

SUPPLEMENTAL BENEFITS

HEALTH SCREENING BENEFIT

If a Covered Person takes one of the screening/prevention measures listed below while such Covered Person is insured under this Certificate and after Your insurance has been in effect for 30 days, We will pay a Health Screening Benefit upon submission of Proof that such measure was taken. When We receive such Proof, We will review it, and if We approve the claim, We will pay a Health Screening Benefit of \$100.

The screening/prevention measures for which a Health Screening Benefit may be paid are:

- blood test to determine total cholesterol;
- blood test to determine triglycerides;
- breast MRI;
- breast ultrasound;
- breast sonogram;
- carotid doppler;
- colonoscopy;
- digital rectal exam (DRE);
- electrocardiogram (EKG);
- endoscopy;
- fasting blood glucose test;
- fasting plasma glucose test;
- flexible sigmoidoscopy;
- hemoccult stool specimen;
- mammogram;
- pap smears or thin prep pap test;
- prostate-specific antigen (PSA) test;
- serum cholesterol test to determine LDL or HDL levels;
- stress test on bicycle or treadmill;
- two hour post-load plasma glucose test; or
- virtual colonoscopy.

We will only pay one Health Screening Benefit per Covered Person per calendar year.

Payment of this benefit will not reduce the Total Benefit Amount.