

FILE A HEALTH SCREENING CLAIM WITH CONFIDENCE



Healthy lifestyles are rewarded under Accident (AI), Critical Illness (CI) and Hospital Indemnity (HI) insurance coverage.

If your employer offers any of this insurance coverage and a health screening benefit is included, you and your dependents are eligible to receive a benefit for health screenings while insured and filing a claim.²

If you have more than one type of coverage - for example AI, CI, and/or HI - one health screening would be eligible for each coverage that includes this feature.

THE HARTFORD MAKES IT EASY TO FILE A CLAIM. JUST FOLLOW THESE STEPS:

STEP 1

Review the list on the back of this page to determine if your health screening may be eligible for the benefit.

STEP 2

Prepare to file your claim.¹ You'll need the following information:

- Name, address and the 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 - OVER THE PHONE

- File your claim by calling **866-547-4205**.
- Phones are open Monday through Friday, 8:00am - 6:00pm EST.

STEP 3 - ONLINE

- Visit the Supplemental Insurance Claims Portal at **TheHartford.com/benefits/myclaim**.
- Register for access if you have not 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 on "Complete Your Claim Form Online" under the Quick Links section.
- Follow the prompts to complete and submit a Health Screening Benefit claim.

NEXT STEPS

- Once the claim has been approved, the standard turnaround time for benefits to be paid is between 3-10 business days.³
- Standard mail times will apply (if applicable).

TO FILE YOUR HEALTH SCREENING CLAIM:

CALL THIS NUMBER:

866-547-4205

Monday through Friday,
8:00am – 6:00pm EST

VISIT US ONLINE:

TheHartford.com/benefits/myclaim

(Submit a claim online or download your health screening benefit form here.)

YOU'LL NEED TO PROVIDE:

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

MAIL OR FAX THE DOCUMENTATION TO:

THE HARTFORD
SUPPLEMENTAL INSURANCE
BENEFIT DEPARTMENT

P.O. Box 99906
Grapevine, TX 76099
Fax Number: 469-417-1952

 (Snap a photo with a mobile device to capture information above.)

ELIGIBLE HEALTH SCREENINGS⁴

- Bone Marrow Testing
- CA15-e (cancer antigen 15-3 blood test for breast cancer)
- CA125 (cancer antigen 125 blood test for ovarian cancer)
- CEA (carcinoembryonic antigen blood test for colon cancer)
- Chest X-Ray
- Colonoscopy
- COVID-19 testing when performed by an appropriately licensed medical professional
- Flexible Sigmoidoscopy
- Hemocult Stool Analysis
- Mammography (including breast ultrasound)
- Pap Smear (including ThinPrep Pap Test)
- PSA (prostate specific antigen blood test for prostate cancer)
Serum Protein Electrophoresis
- Biopsy for Skin Cancer
- Blood Test for Triglycerides
- HPV (Human Papillomavirus) Vaccination
- Lipid Panel (total cholesterol count)
- Doppler Screening for Carotids
- Doppler Screening for Peripheral Vascular Disease
- Thermography
- Echocardiogram
- Ultrasound Screening of the Abdominal Aorta for
Abdominal Aortic Aneurysms
- EKG
- Stress Test on Bike or Treadmill
- Fasting Blood Glucose Test
- Serum Cholesterol to determine level of HDL & LDL

Coverage availability varies by state. Not all tests are available in all states.

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



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¹ Claims must be submitted within 12 months of screening date.

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

³ Based on average claims turnaround time.

⁴ 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.

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