

# AFLAC GROUP HOSPITAL INDEMNITY INSURANCE

Policy Series C80000



## HEALTH SCREENING BENEFIT / \$50 PER CALENDAR YEAR

The Health Screening Benefit is payable once per calendar year for health screening tests performed as the result of preventive care, including tests and diagnostic procedures ordered in connection with routine examinations.

This benefit is payable for each insured.

### COVERED HEALTH SCREENING TESTS INCLUDE, BUT ARE NOT LIMITED TO:

- Blood test for triglycerides
- Bone marrow testing
- Breast ultrasound
- CA 15-3 (blood test for breast cancer)
- CA 125 (blood test for ovarian cancer)
- CEA (blood test for colon cancer)
- Chest X-ray
- Colonoscopy
- DNA stool analysis
- Fasting blood glucose test
- Flexible sigmoidoscopy
- Non-diagnostic vascular screening
- Immunization
- Hemoccult stool analysis
- Mammography
- Pap smear
- PSA (blood test for prostate cancer)
- Serum cholesterol test to determine level of HDL and LDL
- Serum protein electrophoresis (blood test for myeloma)
- Spiral CT screening for lung cancer
- Stress test on a bicycle or treadmill
- Thermography
- Urinalysis
- Vision screening

Residents of Massachusetts are not eligible for the Health Screening Benefit.

**In Wyoming, the plan does not contain comprehensive adult wellness benefits as defined by law.**

**For a complete list of limitations and exclusions please refer to the brochure.**

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