

FILE A HEALTH SCREENING CLAIM WITH CONFIDENCE



HEALTHY LIFESTYLES ARE REWARDED AT THE HARTFORD

If your employer offers insurance coverage from The Hartford that includes a health screening benefit, you and your dependents are eligible to receive a benefit while insured upon filing a claim.²

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.

Policies include one or more of the following:

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.

Policy number(s) can be obtained from your employer/the policyholder.

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