

Services Covered and Not Covered for Reimbursement for FLTCIP 3.0

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

Care in a facility

Caregivers	Services Covered	Services Not Covered	Reimbursement Requirements
<p>Types of providers covered:</p> <ul style="list-style-type: none"> ▶ assisted living facilities ▶ nursing homes ▶ hospice facilities 	<p>We will pay for:</p> <ul style="list-style-type: none"> ▶ room and board accommodations ▶ nursing care, maintenance, or personal care, and therapy services provided to you by a formal caregiver ▶ drugs, incontinence supplies, dietary supplements, personal medical equipment, and laundry services <p>Note: The waiting period does not apply to care received in a hospice facility.</p>	<p>We will not pay for:</p> <ul style="list-style-type: none"> ▶ medical services (e.g., X-rays, laboratory fees, physician charges) ▶ informal caregiver services while residing in a facility ▶ fees beyond usual and customary room and board charges (e.g., move-in or entry fees, security deposits, finance charges) ▶ room and board charges for independent living quarters in a continuing care retirement community, rest home, or similar entity ▶ 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) ▶ second occupant fees for individuals not eligible for FLTCIP benefits ▶ no show fees ▶ care or services that are not included in or are inconsistent with your plan of care <p>Note: 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"> ▶ the complete name, address, and phone number of the facility ▶ the individual dates of service ▶ a description of services provided ▶ the total charge per type of service ▶ the total amount charged per invoice <p>Reimbursement requirements:</p> <ul style="list-style-type: none"> ▶ services have been rendered (e.g., reimbursement is processed after the last day that service has been provided) ▶ completed invoices have been received (submitted by you or the facility) ▶ providers and services match the approved plan of care <p>An assignment of benefits is available for facilities within the United States.</p>



The Federal Long Term Care Insurance Program™

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Care at home

Caregivers	Services Covered	Services Not Covered	Reimbursement Requirements
<p>Types of informal caregiver providers covered:</p> <ul style="list-style-type: none"> ▶ friends ▶ family members* 	<p>We will pay for services provided by an informal caregiver if the services are:</p> <ul style="list-style-type: none"> ▶ 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) ▶ approved by our care coordinator as part of your written plan of care ▶ provided by a person who did not live in your home at the time you became eligible for benefits. (Note: We will pay for informal caregiver services provided by a person who began living in your home after you became eligible for benefits.) <p>*Benefits for informal caregivers who are family members are limited to 500 days in your lifetime. 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 not pay for:</p> <ul style="list-style-type: none"> ▶ medical services (e.g., X-rays, laboratory fees, physician charges) ▶ transportation, mileage, or gasoline ▶ 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) ▶ 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 ▶ lawn care, snow removal, or vehicle or equipment upkeep ▶ services provided by someone who normally lived in your home at the time you became eligible for benefits <p>Note: 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 FLTCIP Informal Caregiver Invoice and proof of payment:</p> <ul style="list-style-type: none"> ▶ proof of payment may be cancelled personal, business, substitute, or cashier’s checks; eStatements; money orders; online bill pay; or payroll payments ▶ payments made by cash or checks made out to cash may not be reimbursable <p>Reimbursement requirements:</p> <ul style="list-style-type: none"> ▶ services have been rendered ▶ complete invoices have been received (submitted by you) ▶ providers and services match the approved plan of care <p>An assignment of benefits may not be available for informal caregivers.</p>
<p>Types of formal caregivers and other providers covered:</p> <ul style="list-style-type: none"> ▶ home care agencies ▶ visiting nurse associations ▶ hospice agencies ▶ independent nurses, therapists, social workers, or registered dietitians ▶ adult day care centers 	<p>We will pay for:</p> <ul style="list-style-type: none"> ▶ nursing care, maintenance, or personal care ▶ therapy service ▶ attendance and activity fees (e.g., adult day care center) ▶ hospice care at home <p>Note: 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"> ▶ the family member is one of the following professionals: a nurse, therapist, social worker, or registered dietitian ▶ 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 ▶ the organization receives the payment for the services ▶ the family member receives no compensation other than the normal compensation for employees in his or her job category ▶ the family member did not normally live in your home at the time you became eligible for benefits 	<p>We will not pay for:</p> <ul style="list-style-type: none"> ▶ medical services (e.g., X-rays, laboratory fees, physician charges) ▶ transportation, mileage, or gasoline ▶ 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) ▶ 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 ▶ lawn care, snow removal, or vehicle or equipment upkeep ▶ care or services that are not included in or are inconsistent with your plan of care <p>Note: 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"> ▶ the complete name, address, and phone number of the agency or adult day care center ▶ the individual dates of service ▶ the total hours per day ▶ the total charged per day ▶ a description of services provided ▶ the total amount charged per invoice <p>Reimbursement requirements:</p> <ul style="list-style-type: none"> ▶ services have been rendered ▶ complete invoices have been received (submitted by you or the agency) ▶ providers and services match the approved plan of care <p>An assignment of benefits is available for home care agencies within the United States.</p>