

# Understanding the Claims Process



*John Hancock is committed to providing your clients with guidance and support to help them navigate the claims process. Our current claims process is summarized below.*

## **STEP 1:** Determine Initial Benefit Eligibility

John Hancock will determine whether the policyholder meets the eligibility requirements outlined in his or her policy, and may contact:

- The facility where the policyholder resides to collect clinical details about his or her functional status
- The policyholder to arrange a visit to assess his or her functional status
- The policyholder's care provider for more information

## **STEP 4:** Process Reimbursement

Policyholders will need to submit bills for covered services on an ongoing basis in order to satisfy the Elimination Period and to receive policy benefits. The provider must be approved by John Hancock and all bills must include the policyholder's name and claim number.

## **STEP 2:** Establish Provider Eligibility

John Hancock will determine whether the policyholder's care provider meets the policy requirements. The policyholder will then be notified in writing.

## **STEP 5:** Claims Payments Begin

Once the policyholder meets the Elimination Period, and John Hancock receives the required documentation, payments begin. In order to continue to receive payments, the policyholder must submit invoices every month as long as he or she remains benefit eligible. Policyholders may choose to have John Hancock pay all approved long-term care bills directly to the service provider(s) as long as they have submitted a signed assignment of benefits form.<sup>2</sup> This relieves the individual, or any family members, from that task.

## **STEP 3:** Meet Eligibility Period<sup>1</sup>

The Elimination Period (EP) must be satisfied before benefits can be paid. For most policies, the EP is the number of days that the policyholder must pay for services while remaining benefit eligible.

## **STEP 6:** Ongoing Eligibility Review

John Hancock will review the claim periodically to ensure the policyholder remains benefit eligible. The policyholder will be notified when clinical information is requested.

**If you have any additional questions about the claims process, please contact your JH Representative.**

1. A 90-Day EP is the most common, but the exact definition may vary, so policyholders should refer to their policies for more details.

2. This arrangement is not available for those policyholders who are using an Independent Care Provider.

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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 by John Hancock Life & Health Insurance Company, Boston, MA 02117.

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