

The coverage is there. Do employees feel it?

How medical claims integration (MCI) is helping carriers turn elected coverage into more visible employee value

MCI is moving beyond feature checklists. The stronger market question now is not whether a carrier offers MCI. It is whether their approach actually helps employees realize the value of the supplemental health benefits they elected.

Shift the view of MCI from a digital add-on into a connected-claims strategy. Our approach proves itself with these results:

82%

Eligible Securian Financial supplemental health enrollees provided HIPAA consent on-platform in 2025¹

49%

Claims from clients initiated by MCI under Securian's approach¹

The opportunity is not just faster claims. It's more visible value.

Supplemental health benefits are designed to help when out-of-pocket exposure becomes real. In KFF's 2025 Employer Health Benefits Survey, workers in plans with a general annual deductible faced an average single-coverage deductible of \$1,886, and among those in plans with an out-of-pocket maximum for single coverage, 21% had a limit above \$6,000.² Costs from one injury, accident, or illness could go beyond that deductible amount, leaving some employees scrambling to figure out how to cover the expense. When a qualifying supplemental claim goes unfiled, it means missed benefit payments when employees may need it most.²

That is why MCI should no longer be thought of as just a digital claims feature. Consultants used to ask carriers a simple question: Do you offer MCI? The more useful question now is: How effectively does your model connect a medical event to the supplemental health benefit payout?

The underlying market problem is not that supplemental health lacks value. It is that too much of that value still depends on employee memory, product recall and a willingness to start a claims process at the exact moment life is most disruptive.

A connected-claims model closes the distance between eligibility and payment

In plain language, medical claims integration uses major medical claims activity to identify a possible claim on another workplace benefit, most often supplemental health products or a health and wellness benefit. The point is simple: help employees recognize and act on value they may otherwise miss.

The protection is already there. MCI helps employees experience it more easily.

LIMRA's 2026 research describes the same core problem: employees sometimes forget to file claims because awareness and knowledge are low.

MCI in five steps

Securian's Reclaim-powered model is built around that flow. The experience is designed to reduce guesswork, limit documentation burden and help employees use coverage they already chose, without asking them to manually start the process after a qualifying event.

1

Enroll: The employee elects supplemental health coverage during enrollment.

2

Consent: The employee provides one-time HIPAA authorization for future claim events.

3

Match: Medical claims data is matched to enrolled supplemental health coverage.

4

Initiate: The employee is notified and the claim is started on the employee's behalf.

5

Pay: After review and approval, the benefit is paid with less documentation effort.

Auto-initiate is emerging as the strongest balance of simplicity, trust, and results

LIMRA's 2026 research makes clear that MCI is not one thing operationally. Carriers are using three action models: auto-notify, auto-initiate and auto-pay.

- Auto-notify, or nudge, tells the employee a claim may exist, but still relies on the employee to submit the claim
- Auto-initiate starts the claim, but keeps the employee involved through confirmation or review
- Auto-pay removes the employee from the filing step entirely

For medical-to-supplemental-health integration, auto-notify is still the most common production model. But common is not the same thing as strongest. LIMRA's consumer data found that 55% of employees prefer a carrier to start the claim and reach out for confirmation, versus 34% who prefer reminder-only outreach and 11% who prefer straight auto-pay.^{3,4}

That matters because it shows what employees actually want: support without surrender. They want to provide consent. They want to stay informed. And they want the process to be easier than it is today.

That balanced approach is also showing up in Securian’s own results. Across clients using MCI, 49% of claims were initiated by MCI.¹ For a market still working to turn coverage into experienced value, that is a strong argument for MCI.

Consent is not only a compliance step. It is part of the value proposition.

Employee openness to MCI is stronger than the market sometimes assumes, but it is clearly tied to permission. LIMRA found that 55% of interested employees are comfortable with benefit carriers monitoring their health insurance claims if they have given permission.³

That is an important distinction. Employee involvement is not a drag on the experience. It is part of what makes the experience feel clear, respectful and trustworthy.

Timing matters as well. LIMRA’s company practices report found that average employee opt-in rates were 43% when consent was captured at enrollment, versus 21% when carriers followed up after enrollment.⁴

Securian’s results make the case even more clearly: among eligible supplemental health enrollees presented with MCI consent on their benefits administration platform during open enrollment, approximately 82% provided consent in 2025.¹ This is a strong signal that Securian’s enrollment-based approach is resonating with employees and converting interest into action.

Notification helps. Initiation provides visible value.

Securian Financial recommends the auto-initiate model for medical-to-supplemental-health claims because it preserves employee visibility while removing unnecessary friction.

Why enrollment-time consent performs better

It’s contextual:

Employees are already making benefits decisions, so the ask feels relevant instead of disconnected.

It’s simpler:

Consent becomes one step in a familiar workflow rather than a separate follow-up campaign.

It’s clearer:

The employee sees what they elected and what the connected-claims service is meant to do.

The strongest MCI evidence shows up in the outcomes carriers care about most

The case for MCI is not theoretical. Among carriers offering MCI, most report improvement in the outcomes that matter most:

84%

in employee satisfaction⁴

74%

in employer satisfaction⁴

77%

on volume of claims paid⁴

66%

on success at winning new business⁴

73%

on business in force persistency⁴

The results become clearer when broken out by action model. Medical auto-initiate is associated with 88% meaningful impact on employee satisfaction, 83% on employer satisfaction, 100% on persistency, and 90% on claims volume. Claims volume lift shows the same pattern: medical auto-notify is associated with roughly 10% to 11% average increases across accident, critical illness and hospital indemnity claims, while medical auto-initiate rises to 17% across all three.⁴ Carriers doing more than nudging are seeing more claims paid and more value realized.⁴

Integration quality determines whether MCI feels simple or fragmented

A mature connected-claims model is not a reminder layered around disconnected systems. It is built into enrollment, consent capture, data exchange, claim initiation, communication and reporting. That is where the difference between a feature and a strategy becomes visible.

Securian Financial's medical claims integration solution is available to employers offering group accident, critical illness or hospital indemnity insurance. Employees can provide one-time HIPAA consent during enrollment, including for future claim events involving covered dependents. Through relationships with seven leading benefits administration platforms, Securian is able to support that experience on platform at scale. When a qualifying episode of care occurs, only the medical details needed to initiate the claim are shared, eliminating the usual need for explanations of benefits, discharge summaries or treatment documentation in the typical workflow.^{1,5}

The case study behind this quote is equally instructive. At a global consulting and engineering firm, one-click HIPAA consent during enrollment helped generate a 43% opt-in rate and surfaced more than 1,100 qualifying claims that had not yet been submitted.¹ Overall, nearly 70% of claims from this client were initiated via MCI.¹ The result was a simpler claims experience for employees and less HR involvement in the process.

Securian has also expanded auto-payment, but in a focused way. Beginning in 2025, the company introduced auto-payment for health and wellness benefits only, where LIMRA says the model is most commonly used because those claims are lower-dollar amounts, easier to identify from medical data and less likely to leave payable benefits hidden. For other supplemental health claims, Securian prefers auto-initiate, reducing friction while preserving employee confirmation when the data may not tell the full story. More broadly, the approach reflects Securian's direction on claims experience: make it faster, simpler and easier to use when coverage is needed.^{1,4}



I didn't even know I had a benefit for health and wellness and am glad I opted to give Securian access to my records as the process was initiated for me. I find value in this offering and was pleasantly surprised to know I could receive a financial benefit.



— Employee quote from Securian Financial case study

Four questions reveal whether an MCI strategy is truly market ready

Use these categories to evaluate the strategy:

1

Action: Does your MCI model notify, initiate or pay – and for which product lines?

2

Reach: What percentage of eligible enrollees and dependents does your integration actually reach?

3

Communication: How and when is consent captured, and what are your opt-in rates?

4

Insight: What reporting do you provide post-launch – opt-ins, claims initiated, claims paid, utilization trends?

This framework matters because it separates mature connected-claims strategies from narrower programs that simply add a reminder. A carrier that has integrated enrollment-time consent, claims matching, claim initiation, communications, partner connectivity and post-launch reporting has built something that is easier to scale and easier to explain.

What this means for consultants and employers

For consultants, this is where MCI becomes more than an innovation talking point. It becomes a clearer way to win, retain and differentiate. In finalist meetings, Securian gives consultants a stronger answer to a question employers increasingly ask: will employees actually use these benefits when they need them? LIMRA found that carriers offering MCI report meaningful impact on winning new business and on persistency. Securian's approach is built to make that story more credible by aligning with what employees say they want, asking for consent, auto-initiating rather than simply nudging and making the claim path easier once a qualifying event is identified.

That gives consultants a stronger position in RFP discussions, a better answer in renewal conversations when utilization is low and a more defensible value story when employers question whether supplemental health is delivering enough return.⁴

For employers, the evaluation lens is more operational. Will employees understand why they are being contacted? Is consent being captured at the right time and in the right place? Does the model fit the employer's medical-plan structure, benefits administration ecosystem and reporting needs? And most importantly, will the approach help employees actually use the benefits already in the program?

The next standard in supplemental health is easier-to-experience value

Medical claims integration should no longer be treated as a niche claims feature. It is becoming a sharper measure of whether supplemental health benefits can actually convert enrollments into employee value when life happens.

Securian did not wait for the market data to catch up. It moved early, building around the model employees now clearly prefer: explicit consent, on-platform enrollment capture and auto-initiate rather than a simple nudge. As the limits of auto-notify became clearer, Securian was already advancing a more holistic approach built to scale within the normal claims and enrollment experience.

Today, that early move shows up in strong employee response, with approximately 82% of eligible supplemental health enrollees providing consent during open enrollment in 2025, and in real utilization, with 49% of claims for clients using MCI initiated through the solution.¹ MCI-initiated claims are typically paid at a higher rate than non-MCI claims. This is the expected outcome of a data-driven model: when a supplemental claim is triggered by a confirmed medical event rather than employee memory, documentation gaps are less likely, and the claim is more likely to be approved and paid.

For employees, that means supplemental health becomes easier to access when it matters. That is the difference between offering coverage and delivering value.



To see how Securian's connected-claims model could fit your next client conversation, contact your Securian Financial representative or visit securian.com/contact-us/group-sales.html

Employees are not rejecting supplemental health. They are losing track of it.

The carrier that closes that gap changes how the benefit is experienced.

1. 2025-2026 Securian client enrollment and claims data for those with MCI consent on their benefits administration platform.
2. KFF. 2025 Employer Health Benefits Survey.
3. LIMRA and LOMA. Claims Integration – Where Does the Industry Stand? 2026 Enrollment Technology Strategy Seminar.
4. LIMRA. Claims Integration in Workplace Benefits: Company Practices Summary Report. 2026.
5. Securian Financial. Medical claims integration, powered by Reclaim.

The testimonial provided by Securian Financial's customer identified in this material was freely given without receiving any compensation.

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