

Wellness Benefit

Valuable protection provided by your benefits

The Wellness Benefit¹ will pay you the amount shown on the Schedule of Benefits for one health screening test performed during a twelve month period for you and your dependents², if applicable, provided:

- You and your dependents were covered under the policy at the time the test was performed and
- Any preventative health screening test was not already performed at any time during the same twelve month period.

Examples of health screening tests covered under the policy:

Testing	Procedure	Diagnostic
ALT/AST (liver function test)	Biopsy for cancer	Annual physical
Blood test for triglycerides	Breast ultrasound	Bone density for triglycerides
Bone marrow test	Chest x-ray	Dental exam
Breast cancer blood test – CA15-3	Colonoscopy	Eye exam
Covid-19 diagnostic test	Echocardiogram	Flexible sigmoidoscopy
Fasting blood glucose test	Electrocardiogram	Hearing exam
Genetic test		Hemoccult stool analysis
Ovarian cancer blood test – CA125		Hepatitis screening
PAP test		HIV screening
PSA (prostate cancer blood test)		Immunizations
Serum cholesterol test (HDL and LDL)		Mammography
Serum protein electrophoresis (blood test for myeloma)		Mental health screening
Stress test (bicycle or treadmill)		Skin cancer screening
		Ultrasound screening

1. Referred to as a Health Screening Benefit in NH and WA

2. Only one Wellness Benefit will be paid in a twelve month period per covered individual, subject to a maximum of four per family.

This brochure is not a contract. The availability of the described features may vary by state. It is not available in CT, ID, MI, MN, NM, NH, NY, ND and WY for Group Accident. It is not available in MI for Critical Illness. Critical Illness coverage is provided by policy series LRS-9537-0118, et al. Accident coverage is provided by policy series LRS-9547-0318, et al. Hospital Indemnity coverage is provided by policy series LRS-9572-0519, et al. It is not available for ID, KS and NM for Group Hospital Indemnity.

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