

Sample Explanation of Benefits

For Long Term Care Insurance

Page 1 of 3

This guide is designed to help you understand our Explanation of Benefits statement. We have designed the statement to provide you with important information regarding the benefits covered in the payment in an easy-to-read format. Please keep this guide for your future reference.

	A123456	Claimant: John Doe
①	Payment for Jul 20 2009 through Aug 31 2009: \$1,880.00	
	Section A – Policy Details:	
②	Daily Max:	\$100.00
	Elimination Period:	100 Days
	Elimination Period Met:	Jun 30 2008
	Lifetime Max:	\$146,000.00
	Benefits Paid to Date:	\$35,847.20
	Remaining Balance:	\$110,152.80
	Section B – Summary:	
③	Total Amount Billed:	\$5,485.00
	- Total Exclusions and Plan Limits:	\$3,605.00*
	= Total Paid:	\$1,880.00
④	*See Explanation of Benefits Paid section for details	
	Your claim is scheduled for reimbursement review on or about Oct 15 2009. Invoice received on or before Oct 9 2009 will be reviewed at that time.	
	----- Check or Check Copy Goes Here	

- ① This section of your Explanation of Benefits statement will show the date range for all current services considered and the total amount paid for that benefits period.
- ② The policy coverage limits with information regarding current benefits paid to date will be detailed in this section.
- ③ In this section of your Explanation of Benefits statement, you can view the total invoices submitted, the sum of amounts not paid, and the total amount paid.
- ④ This reflects the date for receipt of invoices to ensure inclusion for the next payment processing date.

Sample Explanation of Benefits

For Long Term Care Insurance

Page 2 of 3

Explanation of Benefits *continued*

Page 2 of 3

Section C – Explanation of Benefits Paid:

Nursing Home Facility
Aug 10 2009 through Aug 31 2009 \$0.00
\$2,220.00 Excluded: Medicare Duplication

5

Bed Reservation
Aug 19 2009 through Aug 28 2009 \$1,000.00
\$850.00 Excluded: Exceeds Daily Max
Total Bed Reservation used: 10
Total Bed Reservation remaining: 11

HH Aide/Homemaker/Chore Serv
Paid: Sep 10 2009 through Sep 16 2009 \$880.00
\$380.00 Excluded: Exceeds Weekly Max
\$120.00 Excluded: Exceeds Plan of Care
\$ 35.00 Excluded: Not Covered

6

Section D – Services Provided: Total Amount Billed = \$5,485.00

Main Street Nursing Facility		Invoice Date: Sep 8 2009	
Service Date Range	Service	Days Billed:	Amount Billed:
08-10-2009 – 08-18-2009	Nursing Home Facility	9	\$1,665.00
08-19-2009 – 08-28-2009	Bed Reservation	10	\$1,850.00
08-29-2009 – 08-31-2009	Nursing Home Facility	3	\$ 555.00
		Totals:	\$4,070.00
Exclusions:			
<u>Dates:</u>	<u>Reason:</u>	<u>Amount:</u>	
08-10-2009 – 08-18-2009	Medicare Non-Duplication	\$1,665.00	
08-29-2009 – 08-31-2009	Medicare Non-Duplication	\$ 555.00	
		Totals:	\$2,220.00

- 5 This section provides a breakdown, by policy benefit type, of the benefit payment amount, service dates, and any excluded amounts (e.g., exceeding policy coverage limits, Elimination period days, and services no covered under your policy).
- 6 Facility Care example: This section provides a detailed list of services from your invoice(s) by care provider name, and certain exclusions for items not payable under your policy. Additional deductions from invoiced amounts, such as exceeding policy coverage limits and elimination Period dates, are listed in Section C.

Sample Explanation of Benefits

For Long Term Care Insurance

Page 3 of 3

Explanation of Benefits *continued*

Page 3 of 3

Section D – Services Provided *continued*

Helping Hands

Invoice Date: Sep 24 2009

<u>Service Date Range</u>	<u>Service</u>	<u>Days Billed:</u>	<u>Amount Billed:</u>
09-10-2009 – 09-16-2009	HH Aide/Homemaker/Chores	7	\$1,415.00

<u>Service Date</u>	<u>Service</u>	<u>Billed:</u>
09-10-2009	HH Aide/Homemaker/Chores	\$240.00
09-11-2009	HH Aide/Homemaker/Chores	\$180.00
09-12-2009	HH Aide/Homemaker/Chores	\$180.00
09-13-2009	HH Aide/Homemaker/Chores	\$215.00
09-14-2009	HH Aide/Homemaker/Chores	\$240.00
09-15-2009	HH Aide/Homemaker/Chores	\$180.00
09-16-2009	HH Aide/Homemaker/Chores	\$180.00
Totals:		\$1,415.00

Home Care Exclusions:

<u>Dates:</u>	<u>Reason:</u>	<u>Amount:</u>
09-10-2009	Exceeds Plan of Care	\$60.00
09-13-2009	Not Covered	\$35.00
09-14-2009	Exceeds Plan of Care	\$60.00
Totals:		\$155.00

7

- 7 Home Care example: This section provides a detailed list of services from your invoice(s) by care provider name. Any exclusions for items not payable under your policy are listed at the end of the provider details under “Home care Exclusions”. Additional deductions from invoiced amounts, such as exceeding policy limits and Elimination Period days, are listed in Section C.