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 Westminster Public Schools since you have the following coverage:

- Critical Illness* insurance, which we call Critical Illness Benefits
- Hospital Idemnity insurance, which we call Hospital Cash Benefits

Things to know

- Each person covered under your Supplemental Health[1] plan is eligible for their own health screening benefit once they file a claim.[2]
- If you've enrolled in more than one coverage that has a health screening benefit, you can use the health screening benefit for each coverage that has one.

Eligible Health Screenings[3]	
Abdominal aortic aneurysm ultrasound	Double contrast barium enema
Aneurysm ultrasound	ECG/EKG
Blood test for triglycerides	Fasting blood glucose test
Bone marrow testing	Flexible sigmoidoscopy
Bone density screening	Hemoccult stool analysis
Breast ultrasound	Lipid panel
CA 15-3 (blood test for breast cancer)	Mammography[4]
CA 125 (blood test for ovarian cancer)	Pap smear
Carotid ultrasound	PAD ultrasound
CEA (blood test for colon cancer)	PSA (blood test for prostate cancer)
Cervical cancer screening	Serum cholesterol test to determine HDL & LDL
Chest X-ray	SPEP (blood test for myeloma)
Colonoscopy	Stress test (on a bicycle or treadmill)
COVID-19 testing	Thermography
CT angiography	

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 tests are available in all states.

See the next page to learn how to use your health screening benefit.

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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.[5] You'll need the following information:

- Your name, address and group policy number
- Name of the health screening or test you had done and the date it happened; and
- Details of where you had the health screening and physician contact information (if applicable).

Step 3: File your claim online or over the phone

You can file your claim by phone with one of our claims professionals or online through our portal, whichever works best for you.

- 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:

- Register for access if you haven't yet. (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 "File A Claim" and 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.[6]

- 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] Supplemental Health products (Accident, Critical Illness and Hospital Indemnity) are independent and do not coordinate with any other health coverage.

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

[3] 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.

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

[5] Claims must be submitted within 12 months of screening date.

[6] Based on average claims turnaround time.

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.

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