

Explore Your Employee Benefits

We believe in protecting what matters



District School Board of Pasco County

**Accident, Critical Illness
and Hospital Indemnity insurance**

Standard Insurance Company





Group Accident Insurance

Keep your finances on track when an accident happens.

Here's How Accident Insurance Works

1 You have an accident.

Your health insurance covers some costs, after you meet your deductible. But you still may have copays and a lot of out-of-pocket expenses.

2 We send you a check.

The Standard will send a check directly to you — not to your medical providers — upon approval of your claim. You decide how you spend the money.

3 You focus on getting better.

With The Standard helping you handle the unexpected expenses, you get to pay attention to what matters most — your health.

Here's what it does:

- **Pays you directly**, so you can choose how to spend the money.
- **Pays you for what happens**, regardless of your other coverage.
- **Goes with you** if you leave your employer.
- **Provides coverage without answering any medical questions.**
- Gives you the option to **cover your spouse and children.**
- **Pays an additional 25 percent benefit** if your child, 18 or under, is injured playing organized sports.
- **You pay the same premium** for as long as you have your coverage.
- Provides the convenience of having your **premium payments deducted directly from your paycheck.**

This coverage from Standard Insurance Company (The Standard) can help you stress less about unexpected medical bills.

Here's an example of benefits paid for a covered accident:

You're injured during your city league soccer game. An ER visit and scans reveal a concussion, broken leg, torn ACL and meniscus - requiring a 2 day hospital stay and surgery.

Here's what your plan would cover for this example:

Benefits Paid to You	Benefit Amounts
Emergency Room Visit	\$600
X-ray	\$400
Concussion	\$600
Leg Fracture (Surgical)	\$3,400
Knee Cartilage Repair	\$1,000
Hospital Admission	\$2,500
2 Days Hospital Confinement	\$1,600
Medical Appliance	\$600
Physician Follow-Up Appointment	\$450
2 Physical Therapy Appointments	\$900
TOTAL	\$12,050

Here's what it would cost you:

Coverage for...	20thly Premium	24thly Premium
You	\$7.30	\$6.09
You and your spouse	\$11.44	\$9.53
You and your children	\$14.16	\$11.80
You, your spouse and your children	\$22.16	\$18.47

Accident Insurance Includes 70+ Benefits for Covered Injuries and Treatment

This is only a partial listing of benefits offered. The specific benefit amounts you'd receive vary and are listed on page 4 and page 5.

Injury	Emergency	Surgery
<ul style="list-style-type: none">• Burns• Dislocations• Eye Injuries• Concussion• Loss of Hearing• Lacerations• Fractures• Coma• Paralysis	<ul style="list-style-type: none">• Emergency Dental• Urgent Care• Ambulance• Emergency Room• X-ray• Major Diagnostic Exam	<ul style="list-style-type: none">• Abdominal/Thoracic Surgery• Outpatient Surgical Facility• Skin Grafts• Knee Cartilage/ Ligament/ Tendon Repair• Ruptured Disk• Rotator Cuff
Hospitalization	Follow-Up Care	Value Added Benefits
<ul style="list-style-type: none">• Hospital Admission• Hospital Confinement• CCU Confinement• CCU Admission	<ul style="list-style-type: none">• Chiropractor• Medical Appliance• Hearing Device• Physical Therapy• Physician Care• Prosthesis• Rehab Facility	<ul style="list-style-type: none">• Transportation• Lodging• Youth Organized Sports Benefit

Additional Benefits

24-hour coverage – Includes coverage for accidents that occur on and off the job.

These are actual benefits you could receive in the event of a covered accident. Benefits are paid once per covered accident unless otherwise noted:

Emergency Care Benefits	
Ambulance — Air	\$2,400
Ambulance — Ground	\$800
Emergency Room Visit	\$600
Urgent Care Visit	\$600
Initial Care Visit (not payable if Urgent Care or Emergency Room Visit Benefit is payable)	\$600
Emergency Dental Care — Crown	\$350
Emergency Dental Care — Extraction	\$150
Outpatient X-ray	\$400
Major Diagnostic Exam (such as CT scan, MRI, EEG)	\$400
Transfusion Blood, Plasma or Platelets	\$600

Specific Injury Benefits	
Burns	\$500-\$12,500, depending on severity
Coma	\$15,000
Concussion	\$600
Eye Injury	\$300
Lacerations	\$100-\$800, depending on size
Skin Graft	50% of burn benefit

Follow-Up Care	
Medical Appliance (e.g., wheelchair, cane or brace)	\$600
Chiropractic Care (maximum 3 visits per covered accident, 1 per day)	\$125 per day
Physician Follow-up (maximum 3 visits per covered accident, 1 per day)	\$450 per day
Hearing Device	\$600
Prosthesis	One: \$1,000 Two or more: \$2,000
Therapy Services (maximum 6 visits per covered accident, 1 per day)	\$450

Dislocations	Non-surgical/Surgical
Ankle, Collarbone (sternoclavicular), Elbow, Foot, Hand, Lower Jaw, Shoulder, Wrist	\$1,000/\$2,000
Knee (not including kneecap)	\$1,000/\$2,000
Collarbone (acromioclavicular), Spine	\$500/\$1,000
Finger, Rib, Toe	\$200/\$400
Hip	\$3,500/\$7,000
Partial Dislocation	25% of the associated dislocation listed above (non-surgical)

Fractures	Non-surgical/Surgical
Ankle, Arm (shoulder to elbow), Arm (elbow to wrist), Collarbone, Elbow, Foot, Hand, Kneecap, Lower Jaw, Shoulder Blade, Sternum, Wrist	\$650/\$1,300
Bones of Face, Coccyx, Nose, Vertebrae	\$750/\$1,500
Rib	\$500/\$1000
Finger, Toe	\$200/\$400
Hip	\$3,000/\$6,000
Leg (hip to knee)	\$3,000/\$6,000
Leg (knee to ankle), Pelvis, Vertebral Column	\$1,700/\$3,400
Skull (depressed)	\$5,250/\$10,500
Skull (non-depressed)	\$2,000/\$4,000
Chip Fracture	25% of the associated fracture listed above (non-surgical)

Surgical Benefits	
Knee Cartilage (Once per covered accident, regardless of whether one or both knees require repair. If both exploratory and repair surgeries are performed, will pay repair benefit amount)	
Exploratory	\$750
Repair	\$1,000
Tendon, Ligament, Rotator Cuff (If two or more surgeries are required for the same covered accident, will pay the highest benefit amount)	
Exploratory	\$750
Repair of one	\$1,000
Repair of two or more	\$1,500
Ruptured Disc	
Repair	\$1,000
Abdominal/Thoracic Surgery (If more than one surgery required for the same covered accident, will pay the highest benefit amount)	
Exploratory	\$400
Laparoscopic Repair Surgery	\$1,000
Open Repair Surgery	\$2,000
Surgical Facility Benefit	\$500

Hospital Benefits	
Hospital Admission (once per covered accident)	\$2,500
Daily Hospital Confinement (maximum 365 days per covered accident)	\$800 per day
Critical Care Unit Admission* (once per covered accident)	\$2,500
Daily Critical Care Unit Confinement* (maximum of 31 days per covered accident)	\$1,600 per day
Daily Rehabilitation Facility (maximum 90 days per covered accident)	\$150 per day
* Payable in addition to any Hospital Admission and/or Daily Hospital Confinement Benefit you may be eligible to receive.	

Additional Benefits	
Lodging (per day, to a maximum of 30 days per covered accident and a total of 90 days per year)	\$200
Transportation (per trip) (per day, to a maximum of 30 days per covered accident and a total of 90 days per year)	\$1,250
Health Maintenance Screening Benefit (once per calendar year)	\$50
Youth Organized Sports Benefit	Additional 25% of total benefit payable

Accidental Death and Dismemberment (AD&D)	
Accidental Death	
You:	\$100,000
Spouse:	\$50,000
Child:	\$25,000
In the event of a covered accidental dismemberment or impairment, this policy would pay a percentage of the Accidental Death benefit:	
Loss of both hands or feet	30%
Loss of one hand and one foot	30%
Loss of one hand or one foot	15%
Loss of one digit (finger or toe)	2%
Loss of two or more digits (fingers and/or toes)	5%
Uniplegia	15%
Hemiplegia, Paraplegia or Triplegia	30%
Quadriplegia	50%
Loss of sight (one eye); loss of hearing (one ear)	15%
Loss of sight (both eyes); loss of hearing (both ears)	30%
In the event of an accidental death, this policy would pay the full Accidental Death benefit. In certain scenarios, it would also pay an additional percentage of the Accidental Death benefit:	
Air Bag Benefit	10%
Helmet Benefit	10%
Seat Belt Benefit	10%
Repatriation/transportation of remains	10%
Death that occurs while aboard commercial transportation	100%

Important Details

Here's where you'll find the details about Accident insurance.

Portability

This coverage is portable. That means that you may be able to continue your coverage through direct bill if your employment ends 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 District School Board of Pasco County, actively working in the United States at least 20 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 children from birth through age 25. Your children cannot be insured by more than one employee. Your spouse or children 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 Accident insurance coverage can 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.

Exclusions

Benefits are not payable if an accident is caused by or contributed to any of the following:

- War or any act of war
- 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 your accident occurred
- Sickness existing at the time of the accident, including any medical or surgical treatment or diagnostic procedure for a sickness
- Travel or flight in or on any aircraft, except as a fare-paying passenger on a commercial aircraft
- Engaging in mountain climbing, caving, heli-skiing, boxing, full contact martial arts, bungee jumping, parachuting, base jumping, skydiving, hang gliding, sail gliding, parasailing, kitesurfing, kiteboarding or scuba diving
- Practicing for, or participating in, any semiprofessional or professional competitive athletic contests for which any type of compensation or remuneration is received
- Routine eye exams and dental procedures other than a crown or extraction for a tooth or teeth as a result of a covered accident
- Riding in or driving any automobile in a race, stunt show or speed test
- Cosmetic surgery or other procedure to improve appearance, unless it is necessary to correct a deformity or restore bodily function after a covered accident
- An accident that occurs while you or your dependent is incarcerated in a jail or penal or correctional institution

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 child or 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, for each day you meet the policy conditions. 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-ACC

Standard Insurance Company
1100 SW Sixth Avenue
Portland OR 97204

www.standard.com

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Don't Let an Accident Throw Your Finances Off Track

Accidents hurt — but they don't have to damage your finances. You can plan to help cover the costs that health insurance doesn't, such as deductibles and copays.

This coverage from Standard Insurance Company (The Standard) can help you stress less about unexpected medical bills.



Here's how Accident insurance works:

1 You have an accident.

Your health insurance covers some costs, after you meet your deductible. But you still may have copays and a lot of out-of-pocket expenses.

2 We send you a check.

The Standard will send a check directly to you — not to your medical providers — upon approval of your claim. You decide how you spend the money.

3 You focus on getting better.

With The Standard helping you handle the unexpected expenses, you get to pay attention to what matters most — your health.

Key benefits:

- **Pays you directly** — so you can spend the cash on whatever you choose
- **Covers a wide range of treatments** due to an accident, from minor to major — and pays extra benefits if kids are injured playing organized sports¹

Choose Accident insurance during your enrollment period or contact your human resources representative.

Here's a partial listing of what it covers²:

 PREMIER	
Emergency Care Benefits	
Air Ambulance	\$2,400
Blood, Plasma, Platelets	\$600
Emergency Dental/Crown	\$350
Emergency Dental Extraction	\$150
Emergency Room Visit	\$600
Ground Ambulance	\$800
Initial Care/Urgent Care Benefit	\$600
Major Diagnostic Exam	\$400
Outpatient X-Ray	\$400
Specific Injury Benefits	
Burns (varies per degree)	\$500 - \$12,500
Coma	\$15,000
Concussion	\$600
Eye Injuries	\$300
Lacerations (varies per length of cut)	\$100 - \$800
Skin Grafts (% of burn benefits)	50%
Fractures (varies per bone)	\$200 - \$10,500
Dislocations (varies per bone)	\$200 - \$7,000
Surgical Benefits (amount may vary per surgery method)	
Knee Cartilage Repair	\$1,000
Ligament/Tendons/Rotator Cuff Repair of one	\$1,000
Knee Cartilage Exploratory Surgery	\$750
Hospital Benefits	
CCU Admission ³	\$2,500
Daily Rehab Facility (per day up to 90 days per Accident)	\$150
Daily CCU (per day up to 31 days) ³	\$1,600
Hospital Admission	\$2,500
Daily Hospital Confinement (per day up to 365 days)	\$800
Follow-Up Care	
Follow-Up Care – per day	\$450 up to 3
Therapy Service – per day	\$450 up to 6

This chart shows a partial listing of the more than 70 benefits included in each Accident insurance plan.



Standard Insurance Company
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standard.com/accident

- 1 Youth Organized Sports Benefit applies to covered children 18 years old or younger.
- 2 This chart is only a **partial listing** of benefits offered. If benefit requirements are met, benefits are paid once per covered accident unless otherwise noted. This is a limited benefit policy. This policy has exclusions, limitations and terms under which the policy may be continued in force or terminated. The amount of benefits provided depends on the policy selected. Premium will vary according to the selection made. Please contact The Standard for additional information, including costs and complete details of coverage.
- 3 This benefit pays in addition to the Daily Hospital Confinement Benefit.

This is a limited benefit policy. This policy has exclusions, limitations and terms under which the policy may be continued in force or terminated.

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.

GPN(s): GP0614-ACC

Flyer — Premier EE

SI 22638

762048
(10/23)



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 50% 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.

Here's an example of what this 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
Total Out-Of-Pocket Expenses	\$10,900
Remaining Out-Of-Pocket Expenses	\$900
Remaining Benefit For Other Expenses	\$0

These are the benefit options you may elect:

Coverage for...	Coverage Amount...
You	Flat amount of \$10,000, \$20,000 or \$30,000
Your spouse	\$5,000, \$10,000 or \$15,000, as long as it's not more than 50 percent of your coverage amount
Your children	Automatically covered at 50% 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 District School Board of Pasco County, you'll have access to affordable group rates. You'll also have the convenience of having your premium deducted directly from your paycheck.

The 20thly and 24thly premiums you would pay for Critical Illness insurance benefits are below.

Coverage Amount	Employee 20thly Premiums	Employee 24thly Premiums
\$10,000	\$5.58	\$4.65
\$20,000	\$11.16	\$9.30
\$30,000	\$16.74	\$13.95

Coverage Amount	Family 20thly Premiums	Family 24thly Premiums
\$10,000	\$8.37	\$6.98
\$20,000	\$16.74	\$13.95
\$30,000	\$25.11	\$20.93

With Critical Illness insurance, you can:

- **Protect your loved ones.** Cover your spouse up to \$15,000, as long as it's not more than 50 percent of your benefit amount. Your kids are automatically covered at 50 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 \$100 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 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 District School Board of Pasco County, actively working in the United States at least 20 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 Critical Illness insurance coverage can 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 by your spouse which reduces or terminates critical illness coverage from your spouse's employer
- 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 FLORIDA

[Standard Insurance Company](http://www.standard.com)
1100 SW Sixth Avenue
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www.standard.com

SI 17616-D-FL-762048 (9/23)

Group Critical Illness Insurance

Helps Protect Your Finances
from the Costs of a Serious Illness



A major illness can blindsides anyone, even an with medical insurance. Copays, deductibles, alternative treatments and other out-of-pocket expenses not covered by medical insurance can add up quickly — and so can financial stress.

Critical Illness insurance from Standard Insurance Company (The Standard) pays benefits directly to you following the diagnosis of up to 20 different major illnesses. That includes recurring illnesses, including cancer, heart attack, and stroke. Employees can use the cash from the benefits to spend any way they choose.

What makes our Critical Illness coverage stand out:

1 | Dependent children are automatically covered for 21 childhood diseases.

2 | No medical questions are asked for guaranteed issue amounts.



Benefits Example*

Heart Attack

Medical insurance deductible.....	\$3,000	Total expenses.....	\$16,225
Prescription copays and coinsurance.....	\$3,875	+ Critical Illness benefit.....	\$15,000
Sessions with wellness specialist.....	\$1,100	<hr/>	
Lost wages.....	\$8,250	Remaining out-of-pocket expenses.....	\$1,225

* Example is for illustration only. Eligibility for benefits and amounts paid will vary.

Key Details at a Glance

- **Update coverage as needed**

You can increase or decrease their coverage, in accordance with their employer’s plan.

- **Coverage is portable**

If you leave their job, they can take the coverage with them.

- **Protect loved ones**

You can choose to cover their spouse. Kids are covered for all the same critical illnesses as the employee, as well as 21 additional childhood diseases.

- **Receive personal health care support**

Covered employees with a critical illness can get help from a personal health advocate who navigates the health care system. Support includes finding specialists, scheduling appointments, resolving medical claims and billing issues, locating a provider for a second opinion, and sourcing help for other conditions related to the diagnosis, including mental or behavioral health.

Additional benefits

If you are diagnosed with a covered illness again after a treatment-free period, you can receive up to 100% of the original benefit amount. If they are diagnosed with a different and subsequent covered illness, you will receive an additional Critical Illness insurance benefit. A separation period between illnesses may be required.

Here's what it covers:¹

	 PREMIER
Heart Attack	✓
Severe Coronary Artery Disease with Recommendation of Bypass Surgery ²	✓
Stroke	✓
Cancer	✓
Carcinoma in Situ ²	✓
End-Stage Renal Failure	✓
Major Organ Failure	✓
21 Childhood Diseases ³	✓
Coma	✓
Paralysis	✓
Loss of Sight	✓
Occupational Hepatitis	✓
Occupational HIV	✓
Amyotrophic Lateral Sclerosis (ALS)	✓
Advanced Alzheimer's Disease	✓
Advanced Multiple Sclerosis	✓
Advanced Parkinson's Disease	✓
Benign Brain Tumor	✓
Bone Marrow Transplant	✓
Loss of Hearing	✓
Loss of Speech	✓

Additional Benefits

Health Maintenance Screening Benefit

Pays a \$100 benefit once per insured per calendar year when you receive one of 22 covered health screening tests, including testing for novel infectious diseases, mental health assessment, COVID-19,⁴ lipid panel, mammography or colonoscopy.

Reoccurrence Benefit

Subsequent diagnosis for the same critical illness are 100% payable if the you has been continuously covered during a 6 month treatment-free period.

Additional Reoccurrence Benefit

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.



Pasco County Schools

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Kurt S. Browning, Superintendent of Schools

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¹ May vary by state requirements.

² Paid at 25% of elected coverage amount.

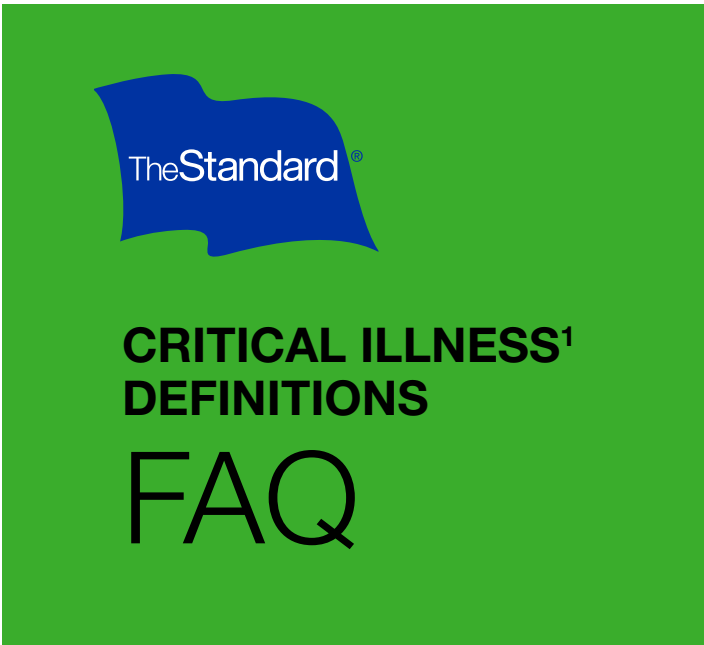
³ Included automatically with employee coverage.

⁴ Subject to the terms and conditions of the policy and certificate.

This is a limited benefit policy. Not all benefits are available in all states. This policy has exclusions, limitations and terms under which the policy may be continued in force or terminated.

The amount of benefits provided depends on the policy selected. Premium will vary according to the selection made. Please contact The Standard for additional information, including costs and complete details of coverage.

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 not available in all states. Product features vary by state and are solely the responsibility of Standard Insurance Company.



How do I know what critical illnesses are covered?

Members can review the Certificate of Coverage that their employer provides to them after they enrolled in coverage.

Does the Standard pay a benefit for a diagnosis of a covered critical illness that occurred prior to the effective date of coverage?

No. The diagnosis of the covered critical illness must occur AFTER the effective date of coverage. This is regardless if it is the first time the condition was diagnosed or a if it is a return of a condition after a period of remission.

What does carcinoma in situ mean?

Carcinoma in situ is also known as non-invasive cancer. This means that the abnormal cells have not spread to nearby tissue. They remain in the place where they first formed. The “in situ” cells are not malignant or cancerous. Carcinoma in situ is also called stage 0 disease.

Is Basal cell or squamous cell carcinomas covered as carcinoma in situ?

No, these types of skin cancer are not covered under carcinoma in situ. Melanoma that has not invaded the dermis that can be classified as: Clark’s level I or II, Breslow’s depth of less than .75mm, or as Stage 0 by the American Joint Committee on Cancer would be covered under the carcinoma in situ benefit.

What is the benefit payout for carcinoma in situ?

We pay 25% of the coverage amount if an insured is diagnosed with carcinoma in situ. The only exception is for diagnosis of ductal carcinoma in situ, or DCIS. Due to the extensive treatment that a member must undergo when diagnosed with DCIS, we changed the benefit payout to 100% of the coverage amount for a DCIS diagnosis that was made 5/1/2021 or later.

What is the difference between cancer and carcinoma in situ?

Cancer occurs when abnormal cells spread to nearby tissue or to the lymph nodes. Cancerous cells are malignant and are characterized by uncontrolled growth, unlike in situ cells that remain in the place where they first formed.

Cancer examples: Leukemia, lymphoma, sarcoma, or malignant melanoma.

Carcinoma in situ examples: Early prostate cancer and ductal carcinoma in situ.

Does The Standard’s coverage pay for skin cancer?

The critical illness product does not include a separate benefit for skin cancer. If a diagnosis of skin cancer meets the definition of carcinoma in situ or cancer, it would be a covered critical illness.

Examples: Melanoma that has not invaded the dermis that can be classified as: Clark’s level I or II, Breslow’s depth of less than .75mm, or as Stage 0 by the American Joint Committee on Cancer would be covered as carcinoma in situ. Malignant melanoma would be covered as cancer. Basal cell or squamous cell carcinomas would not be covered.

Groups situated in New York include a skin cancer benefit that pays \$250 per lifetime for the diagnosis of basal or squamous cell carcinoma of the skin.

Is a heart attack covered under The Standard's critical illness policy?

Yes, myocardial infarction, also known as a heart attack, is a covered critical illness. Myocardial infarction does not include a heart attack that occurred during a medical procedure or due to alcohol or drug abuse.

Does someone have to survive the event for the policy to pay?

No, the benefits will be paid in equal shares to the first surviving class of the following classes: Spouse, Child(ren), Parents, Siblings, Estate.

Does The Standard's critical illness coverage pay for sudden cardiac arrest?

No, sudden cardiac arrest is not a covered condition.

Is a stroke covered under The Standard's critical illness policy?

Yes, a stroke is a covered condition. A benefit will be paid for a stroke if there is clinical evidence of death to the brain tissue, which is **expected to be permanent**. The severity of the stroke is measured by a physician assigning a Modified Rankin Score of 4 (moderately severe disability; unable to walk or attend to bodily functions without assistance of others) or greater. Transient ischemic attack, or TIA, and traumatic injury to the brain tissue or blood vessels are not considered a stroke.

What is a Modified Rankin Scale and why is it used?

The Modified Rankin Scale is a tool used by physicians while in the emergency room or in a stroke unit to determine the severity level of a stroke.

Modified Rankin Scale Scoring:

- 0 - No symptoms at all
- 1 - No significant disability despite symptoms; able to carry out all usual duties and activities
- 2 - Slight disability; unable to carry out all previous activities, but able to look after own affairs without assistance
- 3 - Moderate disability; requiring some help, but able to walk without assistance
- 4 - Moderately severe disability; unable to walk without assistance and unable to attend to own bodily needs without assistance
- 5 - Severe disability; bedridden, incontinent and requiring constant nursing care and attention
- 6 - Deceased

What if the physician does not use the Modified Rankin Score to determine the severity of a stroke?

The claims team will review the medical records to determine if the condition would meet the same requirements as those defined by a Modified Rankin Score of 4 or greater.

Does the Standard's critical illness coverage pay for a transient ischemic attack (TIA)?

No, TIAs are not a covered condition.

Does The Standard's critical illness coverage pay for an aneurysm?

No, an aneurysm is not a covered condition.

What childhood conditions are covered under The Standard's critical illness policy?²

Anal Atresia	Coarctation of the Aorta	Muscular Dystrophy
Anencephaly	Cystic Fibrosis	Omphalocele
Biliary Atresia	Diaphragmatic Hernia	Patent Ductus Arteriosus
Cerebral Palsy	Down's Syndrome	Spina Bifida
Cleft Lip	Gastroschisis	Cystica with Myelomeningocele
Cleft Palate	Hirschsprung's Disease	Tetralogy of Fallot
Club Foot	Hypoplastic Left Heart Syndrome	Transposition of the Great Arteries
	Infantile Hypertrophic Pyloric Stenosis	

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State variations exist. Consult your certificate of coverage for complete details of coverage

¹ Critical Illness insurance is called Specified Disease insurance in the state of New York and Vermont.

² These conditions are not covered if the policy situs state is New York.

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When you're sick or injured, your main focus should be on your health – not untangling medical bills, scheduling appointments and coordinating your care with specialists and other providers.



Help is Only a Phone Call Away

Fortunately, you don't have to take on the healthcare system by yourself. While you're out on a short term disability claim, you can connect with a Personal Health Advocate who'll help you navigate the complexities of the healthcare system. Simply take advantage of Health Advocacy Select, a service that's included with your group Short Term Disability insurance coverage through Standard Insurance Company (The Standard).



An Expert by Your Side

At no additional cost, you can contact Health Advocate^{SM 1} and be assigned a Personal Health Advocate, typically a registered nurse, who will remain on your case until it's fully resolved. From start to finish, you'll work with one person sparing you the headache of explaining your concerns to someone who might be unfamiliar with your situation.

Your Personal Health Advocate can assist you in quickly and efficiently working through healthcare management issues.

Some ways they can help you are:

- **Understand** and take maximum advantage of your medical benefits.
- **Make sense** of your diagnosis and research treatment options.
- **Find and schedule appointments** with the right doctors and specialists, particularly for complex medical conditions where a second opinion is appropriate.
- **Locate specialists** for high-risk pregnancies and find pediatricians.
- **Manage your out-of-pocket expenses** by finding alternative services and cost information.
- **Locate** necessary post pregnancy support in the event of a difficult delivery or when complications arise.
- **Resolve** medical claims and billing issues.
- **Find resources** for services that may not be covered through your employer's health benefits program.

All cases are managed in compliance with state and federal privacy laws. Your personal medical information is kept strictly confidential.

Personal Health
Advocates available
Monday – Friday,
8 a.m. – 10 p.m.,
Eastern at:

844.450.5543

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¹ Health Advocacy services are 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.

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Group Hospital Indemnity Insurance

Keep your finances on track when you're in the hospital.

1 You're admitted to the hospital.

Your health insurance covers many costs of your stay and treatment. But you still have a lot of expenses, including deductibles, copays, and other costs you couldn't predict.

2 We send you a check.

The Standard will send a check directly to you - not to your medical providers - upon approval of your claim. You decide how you spend the money.

3 You focus on recovering.

With The Standard helping you handle the costs of your hospital stay, you get to concentrate on what matters most - your health.

Here's what it does:

- **Pays you directly**, so you can choose how to spend the money
- **Pays you for what happens**, regardless of your other coverage
- **Goes with you** if you leave your employer
- **Provides coverage** without answering any medical questions
- Gives you the option to **cover your spouse and children**
- Provides the convenience of having your **premium payments deducted directly from your paycheck**

This coverage from Standard Insurance Company (The Standard) can help protect your finances and provides you peace of mind.

Here's how it works:

Ruptured Ulcer: Kim is out of town on a business trip when she experiences abdominal pain and a racing heartbeat. Diagnosis: ruptured gastric ulcer. She is rushed to the hospital, admitted and taken into surgery. She ends up being hospitalized for 10 days, three of which are in a critical care unit. Kim's spouse leaves their two kids with their daycare provider and flies to be at her side. The family now faces additional costs for medical bills, travel, and childcare amounting to \$3,850.

Your Employer is giving you the following options to choose from. Here's what each plan would cover for this example:

Benefits Paid to You	Enhanced	Premier
Ambulance — Ground	\$100	\$300
Emergency room visit	\$100	\$100
Hospital admission	\$1,000	\$1,500
Hospital confinement (10 days)	\$1,500	\$2,000
Critical care unit admission	\$500	\$500
Critical care unit confinement (3 days)	\$300	\$300
Surgery	\$500	\$500
Healthcare provider follow-up	\$25	\$25
Total paid to you	\$4,025	\$5,225

Coverage for...	20thly Premium for Enhanced	24thly Premium for Enhanced	20thly Premium for Premier	24thly Premium for Premier
You	\$9.61	\$8.01	\$13.93	\$11.61
You and your spouse	\$16.10	\$13.42	\$23.41	\$19.51
You and your children	\$13.74	\$11.45	\$19.82	\$16.52
You, your spouse and your children	\$24.07	\$20.06	\$34.72	\$28.93

Hospital Benefits	Enhanced	Premier
Hospital Admission ¹ (maximum 1 per calendar year)	\$1,000	\$1,500
Hospital Confinement ¹ (maximum 31 days per stay)	\$150 per day	\$200 per day
Critical Care Unit Admission ^{1,2} (maximum 1 per calendar year)	\$500	\$500
Daily Critical Care Unit Confinement ^{1,2} (maximum 31 days per stay)	\$100 per day	\$100 per day
Rehabilitation Facility (per year)	Not included	\$50 per day up to 15 days
Skilled Nursing Facility	\$50 per day up to 15 days per year	\$50 per day up to 30 days per year

1 Defined as a stay for at least 20 consecutive hours in a hospital setting.

2 Payable in addition to the Hospital Admission and/or Daily Hospital Confinement benefit you may be eligible to receive.

Patient Benefits	Enhanced	Premier
Inpatient Surgery	\$500/ 1 per calendar year	\$500/ 2 per calendar year
Inpatient Surgical Anesthesia	25% of the Inpatient Surgery Benefit	25% of the Inpatient Surgery Benefit
Healthcare Provider Follow-up	\$25/ 2 per year	\$25/ 4 per year
Major Diagnostic Exam	\$50/3 per year	\$50/4 per year
Hearing Device	\$1,000 per Lifetime	\$1,500 per Lifetime
X-ray / Lab (maximum 1 per year)	\$25	\$50

Emergency Care Benefits	Enhanced	Premier
Ambulance — Air (maximum 1 per year)	Not Included	\$500
Ambulance — Ground (maximum 1 per year)	\$100	\$300
Emergency Room Visit (maximum 1 per year)	\$100	\$100
Urgent Care Visit	\$50 (maximum 3 per calendar year)	\$50 (maximum 4 per calendar year)

Additional Benefits For Enhanced and Premier	
Waiver of Premium	Premium waived if you are confined to a hospital for more than 30 days
Health Maintenance Screening	\$50 for Enhanced and \$100 for Premier once per calendar year when visiting the doctor for a covered wellness screening

Important Details

Here's where you'll find the details about Hospital Indemnity insurance.

Portability

This coverage is portable. That means that you may be able to continue your coverage through direct bill if your employment ends 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 District School Board of Pasco County, actively working in the United States at least 20 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 children from birth through age 25. Your child cannot be insured by more than one employee. Your spouse or children 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 Hospital Indemnity insurance coverage can 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 dependents if you enroll within 31 days after becoming eligible. However, if you do not enroll during this period, you may do so during your employer's annual open enrollment period.

Waiver of Premium

Your insurance will continue without payment of premiums if you are confined in a hospital for more than 30 days in a row. We will waive payment of premium for your insurance from the 31st day of your confinement until the last day of the month you are in the hospital.

Exclusions

Benefits are not payable if an injury or sickness 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 a felony or act of terrorism
- Active participation in a violent disorder or riot
- Alcoholism, drug abuse, misuse of alcohol or any other substance, the voluntary use or consumption of any drug or alcohol in excess of the legal limit in the state in which an injury occurred, or taking of drugs unless used or consumed according to the directions of a health care provider.
- Travel or flight in or on any aircraft, except as a fare-paying passenger on a commercial aircraft
- Cosmetic surgery or other procedure to improve appearance, unless it is necessary to correct a deformity or restore bodily function resulting from an injury or sickness
- Any injury or sickness which arises out of or in the course of you or your dependent being incarcerated in a jail, penal or correctional institution
- Dental care or dental procedures, unless treatment is the result of an injury
- Routine newborn nursing or well-baby care
- Hospital confinement of a newborn child following the child's birth unless the confinement is as a result of an injury or sickness
- Riding in or driving any automobile in a race, stunt show or speed test

When 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 child or 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, for each day you meet the policy conditions. 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.

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0-1022994

Preparing for the Cost of a Hospital Stay Can Help You Feel Better



Pasco County Schools

Providing a world-class education for all students

Kurt S. Browning, Superintendent of Schools

Medical insurance is important, but it may not cover all your bills and out-of-pocket costs, especially when you have a hospital stay — planned or unplanned.

This coverage from Standard Insurance Company (The Standard) can help protect your finances and your peace of mind.



Here's how Hospital Indemnity insurance works:

1 You're admitted to the hospital.

Your health insurance covers many costs of your stay and treatment. But you still have a lot of expenses, including deductibles, copays and other costs you couldn't predict.

2 We send you a check.

The Standard will send a check directly to you — not to your medical providers — upon approval of your claim. You decide how you spend the money.

3 You focus on recovering.

With The Standard helping you handle the costs of your hospital stay, you get to concentrate on what matters most — your health.

Key benefits:

- **Pays you directly** — so you can decide what to spend the cash on
- **Covers hospitalization** due to pregnancy, injury and illness — including COVID-19 or a mental health condition

Choose Hospital Indemnity insurance during your enrollment period or contact your human resources representative.

Here's what it covers:*

Hospital Indemnity insurance pays you a benefit for every day you're in the hospital — up to the plan maximum. It also includes the benefits shown in the chart, based on level of coverage.

	 ENHANCED	 PREMIER
Hospital Benefits		
Daily Hospital Confinement (per confinement)	\$150/day up to 31 days	\$200/day up to 31 days
Hospital Admission (once per calendar year)	\$1,000	\$1,500
Daily Critical Care Confinement (pays in addition to the hospital confinement benefit; per confinement)	\$100/day up to 31 days	\$100/day up to 31 days
Critical Care Admission (once per calendar year; pays in addition to the hospital confinement benefit)	\$500	\$500
Emergency Care Benefits		
Air Ambulance (once per calendar year)	N/A	\$500
Ground Ambulance (once per calendar year)	\$100	\$300
Emergency Room (once per calendar year)	\$100	\$100
Urgent Care (per calendar year)	\$50 up to 3	\$50 up to 4
Outpatient X-Ray and Lab (per calendar year)	\$25 up to 1	\$50 up to 1
Surgical Benefits		
Inpatient Surgery (per calendar year)	\$500 up to 1	\$500 up to 2
Inpatient Surgical Anesthesia	25% of surgery benefit	25% of surgery benefit
Follow-Up Care		
Follow-Up Care (per calendar year)	\$25 up to 2	\$25 up to 4
Hearing Device (one per lifetime)	\$1,000	\$1,500
Skilled Nursing Facility (per confinement)	\$50/day up to 15 days	\$50/day up to 30 days
Rehabilitation Facility (per confinement)	N/A	\$50/day up to 15 days
Health Maintenance Screening Benefit	\$50	\$100

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* This chart is only a partial listing of benefits offered. If benefit requirements are met, benefits are paid once per covered loss unless otherwise noted. This is a limited benefit policy. This policy has exclusions, limitations and terms under which the policy may be continued in force or terminated. The amount of benefits provided depends on the policy selected. Premium will vary according to the selection made. Please contact The Standard for additional information, including costs and complete details of coverage.

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Are You Entitled to Additional Maternity Benefits?



You may be eligible for additional benefits through your Hospital Indemnity insurance with Standard Insurance Company.



This coverage can help with extra out-of-pocket expenses associated with your hospital stay.

1 If you've submitted a Short Term Disability maternity claim, you may receive a letter confirming that you're eligible to file a Hospital Indemnity claim. This letter includes the "Quick Claim" Hospital Indemnity Claim form.

2 Simply complete and submit.

3 Then focus on recovery.

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Hospital Indemnity insurance is not available in all states.

This is a limited benefit policy. Not all benefits are available in all states.

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Health Maintenance Screening

Get a Cash Benefit Each Year for Covered Wellness Exams



Regular checkups are important for the things you depend on — especially your health. You and your covered dependents will receive a cash benefit each calendar year when completing any one of the 22 tests listed below. It's all part of the Health Maintenance Screening Benefit¹ that comes with most Supplemental insurance from Standard Insurance Company.

Available Tests²:

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

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

² Not all tests 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.

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



Standard Insurance Company

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GP0614-ACC, GP0614-ACC FLORIDA, GP0614-ACC PA, GP0614-CI, GP0614-CIw/GC0614-CI, GP0614-CI FLORIDA, GP0614-CI MO, GP0614-CI PA, GP0614-CI AA, GP0614-HI, GP0614-HI FLL, GP0614-HI PA

SI 17629

Health Maintenance Screening EE
(10/23)



Filing a Supplemental Insurance Claim

Frequently Asked Questions

Using your Supplemental insurance means you may have hit one of life's rough spots. We're sorry about any difficulties you're going through — and we're here to help.

What is Supplemental insurance and how does it work?

Accident, Critical Illness/Specified Disease, and Hospital Indemnity insurance are types of Supplemental insurance provided by The Standard.

These plans can help you pay bills that medical insurance doesn't cover. They pay a cash benefit directly to you for covered treatments or conditions.

How can I access Supplemental Benefits?

To receive the cash benefits from your plan, you need to file a claim that we approve. We make the process easy, so you can focus on what matters most — your health.

You decide how to spend the money.



You can use the money for medical costs like:

- Copays
- Deductibles



You can also put it toward everyday living expenses such as:

- Child care
- Groceries
- Rent or mortgage payments

How can I file a claim online?

1

[Log in](#) at [standard.com](#).

2

After logging in, go to the Accident, Critical Illness/Specified Disease, or Hospital Indemnity Benefits section and click **Get Started**.

3

This will take you to the Claims page. Under **Start a New Claim**, choose the insurance that applies to your claim and follow the instructions.



Don't have an account? You'll need to [create an account](#) to file your claim and log in.



What if I have more questions?

Check out the **Frequently Asked Questions** page for filing a claim:

▶ [Accident Insurance FAQ](#)

▶ [Critical Illness Insurance FAQ](#)

▶ [Hospital Indemnity Insurance FAQ](#)



Need To Stay Covered?

Did you know you may be able to port some or all of your Standard Insurance Company Supplemental insurance products?

Continuation of Insurance (Portability) allows you to continue your supplemental insurance directly with The Standard, so that even though you're going through a change, we're here to cover you. To begin the application process:

1. Review your Certificate(s) of Insurance for eligibility details.
2. Call the phone number below to continue your coverage directly with The Standard.

Questions? You can reach us at 800.634.1743 to continue your Supplemental insurance coverage(s) with The Standard.

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

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.

These policies have exclusions, limitations, reductions of benefits, and terms under which the policy may be continued in force or terminated. Please contact The Standard for additional information, including costs and complete details of coverage.

Accident insurance, Critical Illness insurance, and Hospital Indemnity insurance are limited benefit policies. Not all benefits are available in all states. Hospital Indemnity insurance is not available in all states. Critical Illness insurance is called Specified Disease insurance in Vermont.

Group Accident insurance policy: GP0614-ACC, GP0614-ACC FL.

Group Critical Illness insurance policy: GP0614-CI, GP0614-CIw/GC0614-CI, GP0614-CI FL.

Group Hospital Indemnity insurance policy: GP0614-HI



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. We have earned a national reputation for quality products and superior service by always striving to do what is right for our customers.

Headquartered in Portland, Oregon, The Standard is a nationally recognized provider of group Disability, Life, Dental and Vision insurance and Individual Disability insurance. We provide insurance to more than 24,800 groups, covering over 8 million employees nationwide.* Our first group policy, written in 1951 and still in force today, stands as a testament to our commitment to building long-term relationships.

To learn more about products from The Standard, contact your human resources department or visit us at **standard.com**.

*As of December 31, 2016, based on internal data developed by Standard Insurance Company.