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.

Group Cancer Insurance



NCFlex Cancer and Wellness Benefit Claims FAQ

NCFlex Cancer insurance and Wellness Benefit support from The Standard: 800.521.3535

Coverage and Benefits

Q. How does Cancer insurance work?

A. Cancer insurance pays cash benefits for an eligible diagnosis of cancer or 29 specified diseases as well as for hospital stays due to an eligible diagnosis. This benefit is payable in addition to your major medical insurance, and you can use your payment for anything you wish — there are no restrictions on how you spend your claim payment.

Q. When does coverage for me and my dependents begin?

A. Coverage typically begins on the first day of the month in which deductions begin unless you are not actively working. The coverage effective date will be listed in your coverage certificate.

Q. What happens if I or a covered family member is diagnosed with a covered cancer or specified disease and does not seek further treatment?

A. Benefits are payable upon diagnosis regardless of whether you or your dependents seek further treatment.

Q. Are there medical questions to answer to enroll in this coverage?

A. Coverage can be offered with one of the following requirements:

- **Guaranteed Issue* –** you do not need to answer medical questions, but you must meet the "Actively at Work" requirement to be eligible.
- **Contingent Guaranteed Issue* –** you will have to satisfy a few medical questions and meet the "Actively at Work" requirement.
- **Simplified Issue* –** you will be asked several detailed medical questions and you must meet the "Actively at Work" requirement**.**

*Although Guaranteed Issue, Contingent Guaranteed Issue, or Simplified Issue may be available, all exclusions and limitations will still apply to any coverage issued. Policy exclusions and limitations, including pre-existing conditions, are not waived even though Guaranteed Issue, Contingent Guaranteed Issue, or Simplified Issue is offered.

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Portability

Q. If I leave the company, can I keep my Cancer coverage? How do I keep my coverage?

A. You can continue coverage for yourself and your dependents as long as you make premium payments directly to The Standard. Your premium payment must be received by The Standard within 30 days of your certificate termination date.

Dependents

Q. Who can be covered under the policy?

A. Coverage is available for you, your spouse, and your dependent children.

Q. When does coverage for my children end?

A. Coverage for children ends at age 26.

Claims

Q. Who may submit a claim?

A. You and your covered family members can submit claims for processing.

Q. When can I submit my claim?

A. You can submit claims for covered benefits any time after the coverage effective date. For example, if the coverage effective date listed on your certificate is January 1, 2026, you may file claims for covered services and treatment received on or after January 1, 2026.

Following enrollment, your coverage certificate is available by registering online at **standard.com/ahl/mybenefits**.

Q. How do I submit a claim?

A. After enrollment, register at **standard.com/ahl/mybenefits** to view your coverage information and file claims.

Claim forms are also available at **standard.com/ahl/resources-and-forms.** For assistance with your claim, call The Standard's Customer Care Center at 800.521.3535.

Q. What conditions must be met for me to receive a benefit?

A. To receive a benefit, the covered person must be initially diagnosed with a new form of invasive cancer or undergo treatments or services, as defined, after the coverage effective date, subject to the Pre-Existing Condition Limitation.

Q. When a claim is filed and benefits are paid by The Standard, who receives the proceeds — me or my doctor?

A. Claim payments are sent to you unless otherwise assigned to someone else. If you wish to have your benefit sent to your doctor, you will need to complete the **Assignment of Benefits Form** at **standard.com/ahl/resources-and-forms**.

Q. How is my benefit paid?

A. Your benefits are paid directly to you unless you assign your benefit payment to your medical provider. For direct deposit, register with **standard.com/ahl/mybenefits** and complete your claim online. You'll be asked which payment method you would like. Choose direct deposit/ACH and provide your bank account and routing number information.

For paper check payments by mail, complete your claim form and mail or fax your claim form and all required documents to us. Our claims mailing address and fax number are listed on your claim form.

To assign your benefits, complete the **Assignment of Benefits Form** at **standard.com/ahl/resources-and-forms** and return it to us using the contact information provided on the form. You can also register with MyBenefits at **standard.com/ahl/mybenefits** and upload your completed form.

Q. What information do I need to provide to process my cancer claim?

A. Please ensure the following information is included with each claim: patient information, date of service, description of service or procedure code, and itemized charges. Note that an EOB (Explanation of Benefits) alone does not include all of the required information. For assistance with your claim, call The Standard's Customer Care Center at 800.521.3535.

Q. When will I receive my claim payment?

A. To receive your claim payment as quickly as possible, submit your claim online along with all required documents at standard.com/ahl/mybenefits. You can also call The Standard's Customer Care Center at 800.521.3535 to check on the status of your claim.

Claims may be paid in as little as 48 hours when you file your claim online at standard.com/ahl/mybenefits and choose direct deposit/ACH.

Q. Can someone assist me with my claims and coverage benefits?

A. Yes! We provide dedicated customer care for NCFlex benefit policy participants and eligible family members. Our professional claims and benefits associates will help you gather the appropriate forms to help make filing your claims easy. Just call The Standard's Customer Care Center at 800.521.3535.

Q. If I am covered under more than one policy from The Standard, which policy do I file my claim under?

A. Refer to your coverage certificates to see which policy pays benefits for your diagnosis and treatment. Some medical diagnoses, treatments, and services may be eligible for benefits under multiple policies. For questions about benefit eligibility, please call The Standard's Customer Care Center at 800.521.3535.

Q. Can I have an example of how claims are paid?

A. Approved cancer claims due to a covered cancer or specified disease diagnosis are evaluated for doctor visits, treatment, and transportation costs. Approved claims are paid directly to you or a covered family member. Example of covered benefits payable (Premium option):

- Surgery = up to $4,500
- Anesthesia = $1,125 (up to 25% of Surgery benefit)
- Radiation/Chemotherapy = up to $10,000
- Total benefits payable = $15,625

Benefits are payable based on actual charges up to the maximum amount listed in the Summary of Benefits outlined in your coverage certificate.

Q. I had another surgery to ensure that the cancer was fully removed. How do I submit a claim for this follow-up surgery?

A. You can submit another claim just like your initial claim. It must include your pathology report and your surgeon's bill with procedure codes (also called CPT codes).

Q. What happens if a covered person dies while covered under the Cancer coverage?

A. The Standard may make benefit payments for approved and unpaid claims directly to the named beneficiary or estate.

Q. My coverage includes benefits for Non-Local Transportation and Lodging. What do I have to submit to receive reimbursement for these expenses?

A. First, review your certificate to see which expenses are covered. Then, complete the section titled "Transportation and Lodging" on your claim form. Finally, send us a statement with the following information:

- Mileage
- Where you traveled from and to
- Lodging receipts
- Verification of treatment during this time (this information can be included in the Attending Physician's Statement section of your claim form)

Q. How can I help ensure that my surgery benefits are approved and paid?

A. To receive your eligible surgery benefits quickly, you must provide your surgical bill from your surgeon's office. This is separate from your hospital bill and will help us approve your claim as fast as possible.

Here's an example of claim documents that you can provide to help us speed up claim approval:

1. Hospital bill/invoice (if applicable) detailing services provided and costs.
2. Surgery bill from your surgeon's office (if applicable) detailing surgery performed and costs.
3. Transportation and Lodging receipts (if applicable). This should include a statement of where you traveled to and from, lodging receipts, mileage, and confirmation of treatment during this time (Attending Physician's Statement included on your claim form).

Q. How can I help ensure that my claim(s) for Chemotherapy and/or Radiation Therapy are approved as quickly as possible?

A. Providing us with an itemized bill/invoice with the following information can help speed up approval of your claim:

1. A charge for each separate service or procedure.
2. Specific dates for each service or procedure.
3. A procedure code or the name(s) of the Chemotherapy drug(s) administered.
4. Common Procedure Technology (CPT) Codes, which are number codes assigned to every service a medical practitioner may provide, including medical, diagnostic, and surgical services.
5. A procedure code or a full description of the radiation procedure.

Q. What is the Wellness benefit and how much does it pay?

A. Your Cancer insurance includes a Wellness benefit that pays an annual benefit ($25 for the Low Plan and $100 for the High/Premium Plan) when you or your eligible family members undergo one of the following preventive examinations:

- Biopsy for skin cancer
- Blood test for triglycerides
- Bone Marrow Testing
- CA15-3 (cancer antigen 15-3 – blood test for breast cancer)
- CA125 (cancer antigen 125 – blood test for ovarian cancer)
- CEA (carcinoembryonic antigen – blood test for colon cancer)
- Chest X-ray
- Colonoscopy
- Doppler screening for carotids
- Doppler screening for peripheral vascular disease
- Echocardiogram
- EKG (Electrocardiogram)
- Flexible sigmoidoscopy
- Hemoccult stool analysis
- HPV (Human Papillomavirus) Vaccination
- Lipid panel (total cholesterol count)
- Mammography, including Breast Ultrasound
- Pap Smear, including Thin Prep Pap Test
- PSA (prostate specific antigen – blood test for prostate cancer)
- Serum Protein Electrophoresis (test for myeloma)
- Stress test on bike or treadmill
- Thermography
- Ultrasound screening of the abdominal aorta for abdominal aortic aneurysms



For questions regarding coverage, benefits or claims, call our Customer Care Center at 800.521.3535, Monday through Friday, 8 a.m. – 8 p.m. Eastern.

This 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.

Rev. March 2026. This material is valid as long as information remains current, but in no event later than March 1, 2029. The coverage provided is limited benefit supplemental insurance, policy form GVCP2 or state variations thereof.

This is a brief overview of the benefits available under the group policy underwritten by American Heritage Life Insurance Company (Home Office, Jacksonville, FL). The coverage has exclusions and limitations and may vary by state. Contact your representative of The Standard for costs and complete details. The Standard is the marketing name used for American Heritage Life Insurance Company, Home Office, Jacksonville, Florida, a wholly owned subsidiary of StanCorp Financial Group, Inc.



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