

Certificate of Insurance

Your complete Certificate of Insurance includes the Certificate of Insurance, any applicable Certificate Endorsement and any applicable Guarantee Association and Complaint Notice.

Group Accident Certificate of Insurance

Securian Life Insurance Company • A Stock Company
400 Robert Street North • St. Paul, Minnesota 55101-2098

APPLIES TO RESIDENTS OF FL, AK, AL, AR, AZ, DC, DE, GA, GUAM, HI, IA, IL, KS, KY, MA, ME, MD, MI, MS, NC, NE, NJ, NM, NV, NY, OH, OK, OR, PA, RI, SC, SD, TN, UT, VA, WA, WI, WV, and WY

Effective January 1, 2021

POLICYHOLDER: South Broward Hospital District, d.b.a., Memorial Healthcare System

POLICY NUMBER: 76059

THIS CERTIFICATE IS NOT MAJOR MEDICAL INSURANCE AND IS NOT A SUBSTITUTE FOR MAJOR MEDICAL INSURANCE. IT DOES NOT QUALIFY AS MINIMUM ESSENTIAL HEALTH COVERAGE UNDER THE FEDERAL AFFORDABLE CARE ACT. THIS CERTIFICATE DOES NOT SATISFY THE FEDERAL REQUIREMENT THAT YOU HAVE HEALTH INSURANCE COVERAGE, WHICH BECAME EFFECTIVE JANUARY 1, 2014.

THIS IS A LIMITED BENEFIT CERTIFICATE: This certificate provides limited benefits. Benefits provided are supplemental and are not intended to cover all medical expenses. Read your certificate carefully.

THIS CERTIFICATE IS NOT A MEDICARE SUPPLEMENT CONTRACT. If you are eligible for Medicare, review the Guide to Health Insurance for people with Medicare available from us.

Notice for residents of Arizona: This certificate of insurance may not provide all benefits and protections provided by law in Arizona. Please read this certificate carefully.

Notice for residents of Maryland: This certificate is a part of a group policy issued outside of Maryland and may omit some of the benefits required for a policy issued and delivered in Maryland.

Read Your Certificate Carefully

If you meet the eligibility and enrollment requirements herein, you are insured under the group policy shown on the specifications page. This certificate summarizes the principal provisions of the group policy that affect you. The provisions summarized in this certificate are subject in every respect to the group policy. You may examine the group policy at the principal office of the policyholder during regular working hours.

Legal Actions

No legal action may be brought to recover on this certificate within the first sixty days after written proof of loss has been given as required by this certificate. No such action may be brought after three years from the time written proof of loss is required to be given.


Secretary


President

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GROUP ACCIDENT CERTIFICATE OF INSURANCE

Certificate Specifications Page

Securian Life Insurance Company
400 Robert Street North • St. Paul, Minnesota 55101-2098

GENERAL INFORMATION

POLICYHOLDER: South Broward Hospital District, d.b.a., Memorial Healthcare System

POLICY NUMBER: 76059

ASSOCIATED COMPANIES: All subsidiaries and affiliates reported to Securian Life by the policyholder for inclusion in the policy.

POLICY SITUS: The policy was issued and delivered in Florida.

POLICY EFFECTIVE DATE: January 1, 2021.

This certificate and/or certificate specifications page replaces any and all certificates and/or certificate specifications pages previously issued to you under the group policy. Please replace any certificate and/or certificate specifications page previously issued to you with this new certificate and/or specifications page.

GROUP: The group is composed of all active employees of the policyholder and its associated companies working in the United States in the following class:

Class 1: Active full-time and part-time employees working at least 20 hours per week.

All new employees of the employer will be added to such group and classes for which they become eligible.

NO DOUBLE COVERAGE: If two employees of the policyholder are married to each other, each may be insured as either an employee or a dependent spouse, but not both. Only one person can insure an eligible dependent child.

ENROLLMENT PERIOD: 31 days from the first day of eligibility for contributory insurance.

WAITING PERIOD: 30 days from the employee's date of hire.

MINIMUM HOURS PER WEEK REQUIREMENT: 20 hours per week

PLAN OF INSURANCE

EMPLOYEE BENEFIT SCHEDULE

EMPLOYEE GROUP ACCIDENT INSURANCE:

Supplemental Group Accident Insurance

Eligible Class

Class 1

Employee Supplemental Group Accident Insurance Benefit Plan

If elected by the employee, benefit plan as described herein.

GENERAL PROVISIONS FOR EMPLOYEE INSURANCE

- RETIREMENT REDUCTIONS:** All insurance terminates at retirement, except as otherwise provided for under any applicable certificate supplement.
- CONTRIBUTORY/NONCONTRIBUTORY:** Supplemental insurance is contributory insurance.
- PORTABILITY:** The employee's plan in force as of the portability date.

DEPENDENT BENEFIT SCHEDULE

An employee must be insured for supplemental accident insurance in order to elect dependent accident insurance.

SPOUSE GROUP ACCIDENT INSURANCE

Supplemental Group Accident Insurance

Eligible Class

Class 1

Spouse Supplemental Group Accident Insurance Benefit Plan

If elected by the employee, the Spouse benefit plan matches the employee's Supplemental Group Accident Benefit Plan.

CHILD GROUP ACCIDENT INSURANCE

Supplemental Group Accident Insurance

Eligible Class

Class 1

Child Supplemental Group Accident Insurance Benefit Plan

If elected by the employee, the Child benefit plan matches the employee's supplemental Group Accident Benefit Plan.

GENERAL PROVISIONS FOR DEPENDENT INSURANCE

- RETIREMENT REDUCTIONS:** All insurance terminates at retirement, except as otherwise provided for under any applicable certificate supplement.
- CONTRIBUTORY/NONCONTRIBUTORY:** Supplemental insurance is contributory insurance.
- SPOUSE AND CHILD PORTABILITY:** Spouse benefit plan matches the employee's Group Accident Benefit Plan.
- Child benefit plan matches the employee's Group Accident Benefit Plan

COVERED BENEFITS

Refer to the **Injury Benefits, Emergency Care, Hospital Care, Surgery Benefits, Follow-up Care, and Support Care** sections of the Certificate for additional benefit details.

INJURY BENEFITS	BENEFIT PLAN
Burn Benefit	
2 nd degree burns	
Less than 10% of the body	\$100
Between 10% and 20% of the body	\$500
20% or more of the body	\$1,000
3 rd degree burns	
Less than 10% of the body	\$1,000
Between 10% and 20% of the body	\$5,000
20% or more of the body	\$10,000
Concussion	\$150

Dislocation	
Principal Amount (Surgical)	\$8,000
	% of Principal Amount
Hip/Thigh	100%
Foot	40%
Ankle	40%
Knee	60%
Hand or wrist (excluding fingers)	Hand: 30% Wrist: 30%
Lower jaw	30%
Shoulder	40%
Collarbone	30%
Ribs	20%
Finger	10%
Toe	10%
Elbow	20%
Non-surgical	50% of surgical benefit
Partial dislocation	25% of non-surgical benefit
Eye Injury - with Surgery	\$300
Eye Injury – Removal of Foreign Object without Surgery	\$75
Fracture	
Principal Amount (Surgical)	\$6,000
	% of Principal Amount
Hip/Thigh	100%
Vertebral body	115%
Vertebral processes	50%
Pelvis	110%
Sternum	15%
Coccyx	15%
Skull – non depressed	50%
Skull – depressed	100%
Lower leg	85%
Foot	60%
Ankle	60%
Kneecap	60%
Upper arm	70%
Facial excluding lower jaw	50%
Forearm	60%
Hand or wrist (except fingers)	60%
Lower jaw	50%
Shoulder blade	60%
Collarbone	50%
Ribs	15%
Finger	10%
Toe	10%
Nose	20%
Non-surgical	50% of surgical benefit
Chip fracture	25% of non-surgical benefit
Lacerations	
With stitches or staples	\$320
Without stitches or staples	25% of benefit provided with stitches or staples

Paralysis	
Principal Amount	\$25,000
	% of Principal Amount
Quadriplegia	100%
Paraplegia	50%
Hemiplegia	50%
Uniplegia	25%

EMERGENCY CARE	BENEFIT PLAN
Ambulance	
Ground or water	\$250
Air	\$1,000
Blood, Plasma or Platelets Transfusion	\$400
Emergency Dental	
Crown	\$250
Extraction	\$60
Emergency Room Treatment	\$150
Initial Physician's Office Visit	\$60

HOSPITAL CARE	BENEFIT PLAN
Coma	\$11,500
Diagnostic Testing	\$80
Hospital Stay	
Initial benefit, non-ICU	\$1,000
Initial benefit, ICU	\$1,000
Daily benefit, non-ICU	\$300
Daily benefit, ICU	\$500
X-ray	\$30

SURGERY BENEFITS	BENEFIT PLAN
Abdominal or Pelvic Surgery	\$800
Cranial Surgery	\$800
Knee Cartilage Surgery	
Open	\$750
Arthroscopic	\$150
Ruptured Disc Surgery	\$750
Skin Graft	25% of applicable burn benefit
Tendon, Ligament or Rotator Cuff Surgery	
Open	\$550
Arthroscopic	\$275
Thoracic Surgery	\$800

FOLLOW-UP CARE	BENEFIT PLAN
Appliances	\$100
Follow-Up Physician's Office Visit	\$60
Prosthetics	
One prosthetic	\$1,000
Two or more prosthetics	2x one prosthetic
Rehabilitative Therapy (Outpatient) – Physical, Occupational, Vocational, Speech, Respiratory, Cognitive Behavioral, Trauma Counseling, Chiropractic, Acupuncture	
Per Visit Benefit	\$30
Transportation	\$500 per visit

SUPPORT CARE	BENEFIT PLAN
Adult Companion Lodging	\$120 per day
Family Care	\$15 per day

ADDITIONAL INFORMATION

ANNUAL OPEN ENROLLMENTS:

During the policyholder's annual open enrollment an employee may elect employee and dependent accident insurance benefit plans.

Coverage will be effective on the January 1 following the annual enrollment, subject to the actively at work requirement for employees and the hospitalization/non-confinement requirement for dependents.

Special Enrollment Periods: Upon mutual agreement between the policyholder and us, one or more special enrollment periods may be offered to eligible employees. These special enrollment periods (if offered) will be in addition to the annual enrollment opportunities described above. In the event that a special enrollment period is offered, the details of the special enrollment, including enrollment dates, and allowed changes, will be communicated to you in advance of the special enrollment period and documented in the group policy on file with the policyholder and us.

QUALIFIED STATUS CHANGES:

An employee who experiences one of the qualified status changes as defined by the policyholder's plan rules may elect employee and dependent accident insurance benefit plans, provided enrollment is made within 31 days of the status change. The change in plan must be consistent with the change in status.

Coverage will be effective on the date of the election. All increases are subject to the actively at work requirement for employees and the hospitalization/non-confinement requirement for dependents.

SUPPLEMENTS TO THE CERTIFICATE

Health and Wellness
Organized Sports Injury Benefit
Portability

Applies to all states
Applies to all states
Applies to all states

Definitions

Any use in this certificate or any attached certificate supplement of a term defined in this section is to be given the meaning defined in this section unless otherwise defined in another provision of this certificate or certificate supplement.

accident

An act or event which is:

- (1) unintended, unexpected and unforeseen; and
- (2) directly results in bodily injury to the insured.

application

Your application or enrollment for insurance under the group policy.

associated company

Any company which is a subsidiary or affiliate of the policyholder which is designated by the policyholder and agreed to by us to participate under the group policy.

child or children

Your or your spouse's:

- (1) natural child;
- (2) adopted child; or
- (3) stepchild.

Children are eligible from the moment of live birth (stillborn or unborn children are not eligible) to the end of the calendar year in which they attain of age 26. Children age 26 or older are also eligible if they are physically or mentally incapable of self-support, were incapable of self-support prior to age 26, and are financially dependent on the employee for more than one-half of their support and maintenance.

Adopted child includes children that are placed with you, or for whom you have filed a petition to adopt. Children placed with you, or for whom you have filed a petition to adopt within 60 days of the adopted child's date of birth, are eligible from the moment of live birth (stillborn or unborn children are not eligible). Coverage for an adopted child placed with you, or for whom you have filed a petition to adopt more than 60 days after the child's date of birth, is effective from the moment of placement or filing of the petition. However, coverage will not continue if the placement is disrupted prior to legal adoption or if the child is removed from placement. Placed/placement means physical placement in your or your spouse's care. If physical placement is prevented due to the medical needs of the child, "placed" means the date you or your spouse sign an agreement for adoption of the child and assume financial responsibility for the child.

confined, confinement

The assignment to a bed as a resident inpatient in a hospital (including an intensive care unit of a hospital) or confinement in an observation area within a hospital for a period of no less than 18 continuous hours.

contributory insurance

Insurance for which you are required to make premium contributions.

covered accident

An accident which:

- (1) is not excluded under the Exclusions and Limitations section or any other terms of this certificate;
- (2) occurs while the insured's coverage is in force; and
- (3) occurs in the United States or a United States territory.

dependent

Your children or spouse.

If both parents of a child qualify as eligible employees under the group policy, the child shall be considered a dependent of only one parent for purposes of this certificate. If any child qualifies as an eligible employee under the group policy, he or she is not eligible to be insured as a dependent child.

emergency room

A department of a hospital or a satellite emergency center that is designated for persons requiring immediate medical care. This area must be staffed and equipped to handle trauma, be supervised by physicians, have treatment provided by physicians, and be available for care seven days per week, 24 hours per day.

A satellite emergency center is a licensed facility providing outpatient care under the direction of a licensed physician on a 24-hour basis. Available services must include:

- (1) diagnostic care, including laboratory services, and diagnostic x-rays; and
- (2) treatment or medical care, including availability of the means for stabilization of emergency medical conditions.

A satellite emergency center does not include a hospital or an office maintained by a licensed physician for the practice of medicine or dentistry.

employee

An individual who is employed by the policyholder or by an associated company. A sole proprietor will be considered the employee of the proprietorship. A partner in a partnership will be considered an employee so long as the partner's principal work is the conduct of the partnership's business. The term employee does not include temporary employees nor corporate directors who are not otherwise employees.

employer

The policyholder or any designated associated companies.

family member

A parent, spouse, child, sibling, grandparent, aunt, uncle, first cousin, niece or nephew. This includes adopted, in-law, and step relatives.

hospital

A short-term, acute care general facility that:

- (1) is legally licensed and operated as a hospital;
- (2) provides overnight care of injured and sick people;
- (3) requires that every patient be supervised by a physician;
- (4) provides 24 hour nursing service by or under the supervision of a registered nurse;
- (5) has on-site or pre-arranged use of x-ray equipment, laboratory, and surgical facilities; and
- (6) maintains permanent medical history records.

A hospital is not a rehabilitation center, nursing home, rest home, extended-care facility, convalescent home, a place for alcoholics or drug addicts or a mental institution, even if such facilities are affiliated with or adjoined to a hospital.

injury or injuries

A bodily injury which is sustained as a direct result of a covered accident.

inpatient

Medical advice, care, diagnostic measures or treatment provided while admitted as a resident inpatient to a medical facility.

insured

An employee or dependent covered for insurance under this certificate.

noncontributory insurance

Insurance for which you are not required to make premium contributions.

non-work day

A day on which you are not regularly scheduled to work, including scheduled time off for vacations, personal holidays, weekends and holidays, and approved leaves of absence for non-medical reasons.

Non-work day does not include time off for medical leave of absence, temporary layoff, employer suspension of operations in total or in part, strike, and any time off due to sickness or injury including sick days, short-term disability, or long term disability.

outpatient

Medical advice, care, diagnostic measures or treatment provided without being admitted as a resident inpatient to a medical facility.

A medical facility is not a rehabilitation center, nursing home, rest home, extended-care facility, convalescent home, a place for alcoholics or drug addicts or a mental institution, even if such facilities are affiliated with or adjoined to a hospital.

paralysis

Paralysis refers to the total, permanent, and irrevocable loss of movement. Paralysis includes quadriplegia, paraplegia, hemiplegia, and uniplegia.

Quadriplegia refers to paralysis of both upper limbs (from the shoulder down including total paralysis of both hands) and both lower limbs (from the waist down including total paralysis of both feet).

Paraplegia refers to paralysis of both lower limbs (from the waist down including total paralysis of both feet).

Hemiplegia refers to paralysis of both the upper limb (from the shoulder down including total paralysis of the hand) and lower limb (from the waist down including total paralysis of the foot) on one side of the body

Uniplegia refers to paralysis of one limb (from the shoulder down including total paralysis of the hand if claiming an upper limb and from the waist down including total paralysis of the foot if claiming a lower limb).

physician

A medical doctor or other person recognized by law or regulation in the United States or United States territory where services are rendered as a physician. The person must be licensed as required by the United States jurisdiction where care is given and must be operating in the scope of his or her license.

A physician cannot be a person who:

- (1) ordinarily resides in your household; or
- (2) is a family member.

policyholder

The owner of the group policy as shown on the specifications page.

specifications page

The summary of the plan specifics available under the group policy.

spouse

Your legally married spouse.

surgery

Medical treatment in which a physician cuts into someone's body in order to repair or remove damaged parts as a result of a covered accident. The surgery must be performed solely because of injuries sustained in a covered accident.

urgent care center

A health care facility that is separate from a hospital or a separate unit within a hospital and whose primary purpose is the offering and provision of immediate, short term medical care, without appointment, for urgent care.

waiting period

The period, if any, of continuous employment with the employer that the employee must satisfy prior to becoming eligible for coverage under this certificate. You are not eligible to become insured until the first day following the waiting period. Any such waiting period is shown on the specifications page.

we, our, us

Securian Life Insurance Company.

you, your, certificate holder

An insured employee.

General Information

What is your agreement with us?

If you meet the eligibility and enrollment requirements, you are insured under the group policy shown on the specifications page. Your application is deemed a part of this certificate. This certificate summarizes the principal provisions of the group policy that affect your insurance coverage. The provisions summarized in this certificate are subject in every respect to the group policy.

Any statements made in your application will, in the absence of fraud, be considered representations and not warranties. Also, any statement made will not be used to void your insurance nor defend against a claim unless the statement is contained in the application.

Can this certificate be amended?

Yes. We retain the right to amend this certificate at any time without your consent. Any amendment will be without prejudice to any claim incurred for benefits prior to the date of the amendment.

Who is eligible for insurance?

You are eligible for group accident insurance if you:

- (1) are a member of the eligible group and of an eligible class as defined on the specifications page; and
- (2) work for the employer for at least the number of hours per week shown as the minimum hours per week requirement on the specifications page; and
- (3) have satisfied the waiting period as shown on the specifications page; and
- (4) meet the actively at work requirement described in the "What is the actively at work requirement?" provision of this section.

Are your dependents eligible for insurance?

Yes. If you are insured for group accident coverage, your dependents are eligible for insurance.

Are employees of associated companies eligible for insurance under the group policy?

Yes. Employees of associated companies may be eligible for insurance under the group policy. The policyholder represents any associated company in all transactions pertaining to the group policy. The policyholder's acts or omissions and every notice given by us to the policyholder shall be binding on every associated company. When an associated company ceases its participation under the policy, the policy shall be considered to be terminated for all employees of the associated company. All provisions related to policy termination will apply to such employees.

Are retired employees eligible for insurance?

If the policyholder's plan of insurance, as shown on the specifications page, does not specifically provide insurance for retired employees, a retired employee shall not be eligible to become insured, nor to have his or her insurance continued. If the policyholder's plan of insurance specifically provides insurance for retired employees, the minimum hours per week and actively at work requirements will not apply to such persons.

What is the actively at work requirement?

To be eligible to become insured or to receive an increase in the benefit amount, you must be actively at work, fully performing your customary duties for your regularly scheduled number of hours at the employer's normal place of business, or at other places the employer's business requires you to travel.

If you are not working due to illness or injury, you do not meet the actively at work requirement. If you are receiving sick pay, short-term disability benefits or long-term disability benefits, you do not meet the actively at work requirement.

If you are not actively at work on the date coverage would otherwise begin, or on the date an increase in your benefit amount would otherwise be effective, you will not be eligible for the coverage or increase until you return to active work. However, if the absence is on a non-work day, coverage will not be delayed provided you were actively at work on the work day immediately preceding the non-work day.

Except as otherwise provided for in this certificate, you are eligible to continue to be insured only while you remain actively at work.

Any insurance or increase in insurance which is elected or put in force while you are not actively at work will not be eligible for claim payment. You or your beneficiary will receive a refund of premium for any contributory insurance for which you were not eligible.

What is the dependent non-confinement requirement?

If a dependent is hospitalized or confined because of illness or disease on the date his or her insurance would otherwise become effective, his or her effective date shall be delayed until he or she is released from such hospitalization or confinement. This does not apply to a newborn child. In no event will insurance on a dependent be effective before your insurance is effective.

Can your coverage be continued during sickness, injury, leave of absence or temporary layoff?

Yes. Insurance may be continued on an insured employee who is not actively at work due to sickness, injury, leave of absence or temporary layoff, subject to the employer's practices and procedures, including the employer's limits on the length of continuation allowed for the type of absence. Continuation is contingent upon continued premium payment and is subject to the following maximum time frames:

- (1) if you are on a non-medical leave of absence or temporary layoff, insurance cannot be continued beyond 12 months from the last day you were actively at work.
- (2) if you are on a medical leave of absence, insurance cannot be continued beyond the later of 12 months from the last day you were actively at work or attained age 65.

Coverage during a leave of absence and upon return from a leave of absence shall meet all state and federal requirements. The above limits will be expanded if necessary in order to meet such requirements.

Enrollment

When can you elect or make changes to your insurance?

You must enroll in order to be insured for contributory coverage under the group policy. You can enroll for coverage within 31 days of when you first become eligible. After that period, you can only enroll for coverage or make changes during your annual open enrollment or within 31 days of a qualified status change event, as defined by the policyholder's plan rules.

When does your insurance become effective?

Your insurance becomes effective on the date all of the following conditions have been met:

- (1) you meet all eligibility requirements, including the actively at work requirement; and
- (2) for contributory coverage, application is made in accordance with the application methods agreed upon by the policyholder and us.

When does insurance for a dependent become effective?

Insurance on a dependent becomes effective on the date when all of the following conditions have been met:

- (1) your insurance becomes effective;
- (2) the dependent meets all eligibility requirements; and
- (3) for contributory insurance, you apply for dependent coverage on forms which are approved by us.

When will changes in your coverage amount be effective?

Requested changes in the amount of your contributory insurance are effective on the first day of the month following receipt of your request for a change.

However, elections made during an enrollment period will not become effective prior to the effective date for that enrollment.

Premiums

When and how often are your premium contributions due?

Unless the policyholder and we have agreed to some other premium payment procedure, any premium contributions you are required to make for contributory insurance are to be paid by you to the policyholder on a periodic basis. Premium rates are subject to change in accordance with the group policy.

How is the premium determined?

The premium will be the applicable premium rate in force on the date premiums are due. The premium may also be computed by any other method on which the policyholder and we agree.

Premium rates are subject to change according to the provisions of the group policy.

Can a premium be paid after the date it is due?

Yes. The group policy has a 31-day grace period. If a premium is not paid on or before the date it is due, that premium may be paid during the 31-day period following the due date. The insurance under the group policy will remain in effect during the 31-day grace period.

Injury Benefits

Burn Benefit

If an insured sustains a second or third degree burn in a covered accident, we will pay the appropriate amount shown on the specifications page based on the type of burn and the percentage of the body surface burned.

The burn must be treated by a physician within 72 hours after the covered accident. If the burn meets more than one of the burn classifications shown on the specifications page, the amount we pay will be based on the burn classification that pays the highest benefit.

We will pay the burn benefit no more than one time per insured per covered accident. No benefits are payable for sunburns or first degree burns.

Concussion

If an insured is injured in a covered accident and the injury causes a concussion, we will pay the amount shown on the specifications page. The insured must be treated by a physician within 72 hours of a covered accident and the concussion must be diagnosed by a physician within 15 days of the covered accident.

Concussion refers to a disruption of brain function resulting from a traumatic blow to the head.

This benefit is limited to one payment per insured per covered accident per calendar year.

Dislocation

If a joint is dislocated in a covered accident, and it is diagnosed and treated by a physician within 90 days after the covered accident, we will pay the amount shown on the specifications page. The amount varies based on the joint that is dislocated, whether the dislocation is a full or a partial dislocation, and whether surgery is required to treat the dislocation.

A full dislocation refers to a completely separated joint due to a covered accident. A partial dislocation means the joint is misaligned but not completely dislocated, as diagnosed by a physician.

If more than one dislocation benefit is payable resulting from the same covered accident, we will pay the lesser of:

- (1) the total of the benefit amounts shown for each applicable dislocation on the specifications page; or
- (2) Two times the highest dislocation benefit that would otherwise be payable for any one of the dislocations involved.

Eye Injury – with Surgery

If an insured is injured in a covered accident and the injury results in an eye injury that requires surgery, we will pay the amount shown on the specifications page. The insured must be seen by a physician within 60 days of the covered accident and surgery must be performed within 180 days of the covered accident. This benefit is limited to one payment per eye per insured per covered accident.

Eye Injury – Removal of Foreign Object without Surgery

If an insured is injured in a covered accident and the injury results in an eye injury that requires removal of a foreign object, but does not require surgery, we will pay the amount shown on the specifications page. The insured must be seen by a physician within 60 days of the covered accident and removal of the foreign object must be performed within 180 days of the covered accident. This benefit is limited to one payment per eye per insured per covered accident.

Fracture

If a bone is fractured in a covered accident, and it is diagnosed and treated by a physician within 90 days after the covered accident, we will pay the amount shown on the specifications page. The amount varies based on the bone that is fractured, whether or not the fracture is a chip fracture, and whether surgery is required to treat the fracture.

Fracture refers to a break in a bone that can be seen by x-ray. A chip fracture is a fracture in which a small fragment of the bone is broken off.

If more than one fracture benefit is payable resulting from the same covered accident, we will pay the lesser of:

- (1) the total of the benefit amounts shown for each applicable fracture on the specifications page; or
- (2) 3 times the highest fracture benefit that would otherwise be payable for any one of the bones involved.

We will pay no more than one fracture benefit per bone, per covered accident per insured. In no event will multiple fracture benefits be paid for the same fracture benefit shown on the specifications page unless it is a bi-lateral fracture. Bi-lateral fracture means the fracture of the same bone on both the left and right sides of the body.

Lacerations

If an insured is injured in a covered accident and the injury results in a laceration, we will pay the appropriate amount shown on the specifications page based on the type of treatment provided.

The laceration must be treated by a physician within 72 hours after the covered accident. This benefit is limited to one payment per insured per covered accident. In no event will we pay more than one laceration benefit per calendar year.

Paralysis

If an insured is injured in a covered accident and the injury causes paralysis which lasts more than 180 days we will pay the appropriate amount shown on the specifications page. The paralysis must be diagnosed by a physician within 180 days after the accident.

The amount payable will be based on the the type of paralysis.

We will pay no more than one paralysis benefit per covered accident per insured. In the event that an insured qualifies under multiple types of paralysis, the highest benefit amount will be paid.

Emergency Care

Ambulance

If an insured is injured in a covered accident and requires transportation to a hospital (or between hospitals) we will pay the appropriate ambulance benefit shown on the specifications page. Ground or water transportation must be provided by a licensed professional ambulance service within 90 days of the covered accident. Air transportation must be provided by a licensed professional ambulance service within 72 hours. This benefit is limited to one payment per insured per covered accident. If an insured requires more than one ambulance transport, the highest benefit amount will be paid.

Ambulance means any publicly or privately owned surface, water or air vehicle, including a helicopter that is specifically designed and constructed or modified and equipped to be used, maintained or operated primarily for the transportation of individuals who are sick, injured or wounded.

Ambulance does not include a surface, water or air vehicle that is owned and operated to accommodate an incapacitated or disabled person who does not require medical monitoring, care or treatment during transport.

Blood, Plasma or Platelets Transfusion

If an insured is injured in a covered accident and requires a blood, plasma or platelets transfusion, we will pay the blood/plasma/platelets transfusion benefit shown on the specifications page. The transfusion must occur within 90 days of the covered accident. This benefit is limited to one payment per insured per covered accident.

Emergency Dental

If an insured has an injury to sound natural teeth as a result of a covered accident, we will pay the appropriate emergency dental benefit shown on the specifications page. A benefit is payable for a broken tooth repaired with crown(s) or a broken tooth requiring extraction. Treatment must occur within 60 days of the covered accident. The maximum number of crown benefits payable per insured per covered accident is two. The maximum number of extraction benefits payable per insured per covered accident is two.

Proof of the soundness of the injured tooth must be submitted with claims. Injuries resulting from biting or chewing are not covered under this benefit.

Sound natural teeth are defined as teeth that are free of active or chronic clinical decay, have at least 50% bone support and are functional in the arch.

Emergency Room Treatment

If an insured is injured in a covered accident and requires treatment in an emergency room, we will pay the emergency room treatment benefit shown on the specifications page. Treatment must occur within 72 hours of the covered accident.

This benefit is limited to one payment per insured per covered accident.

Initial Physician's Office Visit

If an insured is injured in a covered accident, we will pay the initial physician's office visit benefit shown on the specifications page.

Benefits are payable for the initial treatment received in a physician's office or an urgent care center for injuries resulting from a covered accident. Treatment must occur within 72 hours of the covered accident. The benefit is not payable if the insured receives care in an emergency room within the same 72 hour period. Only one benefit is payable per covered accident.

Hospital Care

Coma

If an insured is injured in a covered accident that results in a coma lasting 14 or more consecutive days, we will pay the coma benefit shown on the specifications page.

Coma refers to a state of unconsciousness with no reaction to external stimuli or internal needs. The insured must be diagnosed as comatose by a physician.

This benefit is limited to one payment per insured per covered accident. Medically induced comas and comas resulting directly from alcohol or drug abuse are not covered under this benefit.

Diagnostic Testing

If an insured is injured in a covered accident and requires diagnostic testing for treatment of the injury within 60 days of a covered accident, we will pay the diagnostic testing benefit shown on the specifications page per visit. The following diagnostic tests are covered under this benefit:

- ultrasound
- electroencephalogram (EEG)
- computed tomography scan (CT)
- computed axial tomography (CAT)
- magnetic resonance (MR)
- magnetic resonance imaging (MRI)

This benefit is limited to one payment per insured per covered accident.

Hospital Stay

If an insured is injured in a covered accident and requires treatment in a hospital for the injury within 180 days of a covered accident, we will pay the hospital stay benefit shown on the specifications page subject to the following.

Initial Benefit

We will pay the initial benefit shown on the specifications page for the first day of a hospital stay provided the insured is receiving treatment for a covered accident in the hospital for a minimum of 18 continuous hours.

The benefit payment will be based on the type of room and level of care the insured receives. The Intensive Care Unit (ICU) benefit is payable if the insured is receiving treatment in an ICU room of a hospital. The non-ICU benefit is payable if the insured is receiving treatment in a non-ICU room.

This benefit is limited to one payment per insured per covered accident. In the event the insured receives treatment in both a non-ICU and an ICU room, the higher benefit will be payable as an initial benefit.

Daily Benefit

If an initial benefit is payable, the insured will also receive a daily benefit for each day he or she is treated in the hospital, including the first day. The amount payable for the daily benefit is shown on the specifications page.

The daily benefit payment will be based on the type of room and level of care the insured receives. The ICU benefit is payable if the insured is receiving treatment in an ICU room of a hospital. The non-ICU benefit is payable if the insured is receiving treatment in a non-ICU room.

The ICU daily benefit will be limited to a maximum of 15 days per insured per covered accident. The non-ICU daily benefit will be limited to 365 days per insured per covered accident.

If an insured is released from the hospital and subsequently requires treatment in a hospital for injuries sustained in the same covered accident, the subsequent treatment will be considered a continuation of the same hospital stay for purposes of determining the cumulative maximum daily benefit so long as the treatment occurs within two years of the date of the covered accident.

Intensive Care Unit (ICU) refers to a specifically designated part of a hospital that provides the highest level of medical care and is restricted to patients who are critically ill or injured and who require intensive comprehensive observation and care. Hospital Intensive Care Units must be:

- (1) separate and apart from the surgical recovery room; and
- (2) separate and apart from rooms, beds, and wards customarily used for patient confinement; and
- (3) permanently equipped with special life-saving equipment to care for the critically ill or injured; and
- (4) under constant and continuous observation by nursing staffs assigned to the Intensive Care Unit.

X-ray

If an insured is injured in a covered accident and requires an x-ray for treatment of the injury within 60 days of a covered accident, we will pay the x-ray benefit shown on the specifications page.

This benefit is limited to one payment per insured per covered accident.

Surgery Benefits

Abdominal or Pelvic Surgery

If an insured is injured in a covered accident and requires abdominal or pelvic surgery to treat the injuries, we will pay the abdominal or pelvic surgery benefit shown on the specifications page. The surgery must be performed within 72 hours of the covered accident. This benefit is limited to one payment per insured per covered accident. Surgery required to treat a fracture or dislocation is payable under the fracture or dislocation benefit and is not covered under the abdominal or pelvic surgery benefit.

Cranial Surgery

If an insured is injured in a covered accident and requires cranial surgery to treat the injuries, we will pay the cranial surgery benefit shown on the specifications page. The surgery must be performed within 72 hours of the covered accident. This benefit is limited to one payment per insured per covered accident.

Surgery required to treat a skull fracture is payable under the fracture benefit and is not covered under the cranial surgery benefit.

Knee Cartilage Surgery

If an insured is injured in a covered accident and requires knee cartilage surgery to treat the injury, we will pay the knee cartilage surgery benefit shown on the specifications page. The insured must be treated by a physician within 60 days of the covered accident and surgery must be performed within 180 days of the covered accident. This benefit is limited to one payment per insured per covered accident.

If both open and arthroscopic surgeries are required for the same injury, only the open benefit will be paid.

Ruptured Disc Surgery

If an insured is injured in a covered accident and requires surgery for one or more ruptured discs to treat the injury, we will pay the ruptured disc surgery benefit shown on the specifications page. The insured must be treated by a physician within 60 days of the covered accident and surgery must be performed within 180 days of the covered accident. This benefit is limited to one payment per insured per covered accident.

Skin Graft

The skin graft benefit is subject to the following conditions:

- (1) a benefit is payable under the burn benefit of the Injury Benefits section of the certificate; and
- (2) the skin graft is performed within 365 days of the covered accident.

We will pay the skin graft benefit shown on the specifications page. This benefit is limited to one payment per insured per covered accident.

Tendon, Ligament or Rotator Cuff Surgery

If an insured is injured in a covered accident and requires tendon, ligament or rotator cuff surgery to treat the injuries, we will pay the tendon, ligament or rotator cuff surgery benefit shown on the specifications page. The insured must be treated by a physician within 60 days of the covered accident and surgery must be performed within 180 days of the covered accident. This benefit is limited to two payments per insured per covered accident.

If both open and arthroscopic surgeries are required, only the open benefit will be paid.

Thoracic Surgery

If an insured is injured in a covered accident and requires thoracic surgery to treat the injuries, we will pay the thoracic surgery benefit shown on the specifications page. The surgery must be performed within 72 hours of the covered accident. This benefit is limited to one payment per insured per covered accident.

Surgery required to treat a fracture or dislocation is payable under the fracture or dislocation benefit and is not covered under the thoracic surgery benefit.

Follow-Up Care

Appliances

If an insured is injured in a covered accident and a medical appliance is prescribed by a physician for mobility, we will pay the appliance benefit shown on the specifications page. The order for the appliance must be placed within 180 days of the covered accident. This benefit is limited to payment for two covered appliances per insured per covered accident.

Covered appliances means only the following: crutches, canes, walkers, wheelchairs/scooters, leg braces and back braces. This benefit does not cover replacement appliances.

Follow-Up Physician's Office Visit

If an insured is injured in a covered accident and follow-up care for the injury is ordered by the treating physician, we will pay the follow-up physician's office visit benefit shown on the specifications page. The follow-up visit(s) must occur within 180 days of the covered accident. This benefit is limited to five payments per insured per covered accident. Follow-up at an urgent care center is not covered under this benefit.

Prosthetics

If an insured is injured in a covered accident and sustains the loss of a limb, hand, foot or sight in an eye, we will pay the prosthetic benefit shown on the specifications page, subject to the following:

- (1) this benefit is limited to payment for two prosthetic devices per insured per covered accident; and
- (2) the prosthetic device(s) must be prescribed by a physician and ordered within 180 days after the covered accident.

Prosthetic device refers to an artificial device that replaces a missing limb, hand, foot or an eye. For purposes of this benefit, the term prosthetic device does not include corrective lenses or other cosmetic prostheses.

In addition, this benefit does not provide coverage for damaged prosthetics; more than one prosthetic device for the same limb, hand, foot or eye; the replacement of a prosthetic device; or a joint replacement.

Rehabilitative Therapy (Outpatient) – Physical, Occupational, Vocational, Speech, Respiratory, Cognitive Behavioral, Trauma Counseling, Chiropractic, Acupuncture

If an insured is injured in a covered accident and is receiving rehabilitative therapy ordered by a physician to treat the injury on an outpatient basis, we will pay the rehabilitative therapy benefit if the insured receives one or more of the following outpatient rehabilitative therapies:

- physical therapy
- occupational therapy
- vocational therapy
- speech therapy
- respiratory therapy
- cognitive behavioral therapy
- trauma counseling
- chiropractic therapy
- acupuncture

The per visit rehabilitative therapy benefit shown on the specifications page is payable for each covered outpatient rehabilitative therapy visit. The benefit is limited to six benefit payments per insured per covered accident.

Outpatient rehabilitative therapy must be received within two years from the date of the covered accident. This benefit does not include outpatient rehabilitative therapy received in a nursing home, skilled nursing facility, hospice care facility, treatment center for chemical dependency or assisted living facility.

Transportation

If an insured receives follow-up treatment ordered by a physician for an injury sustained in a covered accident and is required to travel more than 100 miles (one way) from the insured's primary residence to a hospital or other treatment facility, we will pay the transportation benefit shown on the specifications page subject to the following:

- (1) a benefit is payable under this certificate for the same injury; and
- (2) the follow-up treatment is ordered by a physician and is not available within 100 miles (one way) of the insured's primary residence; and
- (3) the Ambulance benefit is not payable for the same trip.

Mileage is measured from the insured's primary residence to the hospital or treatment facility where the follow-up treatment is provided.

This benefit is limited to three payments per insured per covered accident.

Support Care

Adult Companion Lodging

If an insured is injured in a covered accident, we will pay the adult companion lodging benefit shown on the specifications page for each day the insured is receiving treatment in a hospital or rehabilitative facility for the injury, and for the 24 hours following the last day the insured is receiving treatment in a hospital or rehabilitative facility for the injury, subject to the following conditions:

- (1) a companion who accompanies the insured stays in lodging for which a charge is made; and
- (2) either the hospital stay benefit or rehabilitative therapy (inpatient) benefit is payable for the same day the adult companion lodging benefit is payable; and
- (3) the companion is 18 or older.

Lodging refers to an establishment licensed under the laws applicable to where it is located, such as a motel, hotel, or other facility that provides sleeping accommodations to the general public in exchange for a fee and is located at least 100 miles from the insured's primary residence.

This benefit is limited to 30 days per covered accident. Proof must be provided that the companion incurred an expense for staying at a lodging.

Family Care

If an insured employee or spouse is injured in a covered accident, we will pay the family care benefit shown on the specifications page for each day the insured is receiving treatment in a hospital or rehabilitative facility for the injury and the insured's child(ren) are attending a child care center subject to the following:

- (1) either the hospital stay benefit or rehabilitative therapy (inpatient) benefit is payable for the same day the family care benefit is payable; and
- (2) the child(ren) is under age 13, unless the child is mentally or physically disabled.

The child attending the child care center does not need to be insured under this certificate but must meet the eligibility requirements for dependent children in the General Information section.

Child care center refers to a program of child care which is provided in a facility that is licensed as a child care center or is operated by a licensed day care provider and charges a fee for the care of children. The term does not include child care provided by a family member.

This benefit is limited to 45 days per child per covered accident and is subject to a combined maximum of 75 days for all children per covered accident. If both the employee and spouse are insured under this certificate, only one family care benefit claim may be submitted per child. Proof must be provided that child care expenses were incurred for each day the benefit is payable.

Exclusions and Limitations

Are there any other exclusions that apply?

Yes. In no event will we pay benefits where the insured's accident, injury or loss is caused directly or indirectly by, results in whole or in part from or during, or there is contribution from, any of the following:

- (1) self-inflicted injury, self-destruction, or autoeroticism, whether sane or insane;
- (2) suicide or attempted suicide, whether sane or insane;
- (3) an insured's participation in, or attempt to commit, a crime, assault, felony, or any illegal activity, regardless of any legal proceedings thereto;
- (4) bodily or mental infirmity, illness, disease, or infection, other than infection occurring simultaneously with, and as a direct and independent result of, the injury;
- (5) the use of alcohol;
- (6) the use of prescription drugs, non-prescription drugs, illegal drugs, medications, poisons, gases, fumes or other substances taken, absorbed, inhaled, ingested or injected;
- (7) motor vehicle collision or accident where the insured is the operator of the motor vehicle and the insured's blood alcohol level meets or exceeds the level at which intoxication is defined in the state where the collision or accident occurred, regardless of any legal proceedings thereto;
- (8) medical or surgical treatment or diagnostic procedures including any resulting complications, or when the outcome is not as planned or expected, including claims of medical malpractice;
- (9) travel in or descent from any aircraft, except as a fare-paying passenger on a regularly scheduled commercial flight on a licensed passenger aircraft;
- (10) war or any act of war, whether declared or undeclared;
- (11) participation in the following activities: scuba diving, bungee jumping, base jumping, hang gliding, sail gliding, parasailing, parakiting, or mountain climbing;
- (12) riding or driving in any motor-driven vehicle in a race, stunt show or speed test; or
- (13) practicing for or participating in any semi-professional or professional competitive athletics.
- (14) repetitive stress syndromes including but not limited to rotator cuff syndrome, bursitis, tendonitis, carpal tunnel syndrome, ulnar nerve syndrome, stress fractures, neuropathy, epicondylitis or neuritis.

Are there any additional limitations that apply?

Yes. Benefits are not payable for any care, treatment or diagnostic measures which were received outside of the United States or a United States territory.

Claims

What notice of claim must be provided?

Written notice of claim must be given to us within 20 days of the date of a loss resulting from a covered accident, or as soon thereafter as reasonably possible. Notice given by or on the insured's behalf to us at our home office or to any authorized agent of ours, with information to identify the insured, shall be deemed notice to us.

Will claim forms be provided?

Upon receipt of notice of claim, we will provide a claim form. If the claim form is not provided within 15 days after the insured has given notice of claim, we will deem the insured to have complied with the requirements for filing proof of a loss resulting from a covered accident if the insured submits, within the time period for filing proof of the loss, written proof of the occurrence, character and extent of the loss for which claim is made which is satisfactory to us.

When is proof of a loss resulting from a covered accident required?

Written proof of a loss resulting from a covered accident satisfactory to us must be provided to us within 90 days of the date of the loss. Failure to provide proof of the loss within this time will not invalidate or reduce a claim if it was not reasonably possible to provide proof within this 90 day period. However, proof must be provided within 1 year of the date of the loss, except in the absence of legal capacity.

When will the benefit be paid?

We will pay a benefit for a loss resulting from a covered accident after receipt at our home office of written proof of the loss which meets all policy requirements and is satisfactory to us. You are responsible for all costs associated with claim form(s) completion, records, and the submission of your claim.

To whom will benefits be paid?

All benefits including dependent's benefits will be paid to you, if you are living. If you die before the claim is paid, benefits will be paid to your estate.

What are our physical examination rights?

After an insured has filed a claim and provided at his or her expense all requested claim forms and records, we have the right to have the insured examined by a physician of our choice and at our expense. This right may be exercised as often as reasonably necessary while an insured has a claim pending with us.

Termination

When does your coverage terminate?

Coverage ends on the earliest of the following:

- (1) the date you no longer meet the eligibility requirements; or
- (2) 31 days (the grace period) after the due date of any premium which is not paid; or
- (3) the last day for which premium contributions have been paid following your request to cancel your coverage; or
- (4) the date the group policy ends, unless coverage is continued according to the terms of the Portability Certificate Supplement.

When does an insured dependent's coverage terminate?

An insured dependent's coverage ends on the earliest of the following:

- (1) the date the dependent no longer meets the eligibility requirements; or
- (1) 31 days (the grace period) after the due date of any premium contribution which is not paid; or
- (2) the last day for which premium contributions have been paid following your written request that insurance on your eligible dependents be terminated; or
- (3) the date you are no longer covered under the group policy, unless the dependent's coverage is continued according to the terms of the Portability Certificate Supplement.

You must notify us or your employer when you no longer have dependents eligible for coverage under this certificate so that premiums may be discontinued. All premiums paid for dependents who are no longer eligible for coverage under this certificate will be refunded without any payment of claim.

Additional Information

Can your insurance coverage be contested?

Yes. If an insured experiences a loss resulting from a covered accident within two years of the original effective date of coverage or increase in coverage, we will verify the accuracy of the information provided during the application process. If we discover a material misrepresentation, the affected coverage will be rescinded and an otherwise valid claim will be denied. This two year period will be extended by fraud or as otherwise allowed by applicable laws.

Is the policyholder required to maintain records?

Yes. The policyholder is required to maintain adequate records of any information necessary for us to administer the policy, and shall provide access to such records when required for us to administer the policy. If a clerical error is made in keeping records on the insurance under the group policy, it will not affect otherwise valid insurance.

A clerical error does not continue insurance which is otherwise stopped, make insurance effective when it should not have been, or change the benefit amount provided by the provisions of the policy. No claim shall be paid on amounts affected by a clerical error. If an error causes a change in premium payment, a fair adjustment will be made.

Will the provisions of this certificate conform with applicable state law?

Yes. If any provision in this certificate, or in the provisions of the group policy, is in conflict with the applicable laws of the state governing the certificates or the group policy, the provision will be deemed to be amended to conform to such laws.

What if an insured's age has been misstated?

If an insured's age has been misstated, all amounts payable will be adjusted to that amount which the premium would have purchased at the correct age. This will be determined by applying the ratio of the paid premium over the required premium to the initial benefit amount.

Can this insurance be assigned?

No. Insurance coverage under the group policy cannot be assigned.

What is the policy interpretation right and authority?

The following applies only when the administration of the policy is governed by the Employee Retirement Income Security Act (ERISA), 29 U.S.C. 1001 et seq.:

Securian Life has the exclusive right and authority, in its sole discretion, to interpret the group policy and decide all matters arising thereunder. Securian Life's exercise of that authority shall be conclusive and binding on all persons unless it can be shown that the determination was arbitrary and capricious.

Health and Wellness Benefit Certificate Supplement

Securian Life Insurance Company

400 Robert Street North • St. Paul, Minnesota 55101-2098

General Information

This certificate supplement is subject to every term, condition, exclusion, limitation, and provision of the certificate unless otherwise expressly provided for herein.

This supplement does not apply to you if you have portability status.

What does this supplement provide?

This supplement provides for an additional benefit to be paid if you or your covered spouse or covered child undergo one of the health and wellness screenings listed below.

What are the conditions to receive a benefit payment?

You are eligible to receive a health and wellness benefit payment under this supplement if:

You or your covered spouse or covered child undergo one of the following screenings while not in a hospital on an inpatient basis:

- annual physical exam;
- biopsies for cancer;
- blood test to determine total cholesterol;
- blood test to determine triglycerides;
- bone marrow testing;
- breast MRI;
- breast ultrasound;
- breast sonogram;
- carotid Doppler;
- clinical testicular exam;
- colonoscopy;
- digital rectal exam (DRE);
- Doppler screening for cancer;
- Doppler screening for peripheral vascular disease;
- echocardiogram;
- electrocardiogram (EKG);
- endoscopy;
- fasting blood glucose test;
- fasting plasma glucose test;
- flexible sigmoidoscopy;
- hemoccult stool specimen;
- hemoglobin A1C;
- human papillomavirus (HPV) vaccination;
- lipid panel;
- mammogram;
- oral cancer screening;

- pap smears or thin prep pap test;
- pharmacologic stress testing;
- prostate-specific antigen (PSA) test;
- serum cholesterol test to determine LDL and HDL levels;
- serum protein electrophoresis;
- skin cancer biopsy;
- skin exam for cancer screening;
- stress test on bicycle or treadmill;
- tests for sexually transmitted infections (STI's);
- thermography;
- two hour post-load plasma glucose test;
- ultrasounds for cancer detection;
- ultrasound screening of the abdominal aorta for abdominal aortic aneurysms; or
- virtual colonoscopy.

Employer sponsored wellness screening benefits conducted at the employer's place of business are not eligible for payment.

Payment of Benefit

What is the benefit amount?

The benefit amount for a covered health and wellness screening is \$75.

Is there a waiting period to receive health and wellness benefits?

No. There is no waiting period.

When will the health and wellness benefit be payable?

We will pay the health and wellness benefit after receipt at our home office of proof satisfactory to us that you or your covered spouse or covered child have undergone one of the covered screenings listed in this supplement. The benefit will be paid in a single sum.

To whom do we pay the benefit?

Benefits will be paid according to the claims section of your certificate.

Is there a limit to how many payments you can receive annually?

Yes. You can only receive one health and wellness benefit per year, and your covered spouse can only receive one health and wellness benefit per year. Regardless of the number of children covered under this certificate, only one child health and wellness benefit will be paid per year.

Termination

When does your coverage under this supplement terminate?

Your coverage ends on the earliest of the following:

- (1) the date your coverage under the certificate terminates; or
- (2) the date this supplement terminates.



Secretary



President

Organized Sports Injury Benefit Certificate Supplement

Securian Life Insurance Company • A Stock Company
400 Robert Street North • St. Paul, Minnesota 55101-2098

General Information

This certificate supplement is subject to every term, condition, exclusion, limitation, and provision of the certificate unless otherwise expressly provided for herein.

What does this supplement provide?

This supplement provides an organized sports injury benefit subject to all terms and conditions herein.

Who is eligible for insurance under this supplement?

An employee who is insured under the provisions applicable to accident insurance coverage under the group policy is eligible for insurance under this supplement. In addition, an employee's spouse and/or dependent child(ren) are eligible if they are insured under the group policy.

When does insurance under this supplement become effective?

Insurance under this supplement becomes effective on the date you become insured for accident insurance under the certificate.

Insurance on a dependent spouse or child becomes effective on the date he or she becomes insured for accident insurance under the certificate.

Organized Sports Injury Benefit

What does an organized sports injury mean?

The organized sports injury benefit is subject to the following conditions.

- (1) the insured employee, spouse or child suffers an injury in a covered accident while participating in an organized sport; and
- (2) a benefit is payable for the insured employee, spouse or child under another provision of the group policy for the same covered accident; and
- (3) the insured dependent child has not attained 26 years of age and is insured on the date the covered accident occurs.

An organized sport refers to a sport activity that is governed by an organization and requires formal registration to participate. For the benefit to be payable for an insured child, adult supervision of practice and competition is required. Proof of registration must be submitted with claims.

What is the amount of organized sports injury benefit?

The benefit amount for an organized sports injury benefit is \$500.

This benefit is limited to one payment per insured per calendar year.

To whom do we pay the benefit?

Benefits will be paid according to the claims section of your certificate.

Termination

When does an insured's coverage under this supplement terminate?

An insured's coverage ends on the earliest of:

- (1) the date the insured is no longer covered for accident insurance under the group policy; or
- (2) for an insured dependent spouse or child, the date the dependent no longer meets the eligibility requirements; or
- (3) the date this supplement terminates.

When does this supplement terminate?

This supplement will terminate on the earlier of:

- (1) the date requested by the policyholder to cancel the Organized Sports Injury coverage for its plan; or
- (2) the date the group policy is terminated.



Secretary



President

Portability Certificate Supplement

Securian Life Insurance Company

400 Robert Street North • St. Paul, Minnesota 55101-2098

General Information

This certificate supplement is subject to every term, condition, exclusion, limitation and provision of the certificate unless otherwise expressly provided for herein.

What does this supplement provide?

This supplement provides for continuation of insurance if an insured no longer meets the eligibility requirements of the certificate, except as provided for herein.

To continue insurance under the provisions of this supplement, the insured must make a written request and make the first premium payment within 31 days after insurance provided by the group policy would otherwise terminate. Coverage will remain in effect during the 31 day election period but not beyond this unless all continuation requirements are met. Upon satisfactory completion of all portability election requirements, coverage provided by this supplement will then be deemed effective retroactive to the beginning of the 31-day period. This date is considered to be the insured's portability date and the insured is then considered to have portability status.

Who is eligible to continue insurance under this supplement?

An insured employee is eligible to continue group accident insurance under the terms of this supplement if he or she no longer meets the eligibility requirements of the certificate due to any of the following:

- (1) the employee terminates employment, including retirement; or
- (2) the employee's number of working hours are reduced; or
- (3) the employee is no longer in a class eligible for insurance or is on a leave or layoff; or
- (4) a class or group of employees insured under the policy are no longer considered eligible and there is no successor plan for that class or group. Successor plan means an insurance policy or policies provided by us or another insurer that replaces insurance provided under the policy.

An insured dependent is eligible to continue group accident insurance under this supplement if he or she no longer meets the eligibility requirements of the certificate due to any of the following:

- (1) the employee terminates employment, including retirement; or
- (2) the employee's number of working hours are reduced; or

- (3) the employee is no longer in a class eligible for insurance or is on a leave or layoff; or
- (4) a class or group of employees insured under the policy are no longer considered eligible and there is no successor plan for that class or group. Successor plan means an insurance policy or policies provided by us or another insurer that replaces insurance provided under the policy; or
- (5) legal separation or divorce; or
- (6) the dependent ceases to be an eligible dependent; or
- (7) the employee's death.

Regardless of whether an insured is otherwise eligible under this supplement to continue, an insured will not be eligible to request coverage under this supplement if he or she:

- (1) has attained the age of 120; or
- (2) is an employee and was not actively at work due to sickness or injury on the date immediately preceding his or her portability date; or
- (3) loses eligibility due to a class or group of employees no longer being eligible under the policy and there is a successor plan for that class or group of employees; or
- (4) loses eligibility due to termination of the group policy.

What insurance can be continued under this supplement?

Group accident insurance may be continued under this supplement. If an employee elects to continue his or her own coverage according to the provisions of this supplement, he or she may also elect to continue insurance for any other individual insured under his or her certificate.

If a former spouse continues his or her own coverage according to the provisions of this supplement, he or she may also elect to continue insurance on any insured children, provided the employee is not otherwise insuring the children.

Benefits will be paid in accordance with the provisions of the certificate with the following exception: in the event a spouse or child ports his or her own coverage, benefits will be paid to the spouse or child who ports their coverage, if living, otherwise in accordance with the "To whom will benefits be paid?" item under the Claims section of the certificate.

All certificate supplements will terminate upon porting.

What benefit amounts can be continued under this supplement?

The benefit amounts that can be continued under this supplement shall be the amounts shown on the specifications page applicable to the insured based on the benefit plan selected by the insured employee.

Can an insured request a change in the benefit plan continued under this supplement?

Yes. The insured employee and a dependent who ports coverage on his or her own as provided for under the terms of this supplement, may change the benefit plan to one that provides lower benefit amounts, but may not change the benefit plan to one that provides higher benefit amounts.

How will premiums be paid?

Premiums will be paid directly to us on a monthly, quarterly, semi-annual, or annual basis and will be subject to an administrative charge per billing period.

Can the premium rate change?

Yes. The premium rates for ported coverage may be different than the premium rates for active employees, and are not subject to the premium rate provision of the policy.


What happens if an insured again becomes eligible under the certificate?

If an insured is continuing coverage under the terms of this supplement, and again meets the eligibility requirements of the certificate the insured shall no longer be considered to have portability status. Insurance may be continued only under the terms of the certificate, not including this supplement, unless and until the insured no longer meets the eligibility requirements of the certificate and again returns to portability status as provided for herein.

When will insurance continued under this supplement terminate?

An insured's insurance being continued under this supplement will terminate on the earliest of the following:

- (1) the insured's 120th birthday;
- (2) the date the insured again meets the eligibility requirements of the certificate, not including the terms of this supplement;
- (3) in the case of a dependent child or a spouse, the date your coverage is no longer being continued under this supplement or the date the spouse or child ceases to be eligible as defined under the terms of your certificate, unless the spouse or child has ported coverage on their own as provided for under the terms of this supplement;
- (4) the date the group policy is terminated; or
- (5) 31 days after the due date of any premium contribution which is not made.


Secretary


President

Securian Life Insurance Company • A Stock Company

400 Robert Street North • St. Paul, Minnesota 55101-2098

GROUP ACCIDENT CERTIFICATE OF INSURANCE