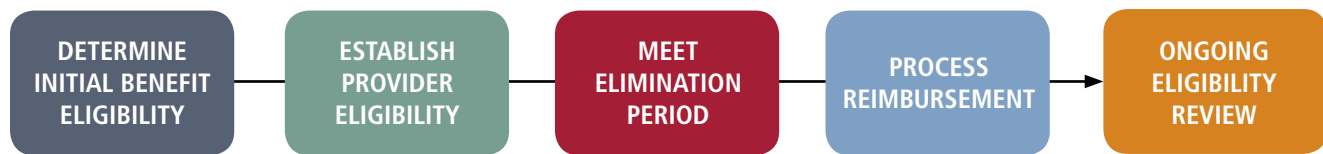


# Long-Term Care Insurance Claims Process at a Glance

John Hancock recognizes that the long-term care insurance claims process may be different than the claims process for other coverages, like health insurance. For that reason, we have created a general overview of the claims process and the steps you must take before your long-term care expenses can be reimbursed, as well as average claims processing times.

Please see the **Claims Process Overview** and the **Claims Process FAQ** for more detailed information.

## Process Overview



- Complete Intake Kit
- Complete HIPAA Form
- Participate in Onsite Assessment<sup>1</sup>

- Submit Provider Name, Address, Phone
- Complete ICP Form<sup>2</sup>

- Submit Bills (including Medicare UB04)<sup>3</sup>

- Submit Bills
- Complete Direct Deposit or Assignment of Benefit (if you want to change payment method)

- Participate in Onsite Assessment<sup>1</sup>

**Notify John Hancock immediately regarding any change in address, legal representative, or care provider while you are on claim.**

## Average Processing Time<sup>4</sup>

- ✓ **From receipt of a complete Intake Kit to a Benefit Eligibility Decision: 40 days**
- ✓ **From receipt of a complete bill to issue Explanation of Benefits (EOB) (on an approved claim): 10 days or less**

NOTE: During the Elimination Period, if applicable, covered services will result in a credit toward meeting the Elimination Period, not a direct reimbursement. The length of your Elimination Period and the frequency with which you receive services will have a direct impact on the length of time before you receive your first reimbursement. For policies with a Service Day Elimination Period, to ensure faster processing of your bills, please provide the required level of detail. Please submit all bills you have on hand, back to the approved effective date of your claim.<sup>5</sup>

1. Medical records from your provider/physician may be requested in addition to, or instead of, an onsite assessment.
2. You will only need to submit an Independent Care Provider (ICP) Form if you are engaging an informal care provider independent of a covered home health agency.
3. You will only need to submit bills if your policy requires that paid services are provided in order to credit the Elimination Period. If you have a calendar-day Elimination Period with no expense requirement, it is not necessary to submit bills to satisfy the Elimination Period.
4. Estimated times represent the recent average processing time frame. Individual experience may vary.
5. To help us expedite processing, make sure all bills include: insured name, claim number/policy number, care provider name, itemized dates of service, itemized description of services provided, and itemized dollar amount of the service charges.

Long-term care insurance is underwritten by John Hancock Life Insurance Company (U.S.A.), Boston, MA 02117, (not licensed in New York) and in New York as John Hancock Life & Health Insurance Company, Boston, MA 02117.