



HOW TO USE YOUR HEALTH SCREENING BENEFIT.



WHAT IS A HEALTH SCREENING BENEFIT?

A health screening benefit is a cash benefit you can use to pay for a health screening for preventative care.

A health screening is a routine test done to find a problem or condition before signs show up. Screenings can help you maintain your health and prevent serious illness.

This benefit is available to you through **Western Reserve Care Solutions** since you have the following coverage:

- Accident insurance, which we call Accidental Injury Benefits
- Critical Illness* insurance, which we call Critical Illness Benefits
- Hospital Indemnity insurance, which we call Hospital Cash Benefits

Things to Know

- Each covered person under your plan is eligible for their own health screening benefit upon filing a claim.¹
- If you enroll in more than one coverage that has a health screening benefit, you can use the benefit for each coverage with a benefit.

Check out the chart below to find out if your health screening is eligible.

ELIGIBLE HEALTH SCREENINGS ²		
Abdominal aortic aneurysm ultrasound	Cervical cancer screening	Lipid Panel
Aneurysm ultrasound	Chest X-ray	Mammography ³
Blood test for triglycerides	Colonoscopy	Pap smear
Bone marrow testing	COVID-19 testing	PAD ultrasound
Bone density screening	CT angiography	PSA (blood test for prostate cancer)
Breast ultrasound	Double contrast barium enema	Serum cholesterol test to determine HDL and LDL levels
CA 15-3 (blood test for breast cancer)	ECG/EKG	SPEP (blood test for myeloma)
CA 125 (blood test for ovarian cancer)	Fasting blood glucose test	Stress test (on a bicycle or treadmill)
Carotid ultrasound	Flexible sigmoidoscopy	Thermography
CEA (blood test for colon cancer)	Hemoccult stool analysis	
Other critical illness and cancer screening tests that are not listed here but are within generally accepted standards of medical care may also be eligible. Coverage availability varies by state. Not all test are available in all states.		



How Do I Use My Health Screening Benefit?

File a claim to access your health screening benefit with these steps:



STEP 1: CHECK ELIGIBILITY

Review the Health Screening chart to find out if your health screening is eligible.



STEP 2: ORGANIZE INFORMATION

Prepare to file your claim.⁴ You'll need the following information:

- Name, address and your group policy number
- Name of the health screening or test performed and the date completed; and
- Details of where the health screening was received and physician contact information (if applicable).



STEP 3: FILE YOUR CLAIM ONLINE OR OVER THE PHONE

You can file your claim however you're most comfortable, over the phone with one of our claims professionals or online through our portal.

- To file your claim by phone, call 866-547-4205.
 - » Phones are open Monday-Friday, 8:00 am – 6:00 pm EST.
- To file your claim online, visit the Supplemental Insurance Claims Portal:
TheHartford.com/benefits/myclaim
 - » Register for access if you haven't done so already. (Please note: We must have current eligibility from your benefits administrator for you and any dependents to be eligible to register on the portal.)
 - » Log in to the portal.
 - » Click "Complete Your Claim Form Online" under the Quick Links section.

Follow the prompts to complete and submit a Health Screening Benefit claim.



STEP 4: LEAVE IT TO US

Once the claim has been approved, the standard turnaround time for benefits to be paid is 3-5 business days.⁵

- Standard mail times will apply (if applicable).

For additional information, call **866-547-4205**
Monday through Friday, 8:00 am – 6:00 pm EST.



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*Critical Illness is referred to as "Specified Disease" in New York.

¹ Each person must complete an eligible health screening. Benefit payment is once per year, per covered person.

² This document explains the typical Health Screening Benefits covered, but in no way changes or affects the policy as actually issued. For a full list of benefits covered, please refer to your company's policy booklet.

³ If a separate mammography benefit is included in a Critical Illness 3.0 design/certificate, a separate mammography benefit is paid instead of a health screening benefit.

⁴ Claims must be submitted within 12 months of screening date.

⁵ Based on average claims turnaround time.

Accident Form Series includes GBD-2000, GBD-2300, or state equivalent. Critical Illness Form Series includes GBD-2600, GBD-2700, GBD-3600, GBD-3700, or state equivalent. Hospital Indemnity Form Series includes GBD-2800, GBD-2900, or state equivalent.