



Group Critical Illness Insurance

Plan for the Costs of a Serious Illness So You Can Focus on Getting Well.

1 You get a critical illness diagnosis

Your health insurance covers many of your treatment costs, but you still have a lot of expenses that your finances aren't ready for.

2 The Standard is there for you

The Standard helps shield your finances by paying benefits directly to you. And you get to decide how you spend that money.

3 Focus on getting better

With The Standard helping cover your out-of-pocket or everyday expenses, you get to concentrate on what's most important to you, getting better.

Here's what it does:

- **Pays you directly**, so you can choose how to spend the money
- **Goes with you** if you leave your employer
- **Provides coverage** without answering any medical questions
- **Covers children** at a 25% of your benefit amount at no additional cost
- Gives you the option to **cover your spouse**

This coverage from Standard Insurance Company (The Standard) helps fill the gap caused by out-of-pocket costs, creating a financial safety net for you and your family.

Here's how it works:

Cancer: Shayna beat cancer, but faced many costs she didn't expect. There were her medical plan's copays for doctor visits and what she owed for chemotherapy after meeting her deductible. She also bought hair prosthetics, paid for travel to specialists, and had alternative treatments. The benefits from Shayna's Critical Illness insurance helped cover the expenses. And, her plan also gave her access to Health Advocate™. Through this service, Shayna received the support of a personal guide who helped her make sense of her diagnosis and treatment options.

You choose your coverage amount. Here's an example of what each benefit could cover:

Example Of Out-Of-Pocket Expenses

Medical plan	\$1,400
Lost wages	\$5,000
Alternate treatments and diets not covered by medical plan	\$4,500
Total Out-Of-Pocket Expenses	\$10,900

Example Of Benefits

Critical Illness Benefit Option	\$10,000	\$20,000
Total Out-Of-Pocket Expenses	\$10,900	\$10,900
Remaining Out-Of-Pocket Expenses	\$900	\$0
Remaining Benefit For Other Expenses	\$0	\$9,100

These are the benefit options you may elect:

Coverage for...	Coverage Amount...
You	\$5,000-\$25,000 in increments of \$5,000
Your spouse	\$2,500-\$12,500 in increments of \$2,500, as long as it's not more than 50 percent of your coverage amount
Your children	Automatically covered at 25% of your coverage amount

See the Important Details section for more information, including requirements, exclusions and definitions.

Affordable Group Rates

Because you'll be buying this insurance through Franklin County Fiscal Court, you'll have access to affordable group rates. You'll also have the convenience of having your premium deducted directly from your paycheck.

The semimonthly premiums you would pay for Critical Illness insurance benefits are below.

Employee Semimonthly Attained Age Premiums						
Coverage Amount	Employee's Age as of January 1					
	18-29	30-39	40-49	50-59	60-69	70+
\$5,000	\$0.74	\$1.17	\$2.47	\$5.19	\$9.67	\$24.73
\$10,000	\$1.49	\$2.34	\$4.93	\$10.39	\$19.35	\$49.47
\$15,000	\$2.23	\$3.50	\$7.40	\$15.58	\$29.02	\$74.20
\$20,000	\$2.97	\$4.67	\$9.86	\$20.77	\$38.69	\$98.93
\$25,000	\$3.71	\$5.84	\$12.33	\$25.96	\$48.36	\$123.66

Spouse Semimonthly Attained Age Premiums						
Coverage Amount	Employee's Age as of January 1					
	18-29	30-39	40-49	50-59	60-69	70+
\$2,500	\$0.37	\$0.58	\$1.23	\$2.60	\$4.84	\$12.37
\$5,000	\$0.74	\$1.17	\$2.47	\$5.19	\$9.67	\$24.73
\$7,500	\$1.11	\$1.75	\$3.70	\$7.79	\$14.51	\$37.10
\$10,000	\$1.49	\$2.34	\$4.93	\$10.39	\$19.35	\$49.47
\$12,500	\$1.86	\$2.92	\$6.16	\$12.98	\$24.18	\$61.83

With Critical Illness insurance, you can:

- **Protect your loved ones.** Cover your spouse up to \$12,500, as long as it's not more than 50 percent of your benefit amount. Your kids are automatically covered at 25 percent of the amount elected for yourself for the same critical illnesses that you are. Kids are also covered for 21 additional childhood diseases, including cystic fibrosis, Down syndrome, muscular dystrophy, spina bifida and cerebral palsy.
- **Receive a benefit for taking care of your health.** You and your covered loved ones receive a Health Maintenance Screening benefit of \$50 once per calendar year when visiting the doctor for a covered wellness screening, which may include a novel infectious disease test (including COVID-19) or a mammogram — that typically cost you nothing under your medical insurance.
- **Receive additional benefits.** If you are diagnosed with a covered illness again after a treatment-free period of 6 months, you will receive 100 percent of the original benefit amount. If you are diagnosed with a different and subsequent covered illness after the diagnosis of the first critical illness, you will receive an additional Critical Illness insurance benefit.
- **Access a Health Advocate*.** Additional services available through Health Advocate, include access to specialists for a second opinion upon approval of a covered claim.
- **Update your coverage as needed.** As your life circumstances change, increase or decrease your coverage, in accordance with your employer's plan.

Covered Conditions

Receive 100 percent of your coverage amount for:

- Heart attack
- Stroke
- Cancer (cancer that has spread beyond initial tissue)
- End stage renal (kidney) failure
- Major organ failure
- Coma
- Paralysis of two or more limbs
- Loss of sight
- Occupational HIV
- Occupational Hepatitis
- ALS (Lou Gehrig's Disease)
- Advanced Alzheimer's Disease
- Advanced Multiple sclerosis
- Advanced Parkinson's disease
- Benign brain tumor
- Bone marrow transplant
- Loss of hearing
- Loss of speech

Receive 25 percent of your coverage amount for:

- Severe coronary artery disease with recommendation for bypass
- Cancer that has not spread beyond initial tissue, also known as Carcinoma in situ

* Health Advocacy services are provided through an arrangement with Health Advocate, a leading health advocacy and assistance company. Health Advocate is not affiliated with The Standard or any insurance or third-party provider, and does not replace health insurance coverage, provide medical care or recommend treatment.

Payment of benefits is subject to the terms and conditions of the group critical illness policy and insurance certificate. These plan documents are the final arbiter of coverages.

Diagnosis and recommendation must occur after your coverage becomes effective.

Please see your certificate for full medical definitions that guide eligibility for payment, which may differ slightly from commonly used terms.

Important Details

Here's where you'll find the details about Critical Illness Insurance.

Portability

This coverage is portable. That means that you may be able to continue your coverage through direct bill if your employment ends, the group policy terminates or your insurance ends because you no longer meet the eligibility requirements.

Eligibility Requirements

To be eligible for this coverage, you must be 18 years old or older, a regular employee of Franklin County Fiscal Court, actively working in the United States at least 37.5 hours per week, and a citizen or resident of the United States.

Temporary and seasonal employees, full-time members of the armed forces, leased employees, and independent contractors are not eligible.

You can choose to cover your spouse, 18 years old or older, a person to whom you are legally married, or your domestic partner as recognized by law or by your employer's domestic partnership policy, if applicable. You can also cover your child(ren) from birth through age 25. Your child(ren) cannot be insured by more than one employee. Your spouse or child(ren) must not be full-time member(s) of the armed forces. You cannot be insured as both an individual and a dependent.

A minimum number of eligible employees must apply and qualify for the proposed plan before coverage can become effective. If this requirement is not met, this plan will not become effective.

Your Effective Date

You must satisfy the eligibility requirements listed above, serve an eligibility waiting period, agree to pay premium and be actively at work (able to perform all normal duties of your job) on the day before the scheduled effective date of insurance.

If you are not actively at work on the day before the scheduled effective date of insurance, your insurance will not become effective until the day after you complete one full day of active work as an eligible employee.

Please contact your human resources representative or plan administrator for more information regarding the requirements that must be satisfied for your insurance to become effective.

Annual Open Enrollment

You may enroll for coverage for you and your spouse up to the maximum amount if you enroll within 31 days after becoming eligible. However, if you do not enroll during this period or want to increase your coverage up to the maximum amount, you may do so during your employer's annual open enrollment period.

Family Status Change

In the event of a family status change, you and your spouse or domestic partner may enroll for coverage if you or your spouse or domestic partner enroll within 31 days of the change. Family status change include:

- Your marriage or divorce or dissolution of your domestic partner relationship
- The birth of your child
- The adoption of a child
- The death of your dependent
- The commencement or termination of your spouse's employment
- A change in employment from full-time to part-time by your spouse
- A loss of critical illness insurance through your spouse's employment

Reoccurrence Benefit

If you or your dependents receive a benefit for a covered critical illness and are later diagnosed with the same critical illness, a one-time reoccurrence benefit will be paid if you or your dependents have:

- Been continuously insured under the group policy between the initial and subsequent diagnosis or recommendation
- Served a 6-month treatment-free period in connection with the critical illness during which you or your dependents did not:
 - Consult a physician or other licensed medical professional
 - Receive medical treatment, services or advice
 - Undergo diagnostic procedures, including self-administered procedures
 - Take prescribed drugs or medications

Exclusions

Benefits are not payable if a critical illness is caused or contributed to by any of the following:

- War or any act of war
- Attempted suicide or other intentionally self-inflicted injury, while sane or insane
- Committing or attempting to commit an assault, felony or act of terrorism
- Active participation in a violent disorder or riot
- The voluntary use or consumption of any poison, chemical compound, drug or alcohol in excess of the legal limit in the state the critical illness occurred, unless used or consumed according to the directions of a physician
- Elective surgery or other procedure which:
 - Does not promote the proper function of your or your dependent's body or prevent or treat sickness or injury
 - Is directed at improving your or your dependent's appearance, unless such surgery or procedure is necessary to correct a deformity resulting from a congenital abnormality or disfigurement

Note: This exclusion will not apply to a critical illness caused or contributed to by your or your dependent's donation of an organ or tissue.

When Your Insurance Ends

Your insurance ends if you notify your employer or policyholder to terminate your coverage, you stop making premium payments, your employment terminates, you cease meeting the member definition or the group policy terminates.

Child and spouse insurance ends when your insurance ends, they cease to meet the definition of child or spouse, you stop making premium payments for spouse insurance, spouse or child insurance is no longer offered under the group policy or the group policy terminates.

Group Insurance Certificate

If coverage becomes effective and you become insured, you may receive a group insurance certificate containing a detailed description of the insurance coverage, including the definitions, exclusions, limitations, reductions and terminating events. The controlling provisions will be in the group policy. The information present in this summary does not modify the group policy, certificate or the insurance coverage in any way.

IMPORTANT NOTICE TO PERSONS ON MEDICARE: THIS IS NOT MEDICARE SUPPLEMENT INSURANCE

Some healthcare services paid for by Medicare may also trigger the payment of benefits from this policy.

This insurance pays a fixed dollar amount, regardless of your expenses, if you meet the policy conditions, for one of the specific diseases or health conditions named in the policy. It does not pay your Medicare deductibles or coinsurance and is not a substitute for Medicare Supplement insurance.

Medicare generally pays for most or all of these expenses.

Medicare pays extensive benefits for medically necessary services regardless of the reason you need them. These include:

- Hospitalization
- Physician services
- Hospice
- Outpatient prescription drugs if you are enrolled in Medicare Part D
- Other approved items and services

This policy must pay benefits without regard to other health benefit coverage to which you may be entitled under Medicare or other insurance.

Before you buy this insurance:

- Check the coverage in all health insurance policies you already have.
- For more information about Medicare and Medicare Supplement insurance, review the Guide to Health Insurance for People with Medicare, available from Standard Insurance Company.
- For help in understanding your health insurance, contact your state insurance department or state health insurance assistance program (SHIP).

About Standard Insurance Company

For more than 100 years, we have been dedicated to our core purpose: to help people achieve financial well-being and peace of mind. Headquartered in Portland, Oregon, The Standard is a nationally recognized provider of group employee benefits. To learn more about products from The Standard, visit us at **www.standard.com**.

The Standard is a marketing name for StanCorp Financial Group, Inc. and subsidiaries. Insurance products are offered by Standard Insurance Company of Portland, Oregon, in all states except New York. Product features and availability vary by state and are solely the responsibility of Standard Insurance Company.

This is a limited benefit policy.

GP0614-CI, GP0614-CI FLORIDA, GP0614-CI FLL, GP0614-CI 1122, GP0614-CI MO, GP0614-CIw/GC0614-CI, GP0614-CI 042021, GP0614-CI PA, GP0614-CI AA

Standard Insurance Company
1100 SW Sixth Avenue
Portland OR 97204

www.standard.com

SI 17616-D-KY-174725 (10/25)

7947950-1374803



Health Maintenance Screening Benefit

Maintain Your Wellness

Regular checkups are important to maintain your health. With the Health Maintenance Screening Benefit¹, or the HMS Benefit, **you can keep wellness top of mind**. This benefit is offered with most Standard Insurance Company's Supplemental insurance products. After submitting a claim, you can receive benefit payments once per calendar year when you or your covered loved ones complete one of the screenings listed below.

Available Screenings²

- Abdominal aortic aneurysm ultrasound
- Ankle Brachial Index, or ABI, screening for peripheral vascular disease
- Biopsies for cancer
- Bone density screening
- Breast ultrasound
- Cancer antigen 125, or CA 125, blood test for ovarian cancer
- Cancer antigen 15-3, or CA 15-3, for breast cancer
- Carcinoembryonic antigen, or CEA, blood test for colon cancer
- Colonoscopy
- Complete Blood Count, or CBC
- Comprehensive Metabolic Panel, or CMP
- Novel infectious disease testing, such as COVID-19
- Electrocardiogram, or EKG
- Hemocult stool analysis
- Hemoglobin A1C
- Human Papillomavirus, or HPV, vaccination
- Lipid panel
- Mammography
- Mental Health Assessment
- Pap smears or thin prep pap test
- Prostate specific, or PSA, test
- Stress test on a bicycle or treadmill



Schedule your health screening test today, submit your claim and receive your direct benefit payments.

Standard Insurance Company | 1100 SW Sixth Avenue, Portland, OR 97204 | [standard.com](https://www.standard.com)

1 HMS is not available in all states or on all products.

2 Not all screenings are available in all states or on all products. Please reference your certificate.

Group Accident, Critical Illness and Hospital Indemnity insurance are limited benefit policies.

Critical Illness insurance is called Specified Disease in Vermont.

Hospital Indemnity insurance is not available in all states.

The Standard is a marketing name for StanCorp Financial Group, Inc. and subsidiaries. Insurance products are offered by Standard Insurance Company of 1100 SW Sixth Avenue, Portland, Oregon in all states except New York. Product features and availability vary by state and are solely the responsibility of Standard Insurance Company.

GP0614-ACC, GP0614-ACC FLORIDA, GP0614-ACC 0323, GP0614-ACC PA, GP0614-CI, GP0614-CI FLORIDA, GP0614-CI FLL, GP0614-CI 1122, GP0614-CI MO, GP0614-CIw/GC0614-CI, GP0614-CI 042021, GP0614-CI PA, GP0614-CI AA, GP0614-HI, GP0614-HI FLL, GP0614 0423, GP0614-HI 0123, GP0614-HI

Health Advocacy Select

Personal support to help you manage your health care

When you're diagnosed with a serious illness, your main focus should be on your health – not untangling medical bills, scheduling appointments and coordinating your care with specialists and other providers.

The Standard®

Fortunately, you have help.

Health AdvocateSM, a leading health advocacy and assistance company, can help you navigate the health care system, so you can focus on getting better.

Health Advocacy Select¹ is already included in your Critical Illness insurance² from Standard Insurance Company (The Standard). Health Advocacy gives you:

- **Second Opinion Services.** Get help finding the right physician (both in- or out-of-network) for in-person and remote second opinions.
- **A Dedicated Personal Health Advocate.** Your Personal Health Advocate stays with you for the life of your case, and helps you handle the complexities of the health care system.

An Expert at Your Side

- **From start to finish, you'll work with one person, so you don't have to coordinate with multiple people at different times.**
- **Your Personal Health Advocate is usually a registered nurse with real experience in the health care system.**

Your advocate can help you:

- **Find and schedule appointments** with the right doctors and specialists, particularly for complex medical conditions where a second opinion is appropriate
- **Manage your out-of-pocket expenses** by finding alternative resources and cost information
- **Understand your medical benefits** and maximize the value they provide you
- **Resolve medical claims and billing questions**
- **Make sense of your diagnosis** and research treatment options
- **Find the right type of help** for other conditions related to your diagnosis, including mental or behavioral health.

HealthAdvocateSM

Call Health Advocate if you have questions or to connect with your Personal Health Advocate.

844.450.5543

**MONDAY - FRIDAY,
8 AM – 10 PM EST**

Standard Insurance Company | 1100 SW Sixth Avenue Portland OR 97204 | standard.com

¹ When we approve a Critical Illness claim, we'll send the employee information about Health Advocacy Select. This service is provided through an arrangement with Health AdvocateSM, a leading health advocacy and assistance company. Health Advocate is not affiliated with The Standard or any insurance or third-party provider, and does not replace health insurance coverage, provide medical care or recommend treatment. Eligibility varies by state. This service is not available in all states.

² Critical Illness is called Specified Disease in the state of Vermont

The Standard is a marketing name for StanCorp Financial Group, Inc. and subsidiaries. Insurance products are offered by Standard Insurance Company of 1100 SW Sixth Avenue, Portland, Oregon in all states except New York. Product features and availability vary by state and are solely the responsibility of Standard Insurance Company.