

# FILE A HEALTH SCREENING CLAIM WITH CONFIDENCE



## HEALTHY LIFESTYLES ARE REWARDED AT THE HARTFORD

Lansing Community College offers Critical Illness insurance coverage from The Hartford that includes a health screening benefit. You and each of your dependents are eligible to receive a health screening benefit per covered person for each year that you're enrolled in the plan and upon filing a claim.<sup>2</sup>



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

### ► STEP 1

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

### ► STEP 2

Prepare to file your claim.<sup>1</sup> 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](https://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.<sup>3</sup>
- 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](https://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. Policy #VCI877707
- 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 SCREENINGS<sup>4</sup>**

- 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
- Hemoccult 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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<sup>1</sup> Claims must be submitted within 12 months of screening date.

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

<sup>3</sup> Based on average claims turnaround time.

<sup>4</sup> 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.

Critical Illness Form Series includes GBD-2600, GBD-2700, GBD-3600, GBD-3700, or state equivalent.

The policy number is VCI877707

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