

## Services covered and not covered for reimbursement for FLTCIP 2.0 and 3.0

**Note:** The following is not a complete description of coverage. For detailed information about FLTCIP coverage, including exclusions and limitations, refer to your *FLTCIP 2.0* or *FLTCIP 3.0 Benefit Booklet*.

### Care in a facility

Caregivers	Services Covered	Services Not Covered	Reimbursement
<p>Types of providers covered:</p> <ul style="list-style-type: none"> <li>▶ Assisted Living Facilities</li> <li>▶ Nursing Homes</li> <li>▶ Hospice facilities</li> </ul>	<p>We will pay for:</p> <ul style="list-style-type: none"> <li>▶ room and board accommodations</li> <li>▶ nursing care, maintenance, or personal care, and therapy services provided to you by a Formal Caregiver</li> <li>▶ drugs, incontinence supplies, dietary supplements, personal medical equipment, and laundry services</li> </ul> <p><b>Note:</b> We do not pay benefits for services you receive during your waiting period, except for Hospice Care, Respite Services, and the Stay-at-Home Benefit.</p>	<p>We will <b>not</b> pay for:</p> <ul style="list-style-type: none"> <li>▶ medical services (e.g., X-rays, laboratory fees, physician charges)</li> <li>▶ informal caregiver services while residing in a facility</li> <li>▶ fees beyond usual and customary room and board charges (e.g., move-in or entry fees, security deposits, finance charges)</li> <li>▶ room and board charges for independent living quarters in a continuing care retirement community, rest home, or similar entity</li> <li>▶ services or items that are not related to the provision or support of long term care services (e.g., beauty or barber services, cable, furniture rentals, vacations, guest meals)</li> <li>▶ second occupant fees for individuals not eligible for FLTCIP benefits</li> <li>▶ no-show fees</li> <li>▶ care or services that are not included in or are inconsistent with your Plan of Care (POC)</li> </ul> <p><b>Note:</b> Please see the "Exclusions" section of the Benefit Booklet for additional services and supplies that are not covered.</p>	<p>You must submit an itemized invoice to us that includes the following:</p> <ul style="list-style-type: none"> <li>▶ the complete name, address, and phone number of the facility</li> <li>▶ the individual dates of service</li> <li>▶ a description of services provided</li> <li>▶ the total charge per type of service</li> <li>▶ the total amount charged per invoice</li> </ul> <p>Reimbursement requirements:</p> <ul style="list-style-type: none"> <li>▶ services have been rendered (e.g., reimbursement is processed after the last day that service has been provided)</li> <li>▶ completed invoices and proof of payment have been received in good order (submitted by you or the facility)</li> <li>▶ providers and services match the approved POC</li> </ul> <p>An assignment of benefits is available for facilities within the United States.</p>



The **Federal** Long Term Care Insurance Program™

FLTCIP25168 3.0 v. 4 0625

The Federal Long Term Care Insurance Program is sponsored by the U.S. Office of Personnel Management, insured by John Hancock Life & Health Insurance Company, under a group long term care insurance policy, and administered by FedPoint®. FedPoint is the trade name of Long Term Care Partners, LLC®.



## Services covered and not covered for reimbursement for FLCIP 2.0 and 3.0

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### Care at home

Caregivers	Services Covered	Services Not Covered	Reimbursement
<p>Types of Informal Caregiver providers covered:</p> <ul style="list-style-type: none"> <li>▶ friends</li> <li>▶ Family Members*</li> </ul> <p>*Benefits for Informal Caregivers who are Family Members are <b>limited to 500 days in your lifetime</b>. Any day during which you receive any amount of Informal Caregiver services from a Family Member counts toward the 500 days.</p>	<p>We will pay for services provided by an Informal Caregiver as long as the services are all of the following:</p> <ul style="list-style-type: none"> <li>▶ provided to you at home or at a location other than a Nursing Home, Hospice facility, or Assisted Living Facility (such as the home of a friend or relative)</li> <li>▶ approved by our care coordinator as part of your written POC</li> <li>▶ provided by a person who did not live in your home at the time you became eligible for benefits</li> </ul> <p><b>Note:</b> We will pay for Informal Caregiver services provided by a person who began living in your home after you became eligible for benefits.</p>	<p>We will <b>not</b> pay for:</p> <ul style="list-style-type: none"> <li>▶ medical services (e.g., X-rays, laboratory fees, physician charges)</li> <li>▶ transportation, mileage, or gasoline</li> <li>▶ services or items that are not related to the provision or support of long term care services (e.g., beauty or barber services, cable, furniture rentals, vacations)</li> <li>▶ any type of residential upkeep, construction, renovation, or home maintenance (e.g., painting, plumbing) except that which is covered as a home modification under the Stay-at-Home Benefit</li> <li>▶ lawn care, snow removal, or vehicle or equipment upkeep</li> <li>▶ services provided by someone who normally lived in your home at the time you became eligible for benefits</li> </ul> <p><b>Note:</b> Please see the "Exclusions" section of the Benefit Booklet for additional services and supplies that are not covered.</p>	<p>You must submit a completed FLCIP Informal Caregiver Invoice and proof of payment:</p> <ul style="list-style-type: none"> <li>▶ proof of payment includes cancelled personal, business, substitute, or cashier's checks (front and back); eStatements; money orders; online bill pay; or payroll payments</li> <li>▶ payments made by cash or checks made out to cash are not reimbursable</li> </ul> <p>Reimbursement requirements:</p> <ul style="list-style-type: none"> <li>▶ services have been rendered</li> <li>▶ complete invoices and proof of payment have been received in good order (submitted by you)</li> <li>▶ providers and services match the approved POC</li> </ul> <p>We will honor an assignment of benefits for Home Care Agencies and facilities in the United States.</p>
<p>Types of Formal Caregivers and other providers covered:</p> <ul style="list-style-type: none"> <li>▶ Home Care Agencies</li> <li>▶ visiting nurse associations</li> <li>▶ Hospice agencies</li> <li>▶ independent Nurses, Therapists, Social Workers, or registered dietitians</li> <li>▶ Adult Day Care Centers</li> </ul>	<p>We will pay for:</p> <ul style="list-style-type: none"> <li>▶ nursing care, maintenance, or personal care</li> <li>▶ therapy service (e.g., physical, respiratory, speech, and occupational services)</li> <li>▶ certain attendance and activity fees (e.g., Adult Day Care Center)</li> <li>▶ Hospice care at home</li> </ul> <p><b>Note:</b> The waiting period does not apply to Hospice care received at home.</p> <p>A Formal Caregiver may include Family Members provided:</p> <ul style="list-style-type: none"> <li>▶ the Family Member is one of the following professionals: a Nurse, Therapist, Social Worker, or registered dietitian</li> <li>▶ the Family Member is a regular employee of an Adult Day Care Center, an Assisted Living Facility, a Home Care Agency, or a Nursing Home</li> <li>▶ the organization receives the payment for the services</li> <li>▶ the Family Member receives no compensation other than the normal compensation for employees in their job category</li> <li>▶ the Family Member did not normally live in your home at the time you became eligible for benefits</li> </ul>	<p>We will <b>not</b> pay for:</p> <ul style="list-style-type: none"> <li>▶ medical services (e.g., X-rays, laboratory fees, physician charges)</li> <li>▶ transportation, mileage, or gasoline</li> <li>▶ services or items that are not related to the provision or support of long term care services (e.g., beauty or barber services, cable, furniture rentals, vacations)</li> <li>▶ any type of residential upkeep, construction, renovation, or home maintenance (e.g., painting, plumbing) except that which is covered as a home modification under the Stay-at-Home Benefit</li> <li>▶ lawn care, snow removal, or vehicle or equipment upkeep</li> <li>▶ care or services that are not included in or are inconsistent with your POC</li> </ul> <p><b>Note:</b> Please see the "Exclusions" section of the Benefit Booklet for additional services and supplies that are not covered.</p>	<p>You must submit an itemized invoice that includes the following:</p> <ul style="list-style-type: none"> <li>▶ the complete name, address, and phone number of the agency or Adult Day Care Center</li> <li>▶ the individual dates of service</li> <li>▶ the total hours per day</li> <li>▶ the total charged per day</li> <li>▶ a description of services provided</li> <li>▶ the total amount charged per invoice</li> </ul> <p>Reimbursement requirements:</p> <ul style="list-style-type: none"> <li>▶ services have been rendered</li> <li>▶ complete invoices and proof of payment have been received in good order (submitted by you or the agency)</li> <li>▶ providers and services match the approved POC</li> </ul> <p>An assignment of benefits is available for Home Care Agencies within the United States.</p>