

How to Use Your Health Screening Benefit

Health Screening Rider HS-12000/R is a part of Critical Illness Insurance Plan Form CACI-82001 and Accident Insurance Plan Form A-607, underwritten by Trustmark Insurance Company, Lake Forest, Illinois. Please see your Rider and Rider Schedule for your state for exact terms, provisions, exclusions and limitations that apply.

Trustmark
Voluntary Benefit Solutions[®]

PERSONAL. FLEXIBLE. TRUSTED.[®]

Underwritten by Trustmark Insurance Company
Rated A- (EXCELLENT) A.M. Best¹

400 Field Drive • Lake Forest, IL 60045

trustmarksolutions.com [f](#) [in](#) [t](#)

¹An A.M. Best rating is an independent opinion of an insurer's financial strength and ability to meet its ongoing insurance policy and contract obligations. Trustmark is rated A- (4th out of 16 possible ratings ranging from A++ to Suspended).



Trustmark
Voluntary Benefit Solutions[®]

PERSONAL. FLEXIBLE. TRUSTED.[®]

Underwritten by Trustmark Insurance Company

Did You Know?

If you have the health screening benefit, it can help you stay well by paying for the cost of one screening test per calendar year, \$50 or \$100 maximum, depending on your specific benefit.

Plus, if you have family coverage, each family member is covered too! These are the covered screening tests:

- Low Dose Mammography
- Pap Smear for women over age 18
- Flexible Sigmoidoscopy
- Hemocult Stool Specimen
- Colonoscopy
- Prostate Specific Antigen (for prostate cancer)
- Stress test on a bicycle or treadmill
- Fasting blood glucose test
- Blood test for triglycerides
- Serum cholesterol test to determine levels of HDL and LDL
- 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
- Serum Protein Electrophoresis (blood test for myeloma)
- Thermography



How do I submit a claim for my health screening benefit?

To download the form for filing a claim, simply go online to:

www.trustmarksolutions.com/file-claim

You will find a fillable Wellness Benefit claim form that you can submit online. Or you can fax your completed form and all requested documentation to **508.853.2867** or mail it to:

Trustmark Insurance Company
100 North Parkway
Suite 200
Worcester, MA 01605

During enrollment, a benefit counselor will be available to answer any additional questions you may have. If you have questions after you receive your policy, call us at **800.918.8877**.