



The Hartford – Health Screening Benefit List of Covered Screening Tests

For each Covered Person who has one or more of the screening tests for Critical Illness listed below, not to exceed one day per calendar year, The Hartford will pay the Health Screening Benefit stated in the Schedule (refer to the Benefit Highlight Sheet or your Certificate of Coverage). The amount stated is the total amount payable in any calendar year regardless of the number of tests or days of tests during that calendar year. There are no claims to file for this benefit. The Hartford only requires a phone call to: **(866) 547-4205**

A screening test includes any of the following:

- 1) Bone marrow testing;
- 2) CA15-e (cancer antigen 15-3 blood test for breast cancer);
- 3) CA125 (cancer antigen 125 blood test for ovarian cancer);
- 4) CEA (carcinoembryonic antigen blood test for colon cancer);
- 5) Chest x-ray;
- 6) Colonoscopy;
- 7) Flexible sigmoidoscopy;
- 8) Hemoccult stool analysis;
- 9) Mammography; including breast ultrasound;
- 10) Pap smear; including Thin Prep Pap Test;
- 11) PSA (prostate specific antigen blood test for prostate cancer);
- 12) Serum protein electrophoresis (test for myeloma);
- 13) Biopsy for skin cancer;
- 14) Blood test for triglycerides;
- 15) HPV (Human Papillomavirus) Vaccination;
- 16) Lipid panel (total cholesterol count);
- 17) Doppler screening for carotids;
- 18) Doppler screening for peripheral vascular disease;
- 19) Thermography;
- 20) Echocardiogram;
- 21) Ultrasound screening of the abdominal aorta for abdominal aortic aneurysms;
- 22) EKG; stress test on bike or treadmill;
- 23) Fasting blood glucose test; or
- 24) Serum cholesterol to determine level of HDL and LDL.