

Accident, Critical Illness and Hospital Indemnity Insurance

Understanding your health screening and wellness benefits



Contact us:

Call 1-800-497-3699

Monday–Friday

7:30 a.m. to 6 p.m. ET

sbclaims@symetra.com

symetra.com/MyGO

Mailing address:

P.O. Box 440

Ashland, WI 54806

Fax: 715-682-5919

Your benefit amount:

Accident:

Critical illness:

Hospital indemnity:

Accident policy #:

Critical illness policy #:

Hospital indemnity policy #:

Policyholder:

Keeping tabs on your overall health can help you prepare for the unexpected. Fortunately, through your Symetra coverage, you can receive a financial benefit for being proactive about your health and your family's.

The chart below shows which screenings are eligible for benefits under each plan. After completing a screening test, just give us a call or send us an email and let us know (1) the name of the insured, (2) the type of screening, and (3) the date the screening was completed.

Eligible screening tests

	Accident	Critical illness	Hospital indemnity
Abdominal aortic aneurysm ultrasonography	✓		✓
Baseline testing for concussion	✓		
Biopsy		✓	
Blood test for lipids, including total cholesterol, LDL, HDL and triglycerides	✓		✓
Blood test for triglycerides		✓	
Bone density screening	✓		✓
Bone marrow testing	✓	✓	✓
Breast MRI		✓	
Breast ultrasound	✓	✓	✓
CA 125 (blood test for ovarian cancer)	✓	✓	✓
CA 15-3 (blood test for breast cancer)	✓	✓	✓
Carotid Doppler	✓		✓
CEA (blood test for colon cancer)	✓	✓	✓
Chest X-ray	✓	✓	✓
Child sports physicals	✓		✓
Colonoscopy	✓	✓	✓
COVID-19 (PCR, rapid, antibody)	✓	✓	✓

You can also submit claims through My Group Online (MyGO). Simply use the policy information above to self-register and create an account.

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	Accident	Critical illness	Hospital indemnity
CT angiography	✓		✓
Electrocardiogram	✓		✓
Fasting blood glucose test	✓	✓	✓
Flexible sigmoidoscopy	✓	✓	✓
Hemoccult stool specimen		✓	
Mammogram	✓	✓	✓
Pap test	✓	✓	✓
Prostate-specific antigen (PSA) test	✓	✓	✓

	Accident	Critical illness	Hospital indemnity
Serum cholesterol test to determine HDL/LDL level	✓	✓	✓
Serum protein electrophoresis (blood test for myeloma)		✓	
Stress test on a bicycle or treadmill	✓	✓	✓
Testicular ultrasound	✓		✓
Thermography	✓	✓	✓
ThinPrep Pap test	✓		✓

Frequently asked questions

How do I let Symetra know I had a screening test?

It's easy. Give us a call or send us an email and let us know three things: the name of the insured, the type of screening, and the date the screening was completed.

You can also submit a claim through **MyGO**. Once you've created an account and logged in, click **Submit my claim** and add any required information. You can also upload any relevant documentation from a desktop computer or mobile device.¹

Is there another way to file my health screening or wellness benefit claim?

Yes. You can also send claims by mail or fax. Please use the contact information on the first page and we'll be happy to assist.

Who can receive a health screening or wellness benefit?

Anyone covered under your plan is eligible for these benefits. Please review your enrollment information for more details.

How often can I receive a health screening or wellness benefit?

Please refer to your policy information or call Symetra at 1-800-497-3699 to confirm how often you can file a health screening or wellness benefit claim.

What if I have a screening test that qualifies for benefits under more than one of my Symetra plans?

If you have multiple coverages with Symetra, we'll automatically cross-check to see if you're eligible for more than one benefit and submit the claim on your behalf.

Group benefits policies are insured by Symetra Life Insurance Company, 777 108th Avenue NE, Suite 1200, Bellevue, WA 98004. They are not available in all states or any U.S. territory. They are not a replacement for a major medical policy or other comprehensive coverage and do not satisfy the minimum essential coverage requirements of the Affordable Care Act.

Critical illness and fixed-payment (also known as hospital indemnity) coverages provide benefits at a preselected, fixed dollar amount. Base certificate form numbers are SBC-00535-CERT 4/14 and SBC-04535 1/21 and SBC-01505 6/20.

Accident coverage provides benefits up to a preselected, per occurrence amount. Certificate form number is SBC-03515 1/18.

Coverage may be subject to exclusions, limitations, reductions and termination of benefit provisions. For costs and complete details of the coverage, contact your HR or benefits representative.

THIS POLICY IS ISSUED AS AN ACCIDENT-ONLY POLICY. IT DOES NOT PAY BENEFITS FOR LOSS CAUSED BY ILLNESS.

¹ If your policy was issued in CA or PA, please upload the actual bill and the Explanation of Benefits (EOB) from your health insurance carrier.



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