

## Accident Insurance

# Understanding your wellness benefit



### Your wellness benefit amount:

**You can't predict when an accident may occur, but keeping tabs on your overall health can help you prepare for the unexpected.**

Fortunately, through your Symetra Accident Insurance policy, you can receive a financial benefit for being proactive about your health.

After completing a wellness screening, 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.

### Contact us



**Call 1-800-497-3699**

Monday through Friday  
8 a.m. to 8 p.m. ET



**sbclaims@symetra.com**

[symetra.com/MyGO](https://www.symetra.com/MyGO)

Fax: (715) 682-5919



#### Mailing address:

P.O. Box 674419  
Houston, TX 77267-4419

### Eligible wellness screenings

- Abdominal aortic aneurysm ultrasonography
- Annual physical exam
- Baseline testing for concussion
- Biometric screening
- Blood test for lipids, including total cholesterol, LDL, HDL and 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 physical
- Colonoscopy or virtual colonoscopy
- COVID-19 (physician-administered)
- CT angiography
- Dental exam/cleaning
- Electrocardiogram
- Eye exam
- Fasting blood glucose test
- Flexible sigmoidoscopy
- Immunization
- Mammogram
- Pap test
- Prostate-specific antigen (PSA) test
- Serum cholesterol test to determine level of HDL and LDL
- Stress test on a bicycle or treadmill
- Testicular ultrasound
- Thermography
- ThinPrep Pap test
- Well-child visit

*Continued >*

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## Frequently asked questions

### How do I let Symetra know I had a wellness screening?

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, select **Submit my claim** and add any required information. You can also upload any relevant documentation from a computer or mobile device.<sup>1</sup>

### Is there another way to file my 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 wellness benefit?

The insured and their covered dependent(s) may be eligible for these benefits. Please review your certificate for more details.

### How often can I receive a wellness benefit?

Each individual covered under the plan is eligible for one wellness benefit per year.

### What if I have a screening 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 will submit the claim(s) on your behalf.

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[Please refer to your certificate for complete details.](#)



Symetra Life Insurance Company  
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[www.symetra.com](http://www.symetra.com)

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Symetra Life Insurance Company.

Accident coverage, insured by Symetra Life Insurance Company, 777 108th Ave NE, Suite 1200, Bellevue, WA 98004, is not available in all U.S. states or any U.S. territory. It pays a fixed amount and does not cover losses due to sickness, nor does it cover the cost of all hospital and medical services. It is not a replacement for major medical or other comprehensive coverage and does not satisfy the minimum essential coverage requirements of the Affordable Care Act. Certificate form number is SBC-03515 1/18. Form number for the Wellness Screening Benefits Rider is SBC-03513 WEL 2/24.

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

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

<sup>1</sup> 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.