



Frequently Asked Questions

Filing a Health Maintenance Screening Benefit Claim With Standard Insurance Company

1 | When should I file a claim?

File a Health Maintenance Screening Benefit, or HMS Benefit,¹ claim when you or someone listed on your policy completes one of the covered screenings. Claims may be submitted during the calendar year in which the screening was performed or the next calendar year, but no later than one calendar year.²

The HMS Benefit covers 22 screenings ranging from a lipid panel (blood test) and mental health assessments to novel infectious disease testing, such as COVID-19. Not all screenings are covered in all states. To see a list of screenings offered, ask your benefits coordinator for your Group Certificate of Insurance.

2 | What information will I need to provide on the claim form?

Besides your name and Social Security number, you'll need to provide:

- Employer name
- Group policy number
- Patient name
- Which screening was performed and the date of the screening

3 | What's in a typical claim form for the HMS Benefit?

Only the claim form is required. There are no additional forms or documentation required.

- Please indicate one screening per patient on the claim form.

4 | How long does it take to make a decision about my claim?

Once we receive the required completed, signed and dated documents listed on this page, it will take approximately five business days to make a claim decision. If we haven't made a decision within five business days, we'll notify you with additional details.

5 | Who should I call with questions about my claim?

If you've already filed a claim, please call The Standard's Customer Service toll-free number 800.634.1743. Our Customer Service Center representatives are here to assist you Monday through Friday during the times listed below:

- 6 a.m. through 5 p.m., **Pacific**
- 7 a.m. through 6 p.m., **Mountain**
- 8 a.m. through 7 p.m., **Central**
- 9 a.m. through 8 p.m., **Eastern**

6 | How can I spend my money?

You can use the money for medical costs like copays and deductibles. You can also put it toward everyday living expenses such as child care, groceries and rent or mortgage payments.

7 | What if I want to know more about my coverage?

If you're looking for general information about your coverage or would like a copy of your Group Certificate of Insurance, contact your benefits administrator.

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¹ The Health Maintenance Screening Benefit is not available in all states or on all products.

² The benefit is paid only once per calendar year, even if the covered individual receives additional wellness tests during the year.

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