

Wellness Benefit*

How to file a claim

Group Policy Name:

Matanuska Susitna Borough
School District

Group Policy Number:

750492

For certificate or policy holders of:

Accident Insurance

For yourself & for your
covered spouse: \$75

For each covered child*: \$75

Critical Illness Insurance For
yourself & for your covered
spouse: \$50

For each covered child*: \$50

The Wellness Benefit is part of your Supplemental Health Insurance coverage that provides an annual benefit payment after you complete a covered health screening test, even if you didn't have out-of-pocket costs for the health screening test.

Step 1: Complete a health screening test

Below are some examples of covered health screening tests you, your covered spouse and/or your covered children may complete. Please note, you may only receive one benefit payment annually per coverage, even if multiple health screening tests are completed.

If you have multiple Supplemental Health coverages, the same health screening test can be used to qualify for benefit payments under all applicable coverages.

- Routine exams (Physicals – Adult, dental, eye)
- Mammography
- Colonoscopy
- Well child/preventative exams ages 1 – 18
- Biometric screenings
- Blood testing (ex. Triglyceride, HDL, LDL, fasting glucose, HbA1c)
- Pap smear or thin prep pap test
- Serum cholesterol test for HDL & LDL levels
- Immunizations
- Cancer screenings (ex. CA 15-3, CA 125, CEA, PSA)
- Chest x-ray
- Mental health assessments
- Bone density screening

Step 2: Submit your claim

1. Visit the Voya Online Claims Center at . Click on “Get Started” under “Start a Claim”. **You will need to enter your group name and policy number.**
2. After answering a few questions, you will electronically sign and submit your claim. You will immediately receive a **confirmation number** letting you know the claim submission was successful.

Step 3: Claim confirmed

Once the claim is set up, you will receive an email with a **claim number**.

Step 4: Check status

To check your claim's status in real-time, visit voya.com/claims and enter your **claim number**.

Scan to file a claim

* Maximum amount for all children may apply

* Wellness Benefit may be referred to as Health Screening Benefit in some states.

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 is underwritten by ReliaStar Life Insurance Company (Minneapolis, MN), a member of the Voya® family of companies. Provisions and availability may vary by state.

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