

# Sales Idea: Care Coordination

A built-in benefit that provides  
real value for families.



The need for long-term care services can come on slowly, or it can happen overnight. No matter when it happens, families often struggle to find appropriate care for their loved one. A care coordinator can help.

## The Need

Arranging for long-term care services is no easy task. The insured often isn't in a position to research care options, leaving the job to frazzled family members.

## Today's Reality

When a loved one needs help with everyday activities, families often have to act quickly. Faced with countless options to consider and immediate decisions to make, it's not easy to know who to trust or where to turn for help.

## The Solution

Mutual of Omaha's LTCi policies contain a care coordination benefit that helps families manage their loved one's long-term care needs. When a claim is initiated, a care coordinator is assigned. This licensed health-care professional – typically a registered nurse – becomes the family's point of contact and works closely with them to arrange for services and ensure care needs are met.

Here's how it works:

- The insured or a trusted family member calls the toll-free number in the policy to initiate a claim.
- A care coordinator contacts the insured or the family member to assess the need for long-term care services.
- The care coordinator then develops a personalized plan of care and helps to arrange for services.
- The care coordinator continues to monitor the insured's progress and the quality of care received.

## Learn more

You'll find details about Mutual of Omaha's LTCi products on Sales Professional Access.

Go to  
[MutualofOmaha.com/sales-professionals](https://MutualofOmaha.com/sales-professionals)  
select the long-term care page.

## The Care Coordination Benefit Explained

- There's no elimination period to satisfy for care coordination services. This means the insured has immediate access to the services of a care coordinator.
- The insured is not required to use care coordination services; however, some policy benefits are available only upon the recommendation of a care coordinator, including benefits that can help them remain safely at home:
  - Caregiver training
  - Durable medical equipment
  - Home modifications
  - Medical alert system
- A care coordinator also is required in order to access the alternate care benefit of the policy.

## Sales Tip: Don't Overlook Care Coordination

Take the important step to educate your clients on how the policy works when they need to make a claim. Be sure to highlight the care coordination benefit and explain how this policy feature can be a lifeline when insureds and their families don't know where else to turn. Having an advocate with them every step of the way allows you to easily demonstrate the value of owning a long-term care policy.

# Real People. Real Stories.

How LTCi impacts people's lives.



## The Value of a Care Coordinator

The best way to understand how long-term care insurance can benefit your clients is through stories from our policyholders. Here's how having a policy made a real difference for John and his wife, Susan.

### John's Story

John and Susan are both retired. At age 77, John enjoys spending time in his woodworking shop. Susan loves to garden. During a recent game night with friends, Susan noticed John seemed confused. He was having trouble seeing clearly and he had some numbness on his right side. Susan rushed him to the hospital, where he was diagnosed with a transient ischemic attack (TIA) and proceeded to suffer a stroke. After a short hospital stay, he was moved to a rehabilitation facility where he underwent therapy to regain his strength. As it came time for him to come home, Susan began to worry about how she would be able to care for her husband or even run simple errands.



## The Claims Process

Susan called Mutual of Omaha to initiate a claim. She knew the policy included a care coordination benefit, but she was unsure how it worked. A Benefit Claim Specialist explained it to her and asked her to submit completed claim forms, HIPAA authorization and any Power of Attorney documents. The Benefit Claim Specialist then requested an Attending Physician Statement (APS) plus discharge records from the hospital and rehabilitation facility. After John returned home, Susan contacted the Benefit Claim Specialist to say John still needed help dressing, bathing and transferring due to the long-term effects of the stroke. We determined John met eligibility requirements and approved the claim.



## The Benefit of LTCi

Susan was determined to take care of John, but she soon discovered how difficult being a caregiver can be. As she struggled to care for her husband, run necessary errands and maintain the household, she knew she needed help. Thankfully, John's policy included a care coordination benefit with no elimination period to satisfy. That gave Susan immediate access to a care coordinator who helped her locate adult day care services nearby. Now, she can take a much-needed break from caregiving knowing John is safe and in good hands.

### MutualCare® Solutions

The policies in the MutualCare Solutions portfolio include:

**Care Coordination with No Elimination Period** — A licensed health care professional can assess the needs of the insured, develop an individualized plan of care and help identify qualified providers. Working with a care coordinator gives the insured access to additional benefits designed to help them remain safely at home.



Underwritten by  
Mutual of Omaha Insurance Company

# We'll be here to pay your claims.

That's our promise to you.

When the need for long-term care services arises, our policyholders can count on us. They know their long-term care insurance policy will help them pay for covered services. They also know our claims representatives are here to guide them every step of the way.

## Claims Paid



We sold our first long-term care insurance policy back in 1987. Since then, we've paid benefits to help people get the long-term care services they need. This includes:

- Over \$1.1 billion in benefits paid since 1987
- Over \$10 million paid every month
- Over \$2 billion under management to ensure future claim payments

## Who Needs Care



According to the U.S. Department of Health and Human Services, most people turning age 65 will need long-term care services at some point in their lives.\* Our claims data shows that women receive more care than men.

- Women - 69%
- Men - 31%
- Average age when a claim begins - 78

## Where Care is Given



Most people receive long-term care services at home. Mutual of Omaha's long-term care insurance policies pay benefits to policyholders for care they receive in whatever setting is right for them, including:

- At home - 52%
- In an assisted living facility - 26%
- In a nursing home - 22%

## Why People Need Care



Chronic conditions make people more likely to need long-term care services. The most common conditions for which we pay long-term care claims include:

- Dementia
- Heart disease
- Arthritis

*Data based on Mutual of Omaha's internal claims data, 2019, unless otherwise noted.*

Most people who purchase a long-term care insurance policy hope they'll never need to use it. But when they do, they can be confident we'll be here to pay their claims.

## Why Mutual of Omaha

For more than a century, Mutual of Omaha has been committed to listening to our customers and helping them through life's transitions by providing an array of insurance, financial and banking products.

[MutualofOmaha.com](https://www.MutualofOmaha.com)

Long-term care insurance is underwritten by Mutual of Omaha Insurance Company, 3300 Mutual of Omaha Plaza, Omaha, NE 68175, 1-800-775-6000. Policy form: ICC13-LTC13. This policy has exclusions, limitations and reductions and terms under which the policy may be continued in force or discontinued. Benefits may be provided by a combination of the policy and riders and are subject to underwriting. Premiums will vary depending on the benefits selected. Premium rates may increase. A medical exam may be required for coverage. For costs and complete details of coverage, call your agent/producer or write to the company. The insurance provided will be individual coverage, not group coverage.

Long-term care insurance is not a deposit, not FDIC insured, not insured by any federal government agency, not guaranteed by the bank, not a condition of any banking activity, may lose value and the bank may not condition an extension of credit on either: 1) The consumer's purchase of an insurance product or annuity from the bank or any of its affiliates; or 2) The consumer's agreement not to obtain, or a prohibition on the consumer from obtaining, an insurance product or annuity from an unaffiliated entity.

**This is a solicitation of insurance. An insurance agent/producer may contact you by telephone to provide additional information.**



# How Your Policy Works

Your claims questions answered

When the need for long-term care services arises, you have a place to turn for help. Not only will your long-term care insurance policy be there to help you pay the bills for covered services, our claims representatives are here to assist and guide you every step of the way.

## Where do I start?

It's important that you or a trusted family member let us know as soon as possible when you believe you may need long-term care services. Your insurance agent can help get the ball rolling. Or, you can contact Mutual of Omaha's claims department directly during normal business hours. You'll find the appropriate phone number listed in your policy or

For policies issued prior to 2004:  
1-888-232-4597

For policies issued after 2004:  
1-877-894-2478

## What happens next?

Once we receive your initial notification, a representative from Mutual of Omaha's claims department will talk with you to gather more information. We'll send you a form to complete along with a list of documentation needed to evaluate your claim. This may include things like medical records and provider bills.

### Medical Records

We may need to contact your medical providers to collect additional information that can help us determine your need for long-term care services and eligibility for benefits under your policy.

### Provider Bills

We'll ask you to submit bills for any expenses you may already have incurred to determine if those services are covered under your policy.

## Why Mutual of Omaha

For more than a century, Mutual of Omaha has been committed to listening to our customers and helping them through life's transitions by providing an array of insurance, financial and banking products.

[MutualofOmaha.com](http://MutualofOmaha.com)

Long-term care insurance is not a deposit, not FDIC insured, not insured by any federal government agency, not guaranteed by the bank, not a condition of any banking activity, may lose value and the bank may not condition an extension of credit on either: 1) The consumer's purchase of an insurance product or annuity from the bank or any of its affiliates; or 2) The consumer's agreement not to obtain, or a prohibition on the consumer from obtaining, an insurance product or annuity from an unaffiliated entity.







## How does my policy work?

Not all long-term care insurance policies are the same. A claims representative will explain your specific policy so you understand your benefits and how they work. This may include:

- Elimination period
- Non-duplication of benefits
- Chronically ill eligibility
- Payment of benefits
- Care coordination services
- Waiver of premium

### Your Elimination Period

Your policy contains an elimination period ranging from 0 to 365 days. This is the waiting period before policy benefits are payable to you. During this time, you are responsible for the cost of any long-term care services you receive.

There are two different types of elimination periods – calendar day and service day. A claims representative will explain which type of elimination period your policy contains. For example:

- 90 calendar days means the waiting period begins the first day you receive covered services and ends 90 days later
- 90 service day elimination period means the waiting period begins the first day you receive covered services and continues until 90 covered service days are met (not necessarily consecutive days)

### Chronically Ill Eligibility

Your policy defines you are eligible for the payment of benefits when you are Chronically Ill. You are Chronically Ill if, within the preceding twelve months period, a Licensed Health Care Practitioner certifies that:

- 1) You are unable to perform, without Substantial Assistance from another person, at least two Activities of Daily Living for a period that is expected to last at least 90 consecutive days due to a Loss of Functional Capacity; or
- 2) You require Substantial Supervision to protect yourself from threats to health and safety due to a Severe Cognitive Impairment

### Care Coordination Services

Your policy may include the services of a care coordinator. This is a licensed health care professional – typically a registered nurse – who will become your point of contact with Mutual of Omaha. Your care coordinator will work with you to develop an individualized plan of care based on your needs and will help to arrange for long-term care services.

If your policy contains a care coordination provision, you may have immediate access to the services of a caring professional who will work closely with you to ensure your care needs are met.

### Non-Duplication of Benefits

Typically, policies may not pay benefits to the extent that eligible expenses are reimbursable under Medicare or other governmental program, except Medicaid.

### Payment of Benefits

Some policies may have an option for you to choose how you receive policy benefits. If your policy offers this choice, you can elect to have either a Cash Benefit or a Reimbursement Benefit. You may even be able to change back and forth between these two options, using each one when it makes more sense for you. Here are the differences:

**Cash Benefit** - There's no elimination period to satisfy, so benefits are payable as soon as you meet the policy's eligibility requirements. You'll receive a percentage of the policy's maximum monthly benefit in cash, which can be used to pay any cost associated with your long-term care expenses.

**Reimbursement** - After satisfying the policy's elimination period, you'll be reimbursed for actual long-term care expenses you incur, up to the maximum monthly benefit of the policy.

### Waiver of Premium

Your policy may contain a waiver of premium benefit, which means you won't have to make premium payments while you are receiving benefits. However, it's important to continue paying your premium until you receive notification that no further premium is due.

## How will I know if I'm eligible for benefits?

Your policy states how you become eligible to receive benefits. For example, your policy may state that a licensed health care practitioner must submit a plan of care certifying you are chronically ill. That means for a period of at least 90 days, you need help with two or more activities of daily living (bathing, dressing, eating, transferring, toileting and continence) or you need continual supervision due to a severe cognitive impairment.

Typically, it takes approximately 10 business days to determine eligibility, providing we have access to all the information we need. Once your eligibility has been confirmed, we'll notify you or your representative/power of attorney.

## How will I receive a Payment?

After satisfying your policy's elimination period,\* you'll become eligible to receive benefit payments. Once an eligible expense is approved, payment will be sent to you, to your representative/power of attorney or to any long-term care service provider you designate (i.e., a nursing home).

Each time you submit a bill for reimbursement and a claim is paid, you'll receive an explanation of benefits (EOB) statement showing the amount of the maximum lifetime benefit paid to date. This allows you to track benefits that have been paid to you and calculate your remaining benefit amount.

\*Remember if your policy includes a cash benefit and you elect that option at the time of the claim payment, there is no elimination period to satisfy.

## What if I'm not eligible for benefits?

We approach every claim as if the policyholder will meet eligibility requirements. If it's determined you're not eligible for benefits at this time, you'll receive a letter explaining your status and detailing your options.

Keep in mind that your health situation and need for care may change quickly, which means that even if you're not eligible for benefits today, you may become eligible at a later date. If your condition worsens, simply contact our claims department. We'll be happy to re-evaluate your claim.

### Did You Know?

- Mutual of Omaha Insurance Company sold its first long-term care insurance policy in 1987
- Since then, we've paid over [\$1.1 billion] in benefits to long-term care policyholders
- We average over \$10 million per month in long-term care benefits paid.
- Each week, we process over 600 long-term care insurance claims
- Currently, we provide long-term care coverage to over 163,000 individuals