

# 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"> <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> 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"> <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</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 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 have been received (submitted by you or the facility)</li> <li>▶ providers and services match the approved plan of care</li> </ul> <p>An assignment of benefits is available for facilities within the United States.</p>



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

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 Long Term Care Partners, LLC.



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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"> <li>▶ friends</li> <li>▶ family members*</li> </ul>	<p>We will pay for services provided by an informal caregiver if the services are:</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 plan of care</li> <li>▶ provided by a person who did not live in your home at the time you became eligible for benefits. (<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.)</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 not 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 FLTCIP Informal Caregiver Invoice and proof of payment:</p> <ul style="list-style-type: none"> <li>▶ proof of payment may be cancelled personal, business, substitute, or cashier’s checks; eStatements; money orders; online bill pay; or payroll payments</li> <li>▶ payments made by cash or checks made out to cash may not be reimbursable</li> </ul> <p>Reimbursement requirements:</p> <ul style="list-style-type: none"> <li>▶ services have been rendered</li> <li>▶ complete invoices have been received (submitted by you)</li> <li>▶ providers and services match the approved plan of care</li> </ul> <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"> <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</li> <li>▶ 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 his or her 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 not 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 plan of care</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 have been received (submitted by you or the agency)</li> <li>▶ providers and services match the approved plan of care</li> </ul> <p>An assignment of benefits is available for home care agencies within the United States.</p>