

# Wellness Benefit

Group Name: **Canyons School District**  
Group Number: **740195**



## What is the Wellness Benefit?

The Wellness Benefit is included with your Accident and Critical Illness Insurance coverage. It provides an annual benefit payment if you complete a covered health screening test on or after your coverage effective date, whether or not there is any out-of-pocket cost to you. You only need to complete one health screening test and may only receive a benefit payment once per calendar year, even if you complete multiple tests. You may also receive a benefit payment for your spouse and/or children if they are covered for the Wellness Benefit and complete a health screening test on or after your coverage effective date.

### Getting your Wellness Benefit is easy.

- 1 You, your covered spouse and/or your covered children complete a health screening test.

#### What types of health screening tests are eligible?

##### Covered Health screening tests include but are not limited to:

- |   |                                       |   |
|---|---------------------------------------|---|
| • Blood test for triglycerides                                | • Mammography                         | • Well child/preventative exams age 1 through age 18  |
| • Pap smear or thin prep pap test                             | • Colonoscopy                         | • Biometric screenings                                |
| • Flexible sigmoidoscopy                                      | • CA 15-3 (breast cancer)             | • Electrocardiogram (EKG)                             |
| • CEA (blood test for colon cancer)                           | • Stress test on bicycle or treadmill | • Annual Physical Exam – Adults                       |
| • Bone marrow testing   | • Fasting blood glucose test          | • CA 125 (ovarian cancer)                             |
| • Serum cholesterol test for HDL & LDL levels                 | • Thermography                        | • Tests for sexually transmitted infections (STIs)    |
| • Hemocult stool analysis                                     | • PSA (prostate cancer)               | • Ultrasound screening for abdominal aortic aneurysms |
| • Serum Protein Electrophoresis (myeloma)                     | • Hearing test                        | • Hemoglobin A1C (HbA1c)                              |
| • Breast ultrasound, sonogram, MRI                            | • Routine eye exam                    | • Bone density screening                              |
| • Molecular or antigen test (Coronavirus disease (COVID-19)*) | • Routine dental exam                 |   |
| • Immunizations   |                                       |   |
| • Chest x-ray   |                                       |   |

- 2 Visit Benefits Resource Center at <https://presents.Voya.com/EBRC/CanyonsSchoolDistrict>  
Have ready: Group policy name: **Canyons School District**  
Group policy number: **740195**
- 3 Complete the questions regarding the health screening test, electronically sign and submit your claim. A confirmation number will be provided, as well as the option to save the form for your records. You will receive a follow up email with a claim number, which you can use to check the status of your claim.
- 4 Receive a benefit payment for each covered individual for whom an eligible claim was filed.

## How can the Wellness Benefit help?

Every day we learn more and more about the importance of regular health screenings and the increased chances of survival when serious illnesses are detected early. The Wellness Benefit encourages you to get regular health screenings. The benefit payment you receive for your health screening can be used to help pay for the cost of the test or however you like.

## It's automatically included.

The Wellness Benefit is included with your Accident, Critical Illness and Hospital indemnity insurance.

## How much is the Wellness Benefit?

Your group's plan specifies the benefit amount payable for each person who completes a health screening test.

### WELLNESS BENEFIT WITH YOUR ACCIDENT INSURANCE:

**\$75**

For yourself  
& for your covered  
spouse

+

**\$75**

100% of the benefit amount  
For each covered child

### WELLNESS BENEFIT WITH YOUR CRITICAL ILLNESS INSURANCE:

**\$50**

For yourself  
& for your covered  
spouse

+

**\$50**

100% of the benefit amount  
For each covered child

### WELLNESS BENEFIT WITH YOUR HOSPITAL INDEMNITY INSURANCE:

**\$50**

For yourself  
& for your covered  
spouse

+

**\$50**

100% of the benefit amount  
For each covered child



If you have any questions about the claim process, call **1-877-236-7564**.

\*Includes COVID tests performed at a medical facility, pharmacy or at-home.

This is a summary of benefits only. A complete description of benefits, limitations, exclusions and termination of coverage will be provided in the certificate of insurance and riders. All coverage is subject to the terms and conditions of the group policy. If there is any discrepancy between this document and the group policy documents, the policy documents will govern. To keep coverage in force, premiums are payable up to the date of coverage termination. Insurance products are issued by ReliaStar Life Insurance Company (Minneapolis, MN), a member of the Voya® family of companies. Voya Employee Benefits is a division of ReliaStar Life Insurance Company. Product availability and specific provisions may vary by state or employer's plan.

Canyons School District, Group #740195 Date Prepared: 10/06/2023

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