$875
Family Member Lodging (payable daily)		$350
Post-Accident Transportation (payable once/year)		$700
Broken Tooth		$350
Residence/Vehicle Modification		$1,750
Pain Management (Epidural Injection)		$175
Miscellaneous Outpatient Surgery		$350

Benefits are payable once per covered person per covered accident, when an injury results in a covered loss within 180 days of a covered accident, unless otherwise noted.

PLAN
MONTHLY PREMIUMS

EE	EE + SP	EE + CH	F
$15.92	$27.53	$33.04	$44.50

BI-WEEKLY PREMIUMS

EE	EE + SP	EE + CH	F
$7.35	$12.71	$15.25	$20.54

EE = Employee; EE + SP = Employee + Spouse; EE + CH = Employee + Child(ren); F = Family
Issue ages: 18 and Over if Actively at Work

†Up to amount shown; see Injury Benefit Schedule - Dismemberment and Functional Loss section in this document. Multiple losses from same injury pay up to amount shown

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This material is valid as long as information remains current, but in no event later than September 16, 2029, 3 years from the date the rate insert was produced.

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INJURY BENEFIT SCHEDULE

Benefit amounts for coverage and one occurrence are shown below.

WITH CLOSED or OPEN REDUCTION DISLOCATION*	PLAN
Hip Joint	$4,000
Knee Joint (except Patella) or Ankle Joint; Bone or Bones of the Foot (except Toes)	$1,600
Wrist Joint	$1,400
Elbow Joint	$1,200
Shoulder Joint	$800
Bone or Bones of the Hand (except Fingers); Collarbone	$600
Two or more Fingers or Two or more Toes	$280
One Finger or One Toe	$120
FRACTURE*	
Hip; Thigh (Femur); Pelvis (except Coccyx)	$4,000
Skull Fracture-Non-Depressed (except Bones of the Face or Nose)	$3,800
Arm, between Shoulder and Elbow (Humerus); Shoulder Blade (Scapula); Leg (Tibia or Fibula)	$2,200
Ankle; Kneecap (Patella), Forearm (Radius or Ulna), Collarbone (Clavicle)	$1,600
Foot (except Toes); Hand or Wrist (except Fingers)	$1,400
Lower Jaw (Mandible) (except Alveolar Process)	$800
Two or more Ribs, Fingers or Toes; Bones of Face or Nose	$600
One Rib, Finger or Toe; Coccyx	$280

*Employee, Spouse and Children receive 100% of the benefit amounts listed.

LOSS	PLAN
Hearing, Speech, or Both Eyes, Hands, Arms, Feet, or Legs, or One Hand or Arm and One Foot or Leg	$40,000
One Eye, Hand, Arm, Foot or Leg	$20,000
One or more entire Toes or Fingers	$4,000

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

Base Policy Benefits

Initial Hospital Confinement - 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 - maximum of 180 days

Rider Benefits Added To Base Policy

Accident Treatment and Urgent Care Rider -

- **Accident Physician's 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

Dislocation/Fracture Rider - 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 pages 3 and 4

Optional/Additional Rider Benefits

Emergency Room Services Rider - treatment in an emergency room

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 coverage includes eligible dependents) for the treatment of covered injuries or preventive care received within 180 days of a covered accident. Does not cover sickness

Accidental Death, Dismemberment and Functional Loss Rider -

- **Accidental Death -** death caused by a covered accident
- **Common Carrier Accidental Death -** death while traveling as a fare-paying passenger on a common carrier

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

Benefit Enhancement Rider

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

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

Burns - treatment received for one or more burns. Sunburns are not covered

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

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

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

Open Abdominal or Thoracic Surgery - performed by a doctor for internal injuries. Two or more surgeries done at the same time are considered one operation

Ligament, Rotator Cuff or Knee Cartilage Surgery - surgery or an exploratory arthroscopic surgical procedure to repair a torn, ruptrured or severed tendon, ligament, rotator cuff, or knee cartilage. Two or more surgeries done at the same time are considered one operation

Ruptured Disc Surgery - surgical repair for a ruptured disc of the spine. Two or more surgeries done at the same time are considered one operation

Eye Surgery - 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 Surgery benefits is paid

Blood and Plasma - transfusion of blood products to treat an injury

Appliance - doctor-prescribed wheelchair, crutches or walker that aids in mobility

Medical Supplies - purchase of medical supplies

Medicine - purchase of prescription or over-the-counter medication

Prosthesis - a new or replacement of an existing prosthetic arm, eye, foot, hand, or leg lost as a result of an accident

Physical, Occupational or Speech Therapy - daily treatment for one or more (up to six treatments per accident) of the following therapies: physical; occupational or speech. Includes chiropractic services. Not paid if the Accident Follow-Up Treatment benefit is paid

Rehabilitation Unit - must be hospital confined, due to an injury, prior to being transferred to rehabilitation unit. Maximum of 30 days per continuous period of rehabilitation unit confinement, up to 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 that is not available locally. Not paid for air or ground ambulance. Up to three times per covered person, per accident

Family Member Lodging - each day one adult family member stays at a non-local lodging to be with a covered person while hospital confined in a non-local hospital more than 50 miles from their home. Maximum of 30 days

Post-Accident 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

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

Residence/Vehicle Modification - permanent structural modifications made to a primary residence (by a licensed contractor) or vehicle within 365 days after a covered accident to maintain an independent lifestyle

Pain Management (Epidural Injection) - epidural injection in the spine to manage pain in the body 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; Ligament, Rotator Cuff, Tendon or Knee Cartilage Surgery; Ruptured Disc Surgery; or Eye Surgery. Two or more surgeries done at the same time are considered one operation

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. 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, and your children. Spouse or 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 the employee 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.

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; intentionally self-inflicted injury or action; 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; injury while intoxicated or under the influence of 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.

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 intoxicated or under the influence of 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.

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This material is valid as long as information remains current, but in no event later than September 24, 2029.

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.



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