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 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.

Coverage offered to the employees of:

Greene County Schools VA

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:

Greene County Schools VA

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	$2,000
Daily Hospital Confinement (pays daily)		$200	$400
Intensive Care (pays daily)		$400	$800
Rider Benefits		**Plan 1**	**Plan 2**
Accident Treatment and Urgent Care Rider			
Ambulance	Ground	$200	$400
	Air	$600	$1,200
Accident Physician's Treatment		$100	$200
X-ray		$200	$400
Urgent Care		$100	$200
Dislocation/Fracture Rider[1]		$4,000	$8,000
Emergency Room Services Rider		$200	$400
Accidental Death, Dismemberment[1] and Functional Loss[1] Rider		$40,000	$80,000
Common Carrier Accidental Death (fare-paying passenger)		$100,000	$200,000
Benefit Enhancement Rider		**Plan 1**	**Plan 2**
Accident Follow-Up Treatment (pays daily)		$100	$200
Lacerations		$100	$200
Burns	< 15% body surface	$200	$400
	15% or more	$1,000	$2,000
Skin Graft (% of Burns Benefit)		50%	50%
Brain Injury Diagnosis		$600	$1,200
Computed Tomography (CT) Scan and Magnetic Resonance Imaging (MRI) (pays once/year)		$100	$200
Paralysis (pays once per lifetime)	Paraplegia	$15,000	$30,000
	Quadriplegia	$30,000	$60,000
Coma with Respiratory Assistance		$20,000	$40,000
Open Abdominal or Thoracic Surgery		$2,000	$4,000
Tendon, Ligament, Rotator Cuff	Surgery	$1,000	$2,000
or Knee Cartilage Surgery	Exploratory	$300	$600
Ruptured Spinal Disc Surgery		$1,000	$2,000
Eye Surgery		$200	$400
General Anesthesia		$200	$400
Blood and Plasma		$600	$1,200
Appliance		$250	$500
Medical Supplies		$10.00	$20.00
Medicine		$10.00	$20.00
Prosthesis	1 device	$1,000	$2,000
	2 or more devices	$2,000	$4,000
Physical, Occupational or Speech Therapy (pays daily)		$60	$120
Rehabilitation Unit (pays daily)		$200	$400
Non-Local Transportation (pays up to three times per accident)		$500	$1,000
Family Member Lodging (pays daily)		$200	$400
Post-Accident Transportation (pays once/year)		$400	$800
Broken Tooth		$200	$400
Residence/Vehicle Modification		$1,000	$2,000
Pain Management (Epidural Injection)		$100	$200
Miscellaneous Outpatient Surgery		$200	$400

[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	$2.78	$4.80	$6.01	$7.58
Monthly	$12.01	$20.78	$26.03	$32.84

Plan 2 Premiums

Mode	EE	EE + SP	EE + CH	F
Weekly	$5.55	$9.59	$12.02	$15.16
Monthly	$24.03	$41.56	$52.09	$65.69

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

INJURY BENEFIT SCHEDULE

Benefit amounts for coverage and one occurrence are shown below.

Complete Dislocation*	Plan 1	Plan 2
Hip joint	$4,000	$8,000
Knee or ankle joint^, bone or bones of the foot^	$1,600	$3,200
Wrist joint	$1,400	$2,800
Elbow joint	$1,200	$2,400
Shoulder joint	$800	$1,600
Bone or bones of the hand^, collarbone	$600	$1,200
Two or more fingers or toes	$280	$560
One finger or toe	$120	$240
Complete, Simple Or Closed Fracture*	**Plan 1**	**Plan 2**
Hip, thigh (femur), pelvis++	$4,000	$8,000
Skull ++	$3,800	$7,600
Arm, between shoulder and elbow (shaft), shoulder blade (scapula), leg (tibia or fibula)	$2,200	$4,400
Ankle, knee cap (patella), forearm (radius or ulna), collarbone (clavicle)	$1,600	$3,200
Foot ++, hand or wrist ++	$1,400	$2,800
Lower jaw++	$800	$1,600
Two or more ribs, fingers or toes, bones of face or nose	$600	$1,200
One rib, finger or toe, coccyx	$280	$560
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	$40,000	$80,000
One eye, hand, arm, foot, or leg	$20,000	$40,000
One or more entire toes or fingers	$4,000	$8,000

^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; 2.0U D/F 100%CH; 2.0U AUC; 2.0U ERS; 2.0U ADD; 2.0U BER; 24 Hour

Opt 2 - 4.0U Base; 4.0U D/F 100%CH; 4.0U AUC; 4.0U ERS; 4.0U ADD; 4.0U BER; 24 Hour

Quote Pro V 09.19.2025 RE V 06.03.2020

For use in enrollments situsedin: VA. This rate insert is part of the approved brochure for Greene County Schools VA 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 July 14, 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.

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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

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

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. Two 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.

THIS IS AN EXCEPTED BENEFITS POLICY. IT PROVIDES COVERAGE ONLY FOR THE LIMITED BENEFITS OR SERVICES SPECIFIED IN THE POLICY.

This brochure is for use in enrollments sitused in VA. 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 July 14, 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; 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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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:**

- PSA Testing
- 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
Continuous Hospital Confinement (daily)		$200
Extended Benefits[1] (daily)		$200
Government or Charity Hospital (daily)		$200
Private Duty Nursing Services[1] (daily)		$200
Extended Care Facility[1] (daily)		$200
At Home Nursing[1] (daily)		$200
Hospice Care Center[1] (daily) or Hospice Care Team[1] (per visit)		$200 $200
Radiation/Chemotherapy		**Plan**
Radiation/Chemotherapy[1] (every 12 months)		$10,000
Blood, Plasma, and Platelets[1] (every 12 months)		$10,000
Surgery and Related Benefits		**Plan**
Surgery[2] 1. Inpatient 2. Outpatient		 $4,500 $6,750
Anesthesia[1] (% of surgery benefit)		25%
Bone Marrow or Stem Cell Transplant (once/year) 1. Autologous 2. Non-autologous (cancer or specified disease treatment) 3. Non-autologous (Leukemia)		 1. $1,500 2. $3,750 3. $7,500
Ambulatory Surgical Center[1] (daily)		$750
Second Surgical Opinion[1]		$600
Transportation and Lodging Benefits		**Plan**
Ambulance[1] (per confinement)		$100
Non-Local Transportation (coach fare or amount shown per mile♦)		$0.40/mi
Outpatient Lodging[3] (daily; limit $2,000/12 mo. period)		$50
Family Member Lodging[3] (daily per trip; max. 60 days) and Transportation (coach fare or amount shown per mile♦)		$50 $0.40/mi
Miscellaneous Benefits		**Plan**
Inpatient Drugs and Medicine[1] (daily)		$25
Physician's Attendance[1] (daily)		$50
Physical or Speech Therapy[1] (daily)		$50
New or Experimental Treatment[1] (every 12 months)		$5,000
Prosthesis[1] (per amputation)		$2,000
Comfort/Anti-Nausea Benefit[1]		$200
Waiver of Premium (employee only)		Yes
Additional Benefits		**Plan**
Cancer Initial Diagnosis (one-time benefit)		$4,000
Intensive Care (ICU)	ICU Confinement (daily) Ambulance	$200 Charges
PSA Testing/Digital Rectal Examinations	 PSA Testing[4] (per 12 months) Digital Rectal Examinations[4]	 $50 $50
Other Cancer Screening		$50

[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. [4]Pays the greater of actual charges or the amount shown. ♦Maximum of 700 miles.

Plan Premiums

Mode	EE	F
Weekly	$5.47	$9.29
Monthly	$23.68	$40.22

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

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

Intensive Care (ICU)

a. **ICU Confinement**
   confinements up to 45 days/continuous confinement

b. **Ambulance**
   licensed air or surface ambulance service to ICU

PSA Testing/Digital Rectal Exams - for covered persons over 40 who are at high risk for prostate cancer and for covered persons over 50

Other 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) 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 12-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.

Intensive Care Exclusions and Limitations - Benefits are not paid for attempted suicide, intentional self-inflicted injury, intoxication or being under the influence of drugs not prescribed by a physician, or alcoholism or drug addiction. Benefits are not paid for confinements to a care unit that does not qualify as a hospital intensive care unit, including progressive care, subacute intensive care, intermediate care, private rooms with monitoring, or step-down and other lesser care units. Benefits are not paid for continuous confinements occurring during a hospitalization prior to the effective date. We do not pay for ambulance if paid under the Ambulance benefit (see Transportation and Lodging benefit section of this brochure).

THIS IS AN EXCEPTED BENEFITS POLICY. IT PROVIDES COVERAGE ONLY FOR THE LIMITED BENEFITS OR SERVICES SPECIFIED IN THE POLICY.

This brochure is for use in enrollments situsued in VA. 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 March 1, 2029.
Group Cancer benefits are provided under policy form GVCP2, or state variations thereof.

The coverage provided is limited benefit supplemental cancer and specified disease 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. There may be instances when a law requires that benefits under this coverage be paid to a third party rather than to you. If you or a dependent have coverage under Medicare, Medicaid, or a state variation, please refer to your health insurance documents to confirm whether assignments or liens may apply.

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.
standard.com or standard.com/ahl

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.

Whole Life Insurance

Provides a cash benefit directly to your beneficiary



Think About This

Reasons for purchasing life coverage include: replace income, final expenses, wealth transfer and mortgage payoff†

42% of families would face financial hardship within six months, and 25% would suffer financially within a month†

Over half of U.S. households rely on dual incomes (54%),†† and, for many, losing one income could be devastating to household finances

With an unexpected death — you don't want to leave behind financial obligations. Whole Life Insurance can help your family realize the goals and dreams you shared together, and builds cash value you can draw on while still alive.

Here's How It Works

- Select the coverage that's right for you and your family*
- Then if you pass away, your beneficiary files a claim
- A lump-sum cash benefit payable by direct deposit or check can be used however they wish

Protecting Your Finances

With planning, the death benefit can pass to your beneficiaries free from state or federal estate taxes. Consult with your tax advisor for specifics.

Protecting insureds for over 60 years

Meeting Your Needs

- Fully-guaranteed death benefit (premiums payable to age 95)
- If you live to age 121, a lump-sum maturity benefit is paid
- Child(ren) may be covered**
- Premiums are affordable and can be conveniently payroll deducted

†2021 Insurance Barometer Report, LIMRA. ††U.S. Bureau of Labor Statistics, Consumer Expenditure Survey, ibid. *You may be required to answer health questions at enrollment. Coverage may be available with reduced underwriting through your employer during your initial enrollment period. If you enroll after your initial enrollment period, answers to health questions are required. **Coverage for child(ren) may be limited to a percentage of the employee's face amount in some states.

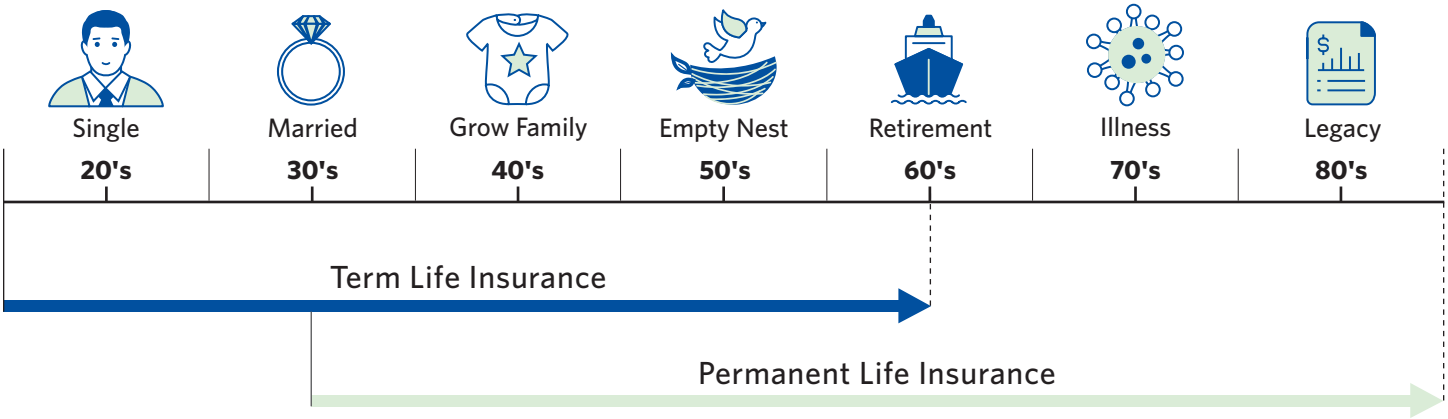
Coverage for all stages of life



There are moments in life that cause us to think about how our loved ones would make ends meet, if we died unexpectedly and their financial support was reduced.

Coverage for all stages of life

As people move through the stages of life, certain factors dictate the type of life insurance they need. During working years, an employer may provide Term Life insurance, but the wraparound coverage of our Group Whole Life product can help give peace of mind because the money you spent builds cash value that you can use later in life or add to the term benefit payout. The graph below illustrates the need for term and permanent whole life insurance throughout the various stages of life.



Here are some of the ways the cash benefits can be used

Finances

Can help protect savings, retirement plans and 401(k)s from being depleted

Home

Your beneficiary can use the cash benefits to help pay the mortgage, continue rental payments, or perform needed home repairs

Expenses

Can help pay your family's living expenses such as bills, electricity, and gas

The examples above detail fictional thought processes and needs; your individual needs and reasons for coverage may vary.

Prepare for the future today

Review and check some or all that apply.

- ☐ You're the primary wage earner and your family would have trouble living comfortably without your income
- ☐ You have regular debts, like mortgage, car payment or credit cards
- ☐ You have children under 18
- ☐ You want permanent, fully guaranteed coverage
- ☐ You'd like to offer a tax-free death benefit to your beneficiary^

Here's how Group Whole Life works

Premiums are payable to age 95 and are conveniently payroll deducted. The longer the policy coverage continues and premiums are paid, the more the cash value builds.

Cash values and payments

As premiums are paid, the policy is building cash value over time. Premiums are guaranteed at issue and the coverage becomes fully paid-up at age 95 if all premiums have been paid.

If the decision is made to stop paying premiums after the coverage is effective and has developed cash value, various non-forfeiture options are available. Extended Term Insurance (ETI) is the default non-forfeiture option when premium payments stop and there is no active selection made to continue coverage. ETI reduces the duration of coverage (now a shorter term instead of whole life), but provides the same amount of death benefit.

^With proper planning, the death benefit can pass to your beneficiaries free from state or federal estate taxes. Please consult with your tax advisor for specific information.

Benefits

Group Whole Life Insurance Provides Either:

Death Benefit - pays a lump-sum cash benefit when the insured before age 121 dies

Maturity Benefit - pays a lump-sum cash benefit if the insured is still living at age 121

Optional/Additional Rider Benefits

Accelerated Death Benefit for Terminal Illness or Condition - a lump-sum advance of 75% of the death benefit (not to exceed $100,000) when certified terminally ill by a physician. The benefit payable is discounted using the current discount rate. Premiums are waived after payment of the benefit Premiums are waived after payment of benefit

Children's Term - level term insurance for each covered dependent child under age 26. Subject to state limits on dependent life coverage

Accelerated Death Benefit for Long Term Care - a monthly advance of 4% of the death benefit for up to 25 months while receiving qualified long-term care services after a 90-day elimination period when certified chronically ill by a licensed health care practitioner. Premiums are waived for the months when the benefit is payable

The riders have exclusions and limitations, may vary in availability by issue or termination age, and may not be available to all covered dependents or in all states. Additional premiums may be required for riders added to coverage.



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).

Certificate Specifications

Pre-Existing Condition Limitation

Accelerated Death Benefit for Long Term Care Rider - Benefits are not paid for care resulting from a pre-existing condition within the first 6 months after the effective date of coverage. This does not apply to a period of care caused by a pre-existing condition beginning 6 months or more after the effective date. A pre-existing condition means the existence of symptoms which would cause an ordinarily prudent person to seek diagnosis, care or treatment within 6 months before the effective date; or a condition for which medical advice or treatment was recommended or received from a medical professional within 6 months before the effective date.

Exclusions

Accelerated Death Benefit for Long Term Care Rider - Benefits are not paid for long-term care services that are: a result of mental or emotional disorder (except for Alzheimer's Disease, senility or senile dementia that are of organic origin); a result of alcoholism or drug addiction; a result of illness, treatment or medical conditions due to: war, act of war, participation in a riot or insurrection or attempt or commission of a felony, serving in the armed forces or auxiliary units, suicide or attempt at suicide, or intentionally self-inflicted injury; provided in a government facility (unless otherwise required by law); services for which benefits are available under Medicare (or benefits would be available under Medicare except for deductibles or coinsurance requirements) or other governmental program (except Medicaid), any state or federal workers' compensation, employer's liability or occupational disease law, or motor vehicle no-fault law, provided by a family member, and for which no charge is normally made in the absence of insurance; received outside the United States or its territories.

Suicide Exclusion for Group Whole Life; Children's Term Rider - If the insured or rider insured commits suicide within 2 years of the effective date of coverage, the death benefit will be limited to the premiums paid.

This brochure is for use in enrollments sitused in VA. 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 September 09, 2028.

Group Whole Life Insurance benefits are provided under form GWLP, or state variations thereof.Rider benefits are provided under the following forms, or state variations thereof: Accelerated Death Benefit for Terminal Illness or Condition (GWPTI); Children's Term (GWPCT); Accelerated Death Benefit for Long Term Care (GWPLTC, GWPLTC1).

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 insurance, including exclusions, restrictions, and other provisions are included in the certificates issued. For additional information, you may contact your Representative at The Standard.

The Standard is the marketing name used by American Heritage Life Insurance Company, a subsidiary of StanCorp Financial Group, Inc.
standard.com or standard.com/ahl

Standard Insurance Company
Greene County Public Schools
Group Policy #156963

Group Long Term Disability Insurance

Protect your income when you're coping with a long-lasting disability.

This coverage is designed to replace a portion of your income when you're disabled for an extended period of time due to a qualifying disability and help you get back to work when you're ready. Long Term Disability insurance benefits can help you pay your bills and safeguard your savings when you're unable to work. Whether you're out for a few months or several years, this benefit can help you protect your income — and those who depend on it.

This plan offers:

- Competitive group rates
- The convenience of payroll deduction
- Benefits for a qualifying disability that occurs on or off the job

About This Coverage

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

What Your Benefit Provides This is the amount per month you would receive if you were to suffer a qualifying disability. Eligible earnings are your monthly insured predisability earnings, as defined by the group policy. Your monthly benefit will be reduced by deductible income. Please see the Important Details section for a list of deductible income sources.	**60%** of your eligible earnings, up to a maximum benefit of **$7,500** per month. Plan minimum per month: **$100**.
Benefit Waiting Period If you experience a qualifying disability, your benefit waiting period is the length of time you must be continuously disabled before you become eligible to receive your monthly benefit	90 days
How Long Your Benefits Last This is the maximum length of time you could be eligible to receive disability benefits for a continuous disability.	For five years Depending on your age at the time of disability, your benefits may be subject to a different schedule. Refer to the "Maximum Benefit Period" table in the Important Details section for specifics.

Additional Features

Your coverage comes with some added features:

Help with Returning to Work	This plan provides incentives to help you get back to work. For instance, you'll get help paying for some of the expenses associated with participating in an approved rehabilitation plan. If a worksite modification would enable you to return to work, the coverage can help your employer make approved modifications. You may also be eligible to receive an additional benefit of 10 percent of your predisability earnings for participating in an approved rehabilitation plan, subject to the plan maximum.
Survivors Benefit	If you die while receiving benefits, your survivor may be eligible to receive a one-time additional payment.
Support When You Need It	You'll have access to an Employee Assistance Program, a valuable confidential counseling resource if you're experiencing personal or work-related issues. This service is provided through an arrangement with a service provider who is not affiliated with The Standard.

How Much Your Coverage Costs

Because this insurance is offered through Greene County Public Schools, you'll have access to competitive group rates that may be more affordable than those available through individual insurance. You'll also have the convenience of having your premium deducted directly from your paycheck. How much your premium costs depends on a number of factors, such as your age and benefit amount.

Use this formula to calculate your premium payment:

_____	x	_____	÷ 100 =	_____
Enter your monthly earnings (cannot be more than $12,500).		Enter your rate from the rate table.		This amount is an estimate of how much you'd pay each month.

Your Age (as of October 1)	Rate %
<30	0.088
30–34	0.121
35–39	0.184
40–44	0.257
45–49	0.372
50–54	0.517
55–59	0.752
60–64	0.949
65–69	0.912
70–74	1.887
75+	2.295

As you consider Long Term Disability insurance, evaluate what makes sense for you.

Getting by without a paycheck isn't easy, especially for an extended period of time. Make sure you have enough financial protection to help you cover your housing costs, utilities and other bills.

To estimate your insurance needs, you'll need to consider your unique circumstances.
Use our online calculator at **www.standard.com/disability/needs**.

Important Details

Here's where you'll find the details about the plan.

Eligibility Requirements

To be eligible for coverage, you must be:

- A regular employee of the Greene County Public Schools who is participating in the Virginia Retirement System (VRS). Employees participating in the Virginia Hybrid Retirement Program described in Article 51.1-169 of the code of Virginia are not eligible.
- Actively working at least 30 hours per week
- A citizen or resident of the United States or Canada

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

Employee Coverage Effective Date

To become insured, you must:

- Meet the eligibility requirements listed above
- Serve an eligibility waiting period*
- Apply for coverage and agree to pay premiums
- Receive medical underwriting approval (if applicable)
- 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.

All late applications (applying 31 days after becoming eligible), requests for coverage increases and reinstatements are subject to medical underwriting approval. Employees eligible but not insured under the prior long term disability insurance plan are also subject to medical underwriting approval.

Visit **https://myeoi.standard.com/156963** to complete and submit a medical history statement online.

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.

*Defined as first of the month that follows the date you become a member

Definition of Disability

For the benefit waiting period and the first 24 months that Long Term Disability benefits are payable, you will be considered disabled if, as a result of physical disease, injury, pregnancy or mental disorder:

- You are unable to perform with reasonable continuity the material duties of your own occupation, and
- You suffer a loss of at least 20 percent of your predisability earnings when working in your own occupation.

You are not considered disabled merely because your right to perform your own occupation is restricted, including a restriction or loss of license.

After the own occupation period of disability, you will be considered disabled if, as a result of a physical disease, injury, pregnancy or mental disorder, you are unable to perform with reasonable continuity the material duties of any occupation.

Maximum Benefit Period

If you become disabled before age 62, Long Term Disability benefits may continue during disability for 5 years or until age 65, whichever is shorter. If you become disabled at age 62 or older, the benefit duration is determined by your age when disability begins:

Age	Maximum Benefit Period
62	3 years 6 months
63	3 years
64	2 years 6 months
65	2 years
66	1 year 9 months
67	1 year 6 months
68	1 year 3 months
69+	1 year

Exclusions

Subject to state variations, you are not covered for a disability caused or contributed to by any of the following:

- Your committing or attempting to commit an assault or felony, or your active participation in a violent disorder or riot
- An intentionally self-inflicted injury, while sane or insane
- War or any act of war (declared or undeclared, and any substantial armed conflict between organized forces of a military nature)
- The loss of your professional or occupational license or certification

- A preexisting condition or the medical or surgical treatment of a preexisting condition unless on the date you become disabled, you have been continuously insured under the group policy for the exclusion period and you have been actively at work for at least one full day after the end of the exclusion period

Preexisting Condition Provision

A preexisting condition is a mental or physical condition whether or not diagnosed or misdiagnosed during the 90-day period just before your insurance becomes effective:

- For which you or a reasonably prudent person would have consulted a physician or other licensed medical professional; received medical treatment, services or advice; undergone diagnostic procedures, including self-administered procedures; or taken prescribed drugs or medications
- Which, as a result of any medical examination, including routine examination, was discovered or suspected

Exclusion Period: 12 months

Limitations

Long Term Disability benefits are not payable for any period when you are:

- Not under the ongoing care of a physician in the appropriate specialty, as determined by The Standard
- Confined for any reason in a penal or correctional institution
- Able to work and earn at least 20 percent of your indexed predisability earnings, but you elect not to work. During the first 24 months after the end of the benefit waiting period, the responsibility to work is limited to work in your own occupation; thereafter, the responsibility to work includes work in any occupation.

In addition, the length of time you can receive Long Term Disability payments will be limited if:

- You reside outside of the United States or Canada
- Your disability is caused or contributed to by mental disorders or substance abuse.
- Your disability is caused or contributed to by mental disorders, substance abuse or the environment, chronic fatigue conditions, chronic pain conditions, carpal tunnel or repetitive motion syndrome or temporomandibular joint disorder or craniomandibular joint disorder

When Your Benefits End

Your Long Term Disability benefits end automatically on the date any of the following occur:

- You are no longer disabled
- Your maximum benefit period ends
- Benefits become payable under any other disability insurance plan under which you become insured through employment during a period of temporary recovery
- You fail to provide proof of continued disability and entitlement to benefits
- You pass away

Deductible Income

Your benefits will be reduced if you have deductible income, which is income you receive or are eligible to receive while receiving Long Term Disability benefits. Deductible income includes:

- Sick pay, annual or personal leave pay, severance pay or other forms of salary continuation, including donated amounts, (but not vacation pay) paid to you by your employer that exceeds 100 percent of your indexed predisability earnings when added to your Long Term Disability benefit
- Benefits under any workers' compensation law or similar law
- Amounts under unemployment compensation law
- Social Security disability or retirement benefits, including benefits for your spouse and children
- Amounts because of your disability from any other group insurance
- Benefits under any state disability income benefit law or similar law
- Earnings from work activity while you are disabled, plus the earnings you could receive if you work as much as your disability allows
- Amounts due from or on behalf of a third party because of your disability, whether by judgment, settlement or other method
- Any amount you receive by compromise, settlement or other method as a result of a claim for any of the above

When Your Insurance Ends

Your insurance ends automatically when any of the following occur:

- The date the last period ends for which a premium was paid
- The date your employment terminates
- The date the group policy terminates
- The date you cease to meet the eligibility requirements (insurance may continue for limited periods under certain circumstances)
- The date Greene County Public Schools ends participation in the group policy

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.

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**.

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GP190-LTD/S399, GP399-LTD/TRUST, GP899-LTD, GP209-LTD, GP608-LTD, GP190-LTD/ASSOC/S399, GP190-LTD/TRUST/S399, GP491-LTD/TRUST/S399

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