



HOW TO SUBMIT A CLAIM FOR CRITICAL ILLNESS HEALTH SCREENING BENEFIT

WHEN SHOULD A CLAIM BE FILED?

File after an employee or dependent has undergone a health screening and is eligible for a Health Screening Benefit.

The Health Screening benefits do not require a submission of a claim form. Claims for this benefit are submitted telephonically.

WHO CAN FILE A CLAIM?

For Health Screening Benefits:

- 1) Employee or eligible dependent should call **1-866-547-4205**
- 2) Provide the following information to the Claim Customer Service Representative:
 - a. Name of preventive test
 - b. Date test was performed
 - c. Provider name, address & phone number

WHEN IS THE HEATH SCREENING BENEFIT PAYABLE?

If a Covered Person (insured employee or insured eligible dependent) has one or more of the screening tests listed below during a calendar year, We will pay the annual Health Screening Benefit stated in the Insurance Certificate. The amount stated is the total amount payable in any calendar year regardless of the number of tests during that calendar year.

- 1) Bone marrow testing;
- 2) CA15-e (cancer antigen 15-3 blood test for breast cancer);
- 3) CA125 (cancer antigen 125 blood test for ovarian cancer);
- 4) CEA (carcinoembryonic antigen blood test for colon cancer);
- 5) Chest x-ray;
- 6) Colonoscopy;
- 7) Flexible sigmoidoscopy;
- 8) Hemocult stool analysis;
- 9) Mammography; including Breast Ultrasound;
- 10) Pap smear; including ThinPrep Pap Test;

continued

- 11) PSA (prostate specific antigen blood test for prostate cancer);
- 12) Serum Protein Electrophoresis (test for myeloma);
- 13) Biopsy for skin cancer;
- 14) Blood test for triglycerides;
- 15) HPV (Human Papillomavirus) Vaccination;
- 16) Lipid Panel (total cholesterol count);
- 17) Doppler screening for carotids;
- 18) Doppler screening for peripheral vascular disease;
- 19) Thermography;
- 20) Echocardiogram;
- 21) Ultrasound screening of the abdominal aorta for abdominal aortic aneurysms;
- 22) EKG;
- 23) Stress test on bike or treadmill;
- 24) Fasting blood glucose test;
- 25) Serum cholesterol to determine level of HDL and LDL.

We will pay:

- 1) regardless of the result of any test; and
- 2) provided the test was conducted while You or Your Dependent were covered under The Policy.

For more information, please call **(866) 547-4205**, or visit
[THEHARTFORD.COM/BENEFITS/MYCLAIM](https://www.thehartford.com/benefits/myclaim).

From the online portal you'll be able to access and submit claims forms
and manage claims status.



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THE CRITICAL ILLNESS POLICY PROVIDES LIMITED BENEFITS FOR SPECIFIED DISEASES ONLY. This limited benefit plan (1) does not constitute major medical coverage, and (2) does not satisfy the individual mandate of the Affordable Care Act (ACA) because the coverage does not meet the requirements of minimum essential coverage. In New York: This policy provides limited benefits health insurance only. It does NOT provide basic hospital, basic medical or major medical insurance as defined by the New York State Department of Financial Services.