


Updated LTC Explanation of Benefits Form: Policyholder

In an effort to provide clear, itemized claim information to you, the Long Term Care department began producing a new Explanation of Benefits form on Tuesday, December 20th! The fresh, clean format provides more claim detail than ever before. Here's a snapshot of the new format!

New format!

BANKERS LIFE AND CASUALTY COMPANY
Policy Benefits Dept. • PO Box 1902
Carmel, IN 46082-1935 • Telephone: 1-800-621-3724



MEMBER ELIGIBLE IN
 OTHER INSTITUTIONS OR
 SUBJECT TO TRUST

EXPLANATION OF BENEFITS

This is NOT a bill. Keep for your records.

| | | | | |
|---|--|-----------------------------------|-------------------------------------|----------------|
| POLICYHOLDER: <small>MEMBER ELIGIBLE IN</small> | | POLICY: 202 <small>MEMBER</small> | PLAN: N260 | DATE: 12/13/11 |
| ADDRESS: 3706 <small>UNITS/STAIRWAYS OR</small> | | <small>MANAGER TO TRUST</small> | | |
| PATIENT NAME: <small>MEMBER ELIGIBLE IN</small> | | ACCOUNT: | CLAIM #: <small>311-1988</small> -1 | |
| PROVIDER NAME: VISITING ANGELS | | | | |

| SERVICE DATE(S) | UNITS BILLED | BILLED AMOUNT | SERVICE DESCRIPTION | UNITS PAID | PAYABLE CHARGE PER UNIT | NOT ALLOWED | DEDUCTIBLE/ELIMINATION | ANSI CODE | AMOUNT PAID |
|-------------------------------------|--------------|---------------|---------------------|------------|-------------------------|-------------|------------------------|-----------|-------------|
| 11/06/11 | 6.00H | 117.90 | HOME HEALTH CARE | 0.00H | 0.00 | 117.90 | 0.00 | 179 | 0.00 |
| 11/07/11 | 6.00H | 111.30 | HOME HEALTH CARE | 6.00H | 18.55 | 0.00 | 0.00 | | 111.30 |
| 11/08/11 | 6.00H | 111.30 | HOME HEALTH CARE | 6.00H | 18.55 | 0.00 | 0.00 | | 111.30 |
| 11/09/11 | 5.75H | 106.66 | HOME HEALTH CARE | 5.75H | 18.55 | 0.00 | 0.00 | | 106.66 |
| 11/10/11 | 5.50H | 102.02 | HOME HEALTH CARE | 5.50H | 18.55 | 0.00 | 0.00 | | 102.02 |
| 11/11/11 | 6.00H | 117.90 | HOME HEALTH CARE | 6.00H | 19.65 | 0.00 | 0.00 | | 117.90 |
| 11/12/11 | 6.00H | 117.90 | HOME HEALTH CARE | 6.00H | 19.65 | 0.00 | 0.00 | | 117.90 |
| TOTAL BENEFITS PAID TO POLICYHOLDER | | | | | | | | | 667.08 |

ANSI CODE DESCRIPTIONS :

179 - PATIENT HAS NOT MET THE REQUIRED WAITING REQUIREMENTS. YOU HAVE MET 30 OF 30 DAYS OF YOUR ELIMINATION PERIOD TO DATE.

IF YOU BELIEVE THAT YOUR CLAIM HAS BEEN WRONGFULLY DENIED OR REJECTED, WE WILL BE GLAD TO CONSIDER ANY ADDITIONAL FACTS YOU MAY WISH TO SUBMIT. IF YOU DISAGREE WITH OUR DECISION, YOU ARE ENTITLED TO A MANAGEMENT REVIEW OF THE CLAIM. PLEASE FORWARD YOUR REQUEST FOR A MANAGEMENT REVIEW TO THE ABOVE ADDRESS.

Let's walk through each section.

A separate claim will now be serviced per provider of care to reduce confusion around servicing of claim expense dates. You will receive a separate form for each claim. The provider name is clearly shown along with your information and claim number.

| | | | | |
|---|--|-----------------------------------|-------------------------------------|----------------|
| POLICYHOLDER: <small>MEMBER ELIGIBLE IN</small> | | POLICY: 202 <small>MEMBER</small> | PLAN: N260 | DATE: 12/13/11 |
| ADDRESS: 3706 <small>UNITS/STAIRWAYS OR</small> | | <small>MANAGER TO TRUST</small> | | |
| PATIENT NAME: <small>MEMBER ELIGIBLE IN</small> | | ACCOUNT: | CLAIM #: <small>311-1988</small> -1 | |
| PROVIDER NAME: VISITING ANGELS | | | | |

All expenses received are itemized line by line along with all benefits paid.

| SERVICE DATE(S) | UNITS BILLED | BILLED AMOUNT | SERVICE DESCRIPTION | UNITS PAID | PAYABLE CHARGE PER UNIT | NOT ALLOWED | DEDUCTIBLE/ELIMINATION | ANSI CODE | AMOUNT PAID |
|-------------------------------------|--------------|---------------|---------------------|------------|-------------------------|-------------|------------------------|-----------|-------------|
| 11/06/11 | 6.00H | 117.90 | HOME HEALTH CARE | 0.00H | 0.00 | 117.90 | 0.00 | 179 | 0.00 |
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| 11/08/11 | 6.00H | 111.30 | HOME HEALTH CARE | 6.00H | 18.55 | 0.00 | 0.00 | | 111.30 |
| 11/09/11 | 5.75H | 106.66 | HOME HEALTH CARE | 5.75H | 18.55 | 0.00 | 0.00 | | 106.66 |
| 11/10/11 | 5.50H | 102.02 | HOME HEALTH CARE | 5.50H | 18.55 | 0.00 | 0.00 | | 102.02 |
| 11/11/11 | 6.00H | 117.90 | HOME HEALTH CARE | 6.00H | 19.65 | 0.00 | 0.00 | | 117.90 |
| 11/12/11 | 6.00H | 117.90 | HOME HEALTH CARE | 6.00H | 19.65 | 0.00 | 0.00 | | 117.90 |
| TOTAL BENEFITS PAID TO POLICYHOLDER | | | | | | | | | 667.08 |

In cases of non-covered or non-payable expenses, a standard ANSI (American National Standards Institute) code will be used to provide you with a detailed description of claim servicing below the itemization.

| SERVICE DATE(S) | UNITS BILLED | BILLED AMOUNT | SERVICE DESCRIPTION | UNITS PAID | PAYABLE CHARGE PER UNIT | NOT ALLOWED | DEDUCTIBLE/ELIMINATION | ANSI CODE | AMOUNT PAID |
|-------------------------------------|--------------|---------------|---------------------|------------|-------------------------|-------------|------------------------|-----------|-------------|
| 11/06/11 | 6.00H | 117.90 | HOME HEALTH CARE | 0.00H | 0.00 | 117.90 | 0.00 | 179 | 0.00 |
| 11/07/11 | 6.00H | 111.30 | HOME HEALTH CARE | 6.00H | 18.55 | 0.00 | 0.00 | | 111.30 |
| 11/08/11 | 6.00H | 111.30 | HOME HEALTH CARE | 6.00H | 18.55 | 0.00 | 0.00 | | 111.30 |
| 11/09/11 | 5.75H | 106.66 | HOME HEALTH CARE | 5.75H | 18.55 | 0.00 | 0.00 | | 106.66 |
| 11/10/11 | 5.50H | 102.02 | HOME HEALTH CARE | 5.50H | 18.55 | 0.00 | 0.00 | | 102.02 |
| 11/11/11 | 6.00H | 117.90 | HOME HEALTH CARE | 6.00H | 19.65 | 0.00 | 0.00 | | 117.90 |
| 11/12/11 | 6.00H | 117.90 | HOME HEALTH CARE | 6.00H | 19.65 | 0.00 | 0.00 | | 117.90 |
| TOTAL BENEFITS PAID TO POLICYHOLDER | | | | | | | | | 667.08 |

Our use of these correspondence paragraphs eliminates the need to send a separate letter to explain summary claim servicing. (Letters requesting proof of loss will still be sent along with decision letters.)

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We anticipate the new format of the Explanation of Benefits form will reduce the need for many routine telephone calls you may have needed to make in the past. However, if you have any questions regarding the servicing of your claim, please call our Customer Service Department at (800) 621-3724.