Certificate Amendment

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

This Certificate Amendment is attached to and made a part of the certificate of insurance describing the benefits available to you under Group Policy No. 76272, issued by Securian Life Insurance Company to Maricopa County. This amendment is subject to every term, condition, exclusion, and provision of the certificate unless otherwise expressly provided for herein.

1. The definition of **physician**, wherever it appears, is amended as follows:
   (a) "In the United States or United States territory" in the first sentence is removed in its entirety; and
   (b) "United States" in the second sentence is removed in its entirety.

2. The provision entitled **Are there any additional limitations that apply?** under the Exclusions and Limitations section of the certificate is deleted in its entirety.

3. The following item is added to the third numbered list under the provision **Who is eligible to continue insurance under this supplement?** in the Portability Certificate Supplement:

   (1) The insured does not reside in the United States or United States Territory.

4. The following item is added to the list under the provision **When will insurance continued under this supplement terminate?** in the Portability Certificate Supplement:

   (1) The date the insured no longer resides in the United States or United States Territory.

Renée D. Montz
Secretary

President

Group Hospital Indemnity Certificate of Insurance

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

APPLIES TO ALL EMPLOYEES

Effective January 1, 2024

POLICYHOLDER: Maricopa County

POLICY NUMBER: 76272

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. YOU SHOULD CONFIRM WITH YOUR TAX ADVISOR THAT THIS INSURANCE DOES NOT IMPACT ELIGIBILITY TO CONTRIBUTE TO AN HSA, IF APPLICABLE TO YOU.

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.

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.

Renée D. Montz — Secretary

Stephen M. Helgerson — President

TABLE OF CONTENTS

GROUP HOSPITAL INDEMNITY CERTIFICATE OF INSURANCE

Certificate Specifications Page

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

GENERAL INFORMATION

POLICYHOLDER: Maricopa County

POLICY NUMBER: 76272

ASSOCIATED COUNTY ENTITIES: All affiliates reported to Securian Life by the policyholder for inclusion in the policy.

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

POLICY EFFECTIVE DATE: January 1, 2024.

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 county entities working in the United States in the following classes:

Class 1: All active benefits eligible employees as defined by Maricopa County.

All new employees of the policyholder and its associated county entities will be added to such group and classes for which they become eligible.

NO DOUBLE COVERAGE: Any person who is eligible as an employee, or insured under the portability provisions, is not eligible as a dependent. Only one person can insure an eligible dependent child.

ENROLLMENT PERIOD: 30 days from the first day of eligibility for contributory insurance.

WAITING PERIOD: None.

MINIMUM HOURS PER WEEK REQUIREMENT: 20 hours per week

PLAN OF INSURANCE

EMPLOYEE BENEFIT SCHEDULE

EMPLOYEE GROUP HOSPITAL INDEMNITY INSURANCE:

Supplemental Group Hospital Indemnity Insurance

Eligible Class	Employee Supplemental Group Hospital Indemnity Insurance Benefit Plans
Class 1	If elected by the employee, benefit plan as described herein.

GENERAL PROVISIONS FOR EMPLOYEE INSURANCE

AGE REDUCTIONS: None.

RETIREMENT REDUCTIONS: All insurance terminates at retirement, except as otherwise provided for under any applicable certificate supplement.

CONTRIBUTORY/NONCONTRIBUTORY: Supplemental insurance is contributory insurance.

GUARANTEED ISSUE: Guaranteed issue is the benefit plan of insurance an employee can receive without evidence of insurability when first eligible under the plan provided enrollment is made within the enrollment period. The amounts are as follows:

Supplemental Insurance
All supplemental insurance is guaranteed issue.

PORTABILITY: The employee's plan in force as of the portability.

DEPENDENT BENEFIT SCHEDULE

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

SPOUSE GROUP HOSPITAL INDEMNITY INSURANCE

Supplemental Group Hospital Indemnity Insurance

Eligible Class	Spouse Supplemental Group Hospital Indemnity Insurance Benefit Plans
Class 1	Spouse benefit plan will match the employee's Supplemental Group Hospital Indemnity Benefit Plan.

CHILD GROUP HOSPITAL INDEMNITY INSURANCE

Supplemental Group Hospital Indemnity Insurance

Eligible Class	Child Supplemental Group Hospital Indemnity Insurance Benefit Plans
Class 1	Child benefit plan will match the employee's supplemental Group Hospital Indemnity Benefit Plan. An insured's first eligible child after the coverage effective date is automatically covered for the lowest offered child coverage option for 30 days from the date of the child's live birth. The coverage will terminate at the end of the 30 day period unless you apply for dependent child coverage within 30 days of the birth and pay the additional premium for coverage. If the insured's first eligible child is a newly adopted, foster or step child, the above 30 day coverage period will begin as of the date they become financially dependent on you for support, provided they are an eligible dependent child. The child shall then cease to be insured unless you apply for dependent coverage within 30 days of the date the child becomes financially dependent on you for support and pay the additional premium for coverage.

GENERAL PROVISIONS FOR DEPENDENT INSURANCE

AGE REDUCTIONS: None.

RETIREMENT REDUCTIONS: All insurance terminates at retirement, except as otherwise provided for under any applicable certificate supplement.

CONTRIBUTORY/NONCONTRIBUTORY: Supplemental insurance is contributory insurance.

GUARANTEED ISSUE: Guaranteed issue is the benefit plan of insurance an eligible dependent can receive without evidence of insurability when first eligible under the plan provided enrollment is made within the enrollment period. The amounts are as follows:

Supplemental Insurance
All supplemental insurance is guaranteed issue.

PORTABILITY: Dependent's plan in force as of the portability date.

BENEFITS -- The benefits for covered conditions applicable to an insured is based on the employee's state of residence at the time a claim is submitted.

BENEFITS

Benefits	BENEFIT PLAN
Hospital Stay	
Daily Hospital Stay Benefit (days 1-30)	$100
Initial Hospital Stay Benefit	$1000
Intensive Care Unit Hospital Stay Benefit (days 1-10)	$200
Initial Intensive Care Unit Hospital Stay Benefit	$1,000
Family Care	$50
Newborn Routine Stay	$100
Outpatient Mental Health Diagnostic Screening	$150
Pet Boarding & Professional Sitting	$50

ADDITIONAL INFORMATION

ANNUAL OPEN ENROLLMENTS: During the policyholder's annual open enrollment an employee may elect employee and dependent insurance. All elections are guaranteed issue.

Coverage will be effective January 1, following the annual enrollment, subject to the actively at work requirement for employees and the hospitalizations/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 change events listed below may elect employee and dependent hospital indemnity insurance, provided enrollment is made within 31 days of the status change. The change in plan must be consistent with the change in status. The coverage is guaranteed issue.

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

Qualified status change for purposes of the enrollment opportunities described above means:

- marriage or establishment of a legal partnership
- birth, adoption or legal guardianship of a child
- death of an employee, spouse or child
- divorce/annulment or legal separation
- employee or dependent gains or loses other coverage
- job change (with FTE change – to full/part time)
- passive event (child reaches age limit)

SUPPLEMENTS TO THE CERTIFICATE

Portability

An endorsement is deemed attached to this certificate and applies to all eligible employees under this certificate. The certificate, certificate supplements, endorsement, and applicable state notices make up your complete certificate.

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 county entity

Any county entity which is associated or affiliated with 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;
(3) stepchild;
(4) foster child;
(5) grandchild;
(6) legal ward;
(7) a child in your or your spouse's court-appointed guardianship; or
(8) a child in your or your spouse's court-ordered custody or administrative order.

Children are eligible from the moment of live birth (stillborn or unborn children are not eligible) to the attainment 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.

Foster child includes a child from the moment of placement in the foster home.

Grandchild means a grandchild:

(1) who is financially dependent on you;
(2) for whom you have legal custody; and
(3) who resides with you.

complications of pregnancy

Conditions or diseases whose diagnoses are distinct from routine pregnancy but are adversely affected or caused by pregnancy.

Such conditions include:

- Acute nephritis
- Cardiac decompensation
- Eclampsia
- Hyperemesis gravidarum
- Nephrosis
- Pre-eclampsia
- Puerperal infection
- Other conditions of comparable severity
- Termination of ectopic pregnancy
- Missed abortion
- Non-elective cesarean section
- Spontaneous end of a pregnancy that occurs during a period of gestation in which a viable birth is not possible

Complication of pregnancy does not include:

- Elective cesarean section
- False labor
- Morning sickness
- Multiple gestation pregnancy
- Occasional spotting
- Physician prescribed rest during a pregnancy
- Other conditions associated with pregnancy that are not diagnosed as a complication of pregnancy as defined above

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; and
(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. If your spouse is eligible as an employee under the group policy, he or she is not eligible to be insured as a dependent spouse.

employee

An individual who is employed by the policyholder or by an associated county entity. 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 county entities.

family member

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

guaranteed issue

Insurance that can be obtained without providing evidence of insurability based on plan requirements as shown on the specifications page. All other eligibility requirements must be met.

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 being admitted as a resident inpatient to a medical facility.

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.

insured

An employee or dependent covered for insurance under this certificate.

non-contributory 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.

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, unless he or she is the only doctor in the area provided that the doctor is acting within the scope of his or her practice.

policyholder

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

routine delivery

Routine vaginal delivery of a child or children or delivery of a child or children by non-emergency cesarean section.

routine pregnancy

A pregnancy that does not include complications of pregnancy.

sickness

An illness or disease which is diagnosed or treated by a physician. Sickness includes complications of pregnancy, routine pregnancy, and routine delivery unless excluded under the Exclusions and Limitations section.

specifications page

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

spouse

Your legally married spouse.

If your spouse is eligible as an employee under the group policy, he or she is not eligible to be insured as a dependent spouse.

surgery

Medical treatment in which a physician cuts into someone's body in order to repair or remove damaged or diseased parts.

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.

This certificate is issued in consideration of your application and the payment of any required premium.

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 hospital indemnity 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 hospital indemnity coverage, your dependents are eligible for insurance.

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

Yes. Employees of associated county entities may be eligible for insurance under the group policy. The policyholder represents any associated county entity 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 county entity. When an associated county entity ceases its participation under the policy, the policy shall be considered to be terminated for all employees of the associated county entity. All provisions related to policy termination will apply to such employees.

Are retired employees eligible for insurance?

No, A retired employee is not eligible for insurance under the group policy.

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 sickness 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 admitted to any other medical care facility as an inpatient because of sickness 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 non-medical leave of absence or temporary layoff, insurance cannot be continued beyond 90 days from the last day you were actively at work; or
(2) If you are on a military leave of absence, insurance cannot be continued beyond 12 months from the last day you were actively at work.
(3) 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.

Continuation of insurance must be in accordance with practices and procedures that preclude individual selection.

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 30 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 30 days of a qualified status change event, as defined by the policyholder's plan rules.

When will we require evidence of insurability?

Evidence of insurability is never required.

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, application is made in accordance with the application methods agreed upon by the policyholder and us.

When will changes in your coverage amount be effective?

Requested changes in your contributory insurance are effective on the date of the event. In addition, elections made during an open enrollment period will not become effective prior to the effective date for that open 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.

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.

Benefits

Hospital Stay

If an insured suffers a sickness or is injured in a covered accident and requires confinement in a hospital for the sickness or injury, we will pay the appropriate hospital stay benefit shown on the specifications page.

If an insured is discharged and is subsequently confined within 90 days of the discharge date because of the same or related condition, it will be considered a continuation of the same confinement.

A hospital stay benefit is payable only if an insured's confinement begins while the insured's coverage is in force. A hospital stay benefit will not be payable if an insured's confinement is due solely to substance abuse on an inpatient basis or if an insured's confinement is due solely to mental health treatment on an inpatient basis.

The hospital stay benefit is limited to two separate confinements per insured per calendar year and is subject to the following.

Daily Hospital Stay Benefit

We will pay the daily hospital stay benefit shown on the specifications page for each day the insured is confined in the hospital, including the first day. The daily hospital stay benefit will be limited to a maximum of 30 benefits per insured per confinement.

Initial Hospital Stay Benefit

We will pay the initial hospital stay benefit shown on the specifications page for the insured's first day he or she is confined in the hospital. This benefit is paid in addition to the daily hospital stay benefit for the first day of the confinement.

Intensive Care Unit Hospital Stay Benefit

If the insured requires confinement in an intensive care unit (ICU) of a hospital, we will pay the intensive care unit hospital stay benefit shown on the specifications page. The ICU hospital stay benefit will be limited to one benefit per day per insured up to a maximum of 10 benefits per insured per confinement. This benefit is paid in lieu of the daily hospital stay benefit.

Initial Intensive Care Unit Hospital Stay Benefit

If an insured requires confinement in an intensive care unit (ICU) of a hospital, we will pay the initial ICU hospital stay benefit shown on the specifications page for the insured's first day he or she is confined in an ICU. This benefit is paid in addition to the intensive care unit hospital stay benefit for the first day of the confinement in an ICU. This benefit is paid in lieu of the initial hospital stay benefit.

Family Care

A family care benefit as shown on the specifications page may be payable for each day you or your insured spouse receives either a hospital stay benefit or an inpatient rehabilitative therapy benefit and the insured's child is provided child care subject to the following:

(1) either the hospital stay benefit or inpatient rehabilitative therapy benefit is payable for the same day the child care benefit is payable; and
(2) the child(ren) is under age 13. Children age 13 or older are eligible if mentally or physically disabled.

The child for which child care is provided, does not need to be insured under this certificate.

Child care refers to professional care by a licensed provider who 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 one benefit per child per day for up to 30 days per covered stay. This is subject to a combined maximum of 75 benefits for all children per sickness or covered accident. If both the employee and spouse are insured under this certificate, only one child care benefit claim will be paid per child. Proof must be provided that child care expenses were incurred for each day the benefit is payable.

Newborn Routine Stay

A newborn routine stay benefit as shown on the specifications page may be payable for each day your or your insured spouse's newborn child is confined following delivery, including the day of delivery and is not confined due to sickness or injury.

This benefit is limited to one benefit per newborn child per day up to a maximum of 2 continuous days.

If the newborn child's confinement is due to sickness or injury, the hospital stay benefit would be payable.

Outpatient Mental Health Diagnostic Screening

If an insured receives an outpatient mental health diagnostic screening listed below, we will pay the outpatient mental health diagnostic screening benefit shown on the specifications page.

The following screenings and their equivalent are included:

(1) Depression Screening
- Patient Health Questionnaire (PHQ-9)

(2) Drug & Alcohol Use Screening
- Alcohol Use Disorders Identification Test (AUDIT)
- Tobacco, Alcohol, Prescription medication, and other Substance use Tool (TAPS)
- Brief Screener for Tobacco, Alcohol, and other Drugs (BSTAD)
- Screening to Brief Intervention (S2BI)
- CAGE AID
- Drug Abuse Screen Test (DAST-10)

(3) Bipolar Disorder Screening
- Mood Disorder Questionnaire (MDQ)

(4) Suicide Risk Screening
- Columbia-Suicide Severity Rating Scale (C-SSRS)
- Suicide Assessment Five-Step Evaluation and Triage (SAFE-T)

(5) Anxiety Disorders Screening
- Generalized Anxiety Disorder (GAD-7)
- Primary Care PTSD Screen (PC-PTSD)

(6) Trauma Screening
- Life Event Checklist (LEC)
- PTSD Checklist – Civilian Version (PCL-C)

This benefit is limited to one benefit per insured per visit, one benefit per insured per day and one benefit per insured per calendar year.

Pet Boarding and Professional Sitting

A pet boarding and professional sitting benefit as shown on the specifications page may be payable for each day you or your insured spouse receives either a hospital stay benefit or an inpatient rehabilitative therapy benefit and your or your spouse's pet requires boarding or sitting. Pet boarding and professional sitting benefits are payable subject to the following:

(1) a charge is incurred for the boarding or professional sitting service; and
(2) either the hospital stay benefit or inpatient rehabilitative therapy benefit is payable for the same day the pet boarding and professional sitting benefit is payable.

Pet refers to any breed of domesticated feline or canine. Boarding or professional sitting means that the pet is boarded outside of the insured's primary residence, or obtaining in-home professional sitting services at the insured's primary residence.

This benefit is limited to one benefit per day, regardless of the number of pets, up to a maximum of 30 days per sickness or covered accident. If both the employee and

spouse are insured under this certificate, only one pet boarding and professional sitting benefit claim will be paid per day. Proof must be provided that pet boarding or professional in-home sitting expenses were incurred for each day the benefit is payable. The pet is not considered an insured under this certificate.

Exclusions and Limitations

What are the exclusions that apply in the event of a sickness, accident, or injury?

In no event will we pay benefits where the insured's accident, injury or sickness 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) the use of alcohol (this exclusion does not apply to the inpatient substance abuse treatment benefit and the inpatient mental health treatment benefit);
(5) the use of prescription drugs, non-prescription drugs, illegal drugs, medications, poisons, gases, fumes or other substances taken, absorbed, inhaled, ingested or injected (this exclusion does not apply to the inpatient substance abuse treatment benefit and the inpatient mental health treatment benefit);
(6) war or any act of war, whether declared or undeclared;
(7) dental or plastic surgery for cosmetic purposes except when due to: a) reconstructive surgery, when the service is related to or follows surgery resulting from a covered accident or sickness; or b) a congenital disease or anomaly of a covered dependent child; or c) congenital defects in newborns;
(8) a newborn child's routine nursing or routine well baby care during the initial confinement in a hospital (this exclusion does not apply to the newborn routine stay benefit).

What additional exclusions apply in the event of an accident or injury?

In no event will we pay benefits where the insured's accident or injury 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) 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;
(2) bodily or mental infirmity, sickness;
(3) infection, other than infection occurring simultaneously with, and as a direct and independent result of, the injury;
(4) travel in or descent from any aircraft, except as a fare-paying passenger on a regularly scheduled commercial flight on a licensed passenger aircraft;
(5) participation in the following activities: scuba diving, bungee jumping, base jumping, hang gliding, sail gliding, parasailing, parakiting, or mountain climbing;
(6) riding or driving in any motor-driven vehicle in a race, stunt show or speed test;
(7) resulting complications from medical or surgical treatment or diagnostic procedures when the outcome is not as planned or expected, including claims of medical malpractice; or
(8) practicing for or participating in any semi-professional or professional competitive athletics.

Are there any additional limitations that apply?

Yes. Benefits are not payable for any confinement, 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 365 days of the date of a loss, 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 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 required?

Written proof of a loss 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 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 last day of the month 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 last day of the month the dependent no longer meets the eligibility requirements; or
(2) 31 days (the grace period) after the due date of any premium contribution which is not paid; or
(3) the last day for which premium contributions have been paid following your written request that insurance on your eligible dependents be terminated; or
(4) 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.

Can your coverage be reinstated?

If coverage terminates due to non-payment of premium, it may be reinstated.

Reinstatement must occur while the insured is living and within 6 months from the date of coverage termination. To reinstate, all back due premiums must be paid. After all back due premiums are paid, your coverage will be reinstated as if there were no lapse in coverage. Any loss that occurred during the lapse period will be covered. No evidence of the insured's insurability will be required for reinstatement within the first 31 days following termination but satisfactory evidence of insurability will be required from the 32nd day to 6 months from the date of termination.

Additional Information

Can your insurance coverage be contested?

Yes. If an insured experiences a loss 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 and 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 benefit amount.

Can this insurance be assigned?

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

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 coverage under the provisions of this supplement, the insured must make a written request and make the first premium contribution within 31 days after insurance provided by the group policy would otherwise terminate. Evidence of insurability will not be required. Coverage will remain in effect during the 31 day election period but not beyond this unless all portability election 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 hospital indemnity 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;
(2) the employee's number of working hours are reduced;
(3) the employee is no longer in a class eligible for insurance or is on a leave or layoff;
(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) termination of the group policy where there is no successor plan for the group policy. 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 hospital indemnity 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;
(2) the employee's number of working hours are reduced;
(3) the employee is no longer in a class eligible for insurance or is on a leave or layoff;
(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;
(5) legal separation or divorce;
(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;
(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;
(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 hospital indemnity 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 spouse or 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 coverage can be continued under this supplement?

The coverage that can be continued under this supplement is shown on the specifications page.

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.

What happens to insurance provided under this supplement when the group policy terminates?

Anything in the group policy notwithstanding, termination of the group policy by the policyholder or us will not terminate hospital indemnity insurance for any person with coverage under the terms of this supplement. The group policy will remain in force solely for the purpose of continuing such insurance.

Any insurance continued under the terms of this supplement will remain in force until terminated by the provisions of the section entitled “When will insurance continued under this supplement terminate?”

No individual may elect coverage under this supplement on or after the date of termination of the group policy.

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) 31 days after the due date of any premium contribution which is not made;
(5) 31 days after we give written notice of our intent to terminate ported coverage for a group or class of individuals; or
(6) the date the insured requests to terminate his or her coverage being continued under this supplement.

Renée D. Montz — Secretary

President

Group Hospital Indemnity Insurance
Certificate Endorsement

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

This Certificate Endorsement is a part of the certificate of insurance describing the benefits available to you under Group Policy No. 76272, issued by Securian Life Insurance Company to Maricopa County. This endorsement is subject to every term, condition, exclusion and provision of the certificate unless otherwise expressly provided for herein.

The following applies to all employees:

1. The provision entitled **Legal Actions** on the cover page of the Certificate is amended in its entirety and replaced with the following:

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 two years from the time written proof of loss is required to be given.

2. The provision entitled **When will the benefit be paid?** under the **Claims** section of the Certificate is amended in its entirety and replaced with the following:

When will the benefit be paid?

We will pay a benefit for a loss immediately upon 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.

Renée D. Montz

Secretary

President

Securian Life Insurance Company • A Stock Company

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

GROUP HOSPITAL INDEMNITY CERTIFICATE OF INSURANCE