

Supplemental health insurance FAQ

General

Can I afford this benefit?

Rates can be found in your plan summary, located in the enrollment guide. It is up to you if the product is the right fit for your financial situation.

Who is eligible for coverage?

All eligible active team members working a minimum of 16 hours per week are eligible for coverage.

Are my dependents eligible for coverage?

Yes, if you are insured for accident, critical illness and/or hospital indemnity insurance, your dependents are eligible for insurance. Please see your plan summary or your state-specific certificate for dependent eligibility requirements.

Can I elect accident, critical illness and/or hospital indemnity insurance anytime?

No, team members can only elect coverage during an enrollment period, as a new hire or within a certain time frame after a qualified family status change – such as a new marriage, or birth of a child.

Will I be subject to health questions during enrollment?

No, when you enroll as a new hire/rehire, during annual enrollment or following a qualified life event, coverage is guaranteed, and you will not be subject to health questions during enrollment.

Doesn't normal medical insurance already cover accidents, illnesses and hospital stays?

Yes; however, Securian Financial's accident, critical illness and/or hospital indemnity insurance plans can help supplement your medical insurance by offsetting the cost of deductibles or out-of-pocket medical expenses you might have. In addition, these insurance plans may assist with non-medical expenses that continue while you are recovering from an accident or illness or hospitalization. A cash payment is paid to you and you may use that cash payment however you want.

For more plan information

Visit mycmbenefits.com

For certificates and endorsements

Visit plans.lifebenefits.com/cert/CMH

Do the benefit payouts have to be used a certain way?

No, accident, critical illness and/or hospital indemnity insurance provides a cash payment directly to you – regardless of income, expenses incurred or other insurance coverage. You can use the money any way you want.

Are benefits and plan provisions consistent regardless of my state of residence?

Most benefits and plan provisions will remain consistent; however, some states require differences. State-specific documents are available and can be viewed by visiting plans.lifebenefits.com/cert/CMH.

What if I'm on a leave of absence? What happens to my coverage?

Insurance may be continued when you are not actively at work due to various types of leave of absence, subject to your employer's practices and procedures. Please refer to your state-specific certificate for continuation time frames and the types of covered leave of absence.

What is the health and wellness benefit?

A \$75 benefit may be available to insureds covered under accident, critical illness and/or hospital indemnity insurance when an insured completes an eligible health screening, including an annual exam. There is a maximum of one health and wellness benefit payment per insured, per plan year. Please refer to your certificate for a list of eligible health screenings.

Can I cancel coverage?

Yes, you may request to cancel coverage during your annual enrollment window or within 31 days of a qualified life event or status change. Coverage will end as of the last day for which premium contributions have been paid following your request to cancel.

Are premium contributions made pre-tax or post-tax?

Premiums are paid on a post-tax basis. You should consult your tax advisor regarding your own tax situation.

Are benefit payments taxable?

No. Benefit payments are not taxable. You should consult your tax advisor regarding your own tax situation.

Where can I go to learn more?

Visit mycmbenefits.com.

How do I contact Securian for questions?

Call **1-855-750-1906** to chat with a Securian Financial customer service representative.

Accident insurance



Accident insurance helps you plan for the unexpected. It helps ensure you're protected financially by providing a benefit to you and your family to use as you wish when it's needed the most. A cash payment goes directly to you – not your health insurance – for care or treatment you receive from a covered accident. You may use the payment any way you choose.

Let's say you elected accident insurance for yourself, and you end up falling off a ladder while doing housework. You hurt your left foot. You go to urgent care, and they complete some Xrays. They confirm you fractured your foot, but it's a minor fracture. They put you in a boot and send you home to recover. A few weeks later, you go back for a follow-up appointment and the physician confirms you are good to go.

You can submit a claim for the accident and care. Claim examiners will carefully review the claim, and if approved, you receive a cash payment.

Which benefits are typically offered on an accident insurance plan?

The following benefits are typically offered on an accident insurance plan; however, additional benefits are included in this plan; please see your state-specific certificate.

- Hospital stay (initial and daily benefits)
- Dislocation
- Fracture
- ER treatment
- Urgent care
- Initial physician visit
- Follow-up physician visit

Where can I find specific coverage details and what qualifies as an accident?

You can find all policy details in your certificate of insurance and any applicable state endorsements. An accident is defined in your policy documents but generally, an accident is an act or event that is unintended, unexpected and unforeseen; and directly results in bodily injury to the insured. You can view the certificate and state endorsements by visiting plans.lifebenefits.com/cert/CMH.

Is there a limit to the number of accidents that may qualify for a cash benefit in a year?

There's no limit to the number of accidents that can qualify for a benefit. However, some benefits included in the policy have limits on the number of benefits that can be paid on a per-accident or per-year basis, which varies by the covered accident. Refer to your state-specific certificate for terms that may apply to each individual covered accident.

What if I go to the hospital and it's not an accident?

If you're hospitalized and your injury wasn't due to an accident, typically it will not be covered.

Is accident insurance the same thing as AD&D?

No, accident insurance is not the same as the accidental death and dismemberment (AD&D) benefit. The AD&D benefit is an additional benefit on your accident insurance policy that provides a benefit to you for a dismemberment or an accidental death due to a covered accident. Please refer to your state-specific certificate for further details.

Are there any exclusions or limitations that apply?

Yes, benefit exclusions and limitations do apply. Please refer to the certificate for more information.

Critical illness insurance



Critical illnesses can be expensive. While you can't prevent a critical illness in your family, you can help protect your finances with additional, cost-effective coverage. Critical illness insurance provides a benefit payment upon diagnosis of a covered condition. A cash payment goes directly to you – not your health insurance – for a diagnosis of a covered condition. You may use the payment any way you choose.

Let's say you elected critical illness coverage for yourself and your spouse. You chose a total coverage amount of \$10,000. A year after electing coverage, you have a stroke. A stroke is a covered condition under your employer's policy, and it is covered at 100 percent. So, if you submit a claim and it is approved, you will receive a benefit payment of \$10,000.

Now, let's say it was your spouse who had a stroke instead of you. According to your employer's policy, spouses are covered at 50 percent of the elected coverage amount, with a minimum benefit of \$5,000. So, if you submit a claim and it was approved, you will receive a benefit payment of \$5,000.

What is a covered condition or what is covered under critical illness?

A covered condition is a specific medical condition defined in the policy for which a benefit may be paid upon the diagnosis of that covered condition. Stroke, cancer and heart attack are conditions that are typically covered; however, each employer may select several additional covered conditions. Therefore, the list of covered conditions varies. Check your state-specific certificate and any state endorsements for more information.

Are benefits payable for a condition diagnosed prior to my coverage effective date?

No, an illness diagnosed prior to your coverage effective date is not eligible for a benefit payment. For example, if you were diagnosed with a stroke prior to your coverage effective date, you would not be eligible for payment for that stroke.

Will an existing illness or diagnosis be covered?

No, it is not covered. The diagnosis of a covered condition needs to be diagnosed after the coverage effective date.

Do you receive multiple payments for a chronic diagnosis?

No, once a chronic covered condition is diagnosed and a benefit payment has been issued, there would not be an additional payment for the same chronic covered condition.

What is a recurrence benefit? What does it mean?

Some covered conditions have a recurrence benefit, which means that you can receive more than one benefit payment for the same covered condition after satisfying the benefit separation period.

For example, a heart attack is a covered condition that has both an initial occurrence benefit and recurrence benefit. So, let's say you had a heart attack a year after electing coverage for yourself. If you submit a claim and it was approved, you'd receive a benefit payment for this initial occurrence. Then, let's say 6 months later, you had another heart attack. You could submit another claim and if it was approved, you would receive another benefit payment.

Please check your state-specific certificate to see what benefits would have a recurrence benefit.

What if I am diagnosed with two separate covered conditions? Can I receive multiple payouts from this plan?

You may be eligible to receive more than one initial occurrence benefit payment for a separate covered condition.

Do my rates increase automatically as I move into a different age bracket?

Your rates will increase on a July 1-basis after you've moved into a new age bracket.

Hospital indemnity insurance



Hospital indemnity insurance is a cost-effective way to help with the expenses above and beyond what your health insurance plan already covers. If you experience a hospital stay covered by the policy, you can receive a payout to use any way you wish – to help cover deductibles, out-of-pocket medical costs or everyday living expenses. The payments are not dependent upon hospital charges and are paid in addition to any other benefits the team member may receive. Out-of-hospital benefits also are available.

Which benefits are typically offered on a hospital indemnity plan?

The following benefits are typically offered on a hospital indemnity plan; however, additional benefits are included in this plan; please see your state-specific certificate.

- Initial hospital stay
- Daily hospital stay
- Initial ICU hospital stay
- Daily ICU hospital stay

Does hospital indemnity insurance include a health and wellness benefit?

Yes, a \$75 benefit may be available to insureds covered under hospital indemnity insurance when an insured completes an eligible health screening, including an annual exam. Please refer to your health and wellness eligible screening flyer or state-specific certificate for a list of eligible health screenings.

What is inpatient versus outpatient?

Inpatient versus outpatient is defined in your policy documents but generally, an inpatient stay is defined as “Medical advice, care, diagnostic measures or treatment provided while being admitted as a resident inpatient to a hospital.” Outpatient stay is defined as “Medical advice, care, diagnostic measures or treatment provided without being admitted as a resident inpatient to a hospital.”

A hospital is not a rehabilitation center, nursing home, rest home, extended-care facility or a convalescent home, even if such facilities are affiliated with or adjoined to a hospital.

What is a covered hospital stay?

To be eligible for hospital stay benefits, an insured must be confined to the hospital as an inpatient resident or confined to an observation area within a hospital for 16 continuous hours. The facility must be legally licensed and operating as a hospital.

A hospital stay can consist of an initial hospital stay benefit and a daily hospital stay benefit. If you are in an ICU, you may also receive a better benefit for each of these. Your state-specific certificate will define specific terms for these benefits. Stays must be at a facility that meets the definition of hospital, according to your state-specific certificate.

Rehabilitation centers, nursing homes, rest homes, extended-care facilities, convalescent homes, centers for alcoholics or drug addicts, and mental institutions do not qualify as hospitals, even if such facilities are affiliated with or adjoined to a hospital.

Why purchase hospital indemnity insurance if I also receive hospital benefits through accident insurance?

The hospital indemnity plan will cover hospital stays resulting from sickness, accidents and pregnancy. Accident insurance will provide a hospital benefit for a covered accident only.

If I have to have surgery, is it covered?

Yes, if the surgery involves a hospital stay that meets the policy requirements it would typically be covered by hospital indemnity insurance. You can check your state-specific certificate to understand more.

Will this cover a hospital stay that’s already pre-scheduled?

Hospital indemnity insurance will typically cover any hospital stay that meets the policy requirements, even if it’s pre-scheduled. However, there may be exclusions on elective and cosmetic procedures. Please check your state-specific certificate for a list of exclusions.

Will this cover a hospital stay related to elective/outpatient surgery?

Generally, no. Hospital indemnity insurance does not cover hospitalization due to elective surgery. The policy typically requires that an insured be hospitalized due to illness or injury. Please check your state-specific certificate for a list of exclusions.

How does proactive labor and delivery work?

Securian Financial's claims team will proactively pay hospital indemnity claims for routine labor and delivery hospitalization once the birthing parent reaches 36 weeks gestation. Both the initial stay is paid for day one and daily benefits is paid for 3 days. Longer stays are eligible for additional benefits by submitting a claim post-delivery. To be eligible for proactive payment, you will need to submit proof of pregnancy/gestation and acknowledgment that you plan to have a hospital birth.

After labor and delivery, if a mother is released from the hospital, but the baby remains confined to the hospital, is the baby's confinement covered by hospital indemnity insurance?

A newborn with routine care following delivery would receive the Newborn Routine benefit if included in the client-specific plan. However, if the newborn requires non-routine care (which is likely if they are in the hospital longer than the mother), then that newborn may be eligible to receive a higher Hospital Stay benefit, depending on where care is being received (ICU versus non-ICU).

To take advantage of the Newborn Routine benefit, am I required to be enrolled in team member + child(ren) or team member + family coverage?

No, the Newborn Routine benefit does not require you to be enrolled in a coverage tier that includes coverage for dependent child(ren). It pays out so long as a covered individual employee or spouse has a newborn child who is confined to the hospital following delivery. In addition, Securian offers an automatic child coverage provision, where a child is automatically enrolled and covered for the first 31 days. After that, the insured would need to enroll in coverage due to a qualifying life event if it is the first child dependent on the plan. If it is a second or greater child and the insured has already enrolled one or more children, they would not need to enroll past the 31 days.

Are there any other exclusions or limitations that apply to hospital indemnity insurance?

Yes, there are other exclusions and limitations that apply.

Please refer to your state-specific certificate for more information.

Actual experience and benefit payouts may vary from this example.

For accident insurance, critical illness insurance, and hospital indemnity insurance

Limitations and exclusions apply. Each of these policies has exclusions, limitations, reduction of benefits, terms under which the policy may be continued in force or discontinued.

Securian Life cannot provide legal or tax advice with respect to ERISA; Health Savings Account (HSA) laws, rules or regulations, any applicable tax laws, rules or regulations; or any other applicable federal or state laws, rules or regulations. Any questions regarding these topics should be directed to your legal and tax advisors.

Products are issued by Securian Life Insurance Company under policy form series 23-32590.24 (accident insurance), 23-32606.24 (critical illness), 23-32598.25 (hospital indemnity insurance) and/or a state variation thereof. Product availability and features may vary by state.

Insurance products are issued by Securian Life Insurance Company, a New York authorized insurer. The company is headquartered in St. Paul, MN. Securian Life is solely responsible for the financial obligations under the policies or contracts it issues.

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