

# Wellness Benefit

## Draw on the protection provided by your benefits

The Wellness Benefit<sup>1</sup> will pay you the amount shown on the Schedule of Benefits for one health screening test performed during a twelve month period for you and your dependents<sup>2</sup>, if applicable, provided:

- You and your dependents were covered under the policy at the time the test was performed and
- Any preventative health screening test not already performed at any time during the same twelve month period.

### Examples of health screening tests covered under the policy:

(New) Any preventative health screenings, including, but not limited to, tests, diagnostic procedures, routine examinations and immunizations.

Testing	Procedure	Diagnostic
ALT/AST (liver function test)	Biopsy for cancer	Annual physical
Blood test for triglycerides	Breast ultrasound	Bone density for triglycerides
Bone marrow test	Chest X-ray	Eye exam
Breast cancer blood test - CA15-3	Colonoscopy	Flexible sigmoidoscopy
COVID-19 diagnostic test	Dental exam	Hearing exam
Fasting blood glucose test	Echocardiogram	Hemoccult stool analysis
Genetic test	Electrocardiogram	Hepatitis screening
Ovarian cancer blood test - CA125		HIV screening
PAP test		Immunizations
PSA (prostate cancer blood test)		Mammography
Serum cholesterol test (HDL and LDL)		Mental health screening
Serum protein electrophoresis (blood test for myeloma)		Skin cancer screening
Stress test (bicycle or treadmill)		Ultrasound screening

**Filing a claim is Fast and Easy! Visit [www.rslclaims.com](http://www.rslclaims.com)**

1. Referred to as a Health Screening Benefit in NH and WA

2. Only one Wellness Benefit will be paid in a twelve month period per covered individual, subject to a maximum of four per family.

**RELIANCE STANDARD**

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This brochure is not a contract. The availability of the described feature may vary by state. It is not available in CT, ID, MI, MN, NM, NH, NY, ND and WY for Group Accident. It is not available in MI for Critical Illness. Critical illness coverage is provided by policy series LRS-9537-0118, et al. Accident coverage is provided by policy series LRS-9547-0318, et al. Hospital indemnity coverage is provided by policy series LRS-9572-0519, et al. It is not available for ID, KS and NM for group hospital indemnity.

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