

# Lincoln Financial Group Claims Process Reference Guide Group Accident, Critical Illness, and Hospital Indemnity



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## Group Accident, Critical Illness, and Hospital Indemnity

At Lincoln Financial Group, we take a stream-lined, coordinated approach to claims management to ensure the process from intake to benefit decisions are coordinated and clearly communicated, with experts supporting the process every step of the way.

### Intake Options:

We offer three claim submission options for Group Accident, Critical Illness, and Hospital Indemnity claims:

- **Mail:** The Lincoln National Life Insurance Company, PO Box 2609, Omaha, Ne 68103
- **Fax:** 888-735-7636
- **Email:** [fileclaim@lfg.com](mailto:fileclaim@lfg.com)

\*Claim forms can be found by going to [LincolnFinancial.com](http://LincolnFinancial.com)

### Turn-around times

Initial claim review—within 3-5 business days

Correspondence—within 3-5 business days

Email/Phone—within 24 business hours

### Incomplete process

- Within 3-5 business days—Claims Examiner completes an initial review to approve, deny or pend the claim. If additional information is needed, Claim Examiner will request from the claimant, provider of care, and/or employer
- Day 30—Claims Examiner reaches out to the claimant, provider of care, and/or employer as a follow up reminder for the requested information
- Day 60—Claim is closed and letter is sent to the claimant if requested information is not received

### Payment Delivery Method

- Check or Direct Deposit to the employee

### Communication (Employee)

- Secure email or Mail

### Appeal Process

- 2 levels of appeal process
- 60 days to request a review of an adverse decision

## Other Topics

- Critical Illness benefits are based on diagnosis date (not treatment date)
- Critical Illness and Accident benefits are based on a diagnosis or injury that is covered and defined within the policy\*.

**CRITICAL ILLNESS EXAMPLE: STROKE** means neurological damage to the brain due to inadequate blood flow in any of the cranial vessels, due to either blockage or rupture of the vessel. Diagnosis of neurological damage must be made by a neurologist and demonstrated by imaging (CT or MRI) and examination demonstrating new neurological deficits (motor, cognitive, or sensory), lasting more than 7 Days, that were caused by the Stroke. In the event of death, an autopsy confirmation and/or death certificate identifying Stroke as the cause of death will be accepted. Transient Ischemic Attacks (TIA) are not considered Strokes.

**ACCIDENT EXAMPLE: SEVERE TRAUMATIC BRAIN INJURY** means a sudden impact to the head or a penetrating head Injury that:

1. causes irreversible physical damage to the brain;
2. prevents performance of the material functions and activities of a person of like age and gender who is in good health;
3. is diagnosed by a Physician as 8 or less on the Glasgow Coma Scale (or as an equivalent score on any other officially recognized scale used to measure the severity of a brain injury).

\*See policy for complete definition listing

- In addition to having a diagnosis or injury that is covered under the policy, there *may* be exclusions\* that apply:

**CRITICAL ILLNESS EXAMPLE: PRE-EXISTING CONDITION EXCLUSION.** Benefits are not payable for any Covered Condition or loss:

- (1) which is caused, contributed to by, or results from a Pre-existing Condition; and
- (2) which begins in the Exclusionary Period after Your or Your Insured Dependent's Effective Date unless the condition was not Treated during the Treatment-Free Period following Your or Your Insured Dependent's Effective Date.

**PRE-EXISTING CONDITION** means a Covered Condition for which You or Your Insured Dependent received Treatment during the Look-Back Period prior to Your or Your Insured Dependent's effective Date of insurance under this Certificate.

**TREATED or TREATMENT** means consultation, care and services provided or prescribed by a Physician. It includes diagnostic measures and the prescription, refill or taking of prescribed drugs or medicines for which symptoms exist.

**ACCIDENT EXAMPLE:** Benefits are not payable for any loss caused or contributed to by:

- (1) disease, physical or mental infirmity, Sickness, or medical or surgical treatment of these;
- (2) suicide, attempted suicide, or any intentionally self-inflicted injury, while sane or insane;
- (3) voluntary intake or use by any means of any drugs, poison, gas, or fumes, except when:
  - (a) prescribed or administered by a Physician; and
  - (b) taken in accordance with the Physician's instructions;
- (4) committing or attempting to commit a felony;
- (5) war or any act of war, declared or undeclared;
- (6) participation in a riot, insurrection, or rebellion of any kind;
- (7) military duty, including the Reserves or National Guard;
- (8) travel or flight in or on any Aircraft, except:
  - (a) as a fare-paying passenger on a regularly scheduled commercial flight; or
  - (b) as a passenger, pilot, or crew member in the Group Policyholder's Aircraft while flying for Group Policyholder business provided:
    - (i) the Aircraft has a valid U.S. airworthiness certificate (or foreign equivalent); and
    - (ii) the pilot has a valid pilot's certificate with a non-student rating authorizing him to fly the Aircraft;
- (9) driving a vehicle while intoxicated, as defined by the jurisdiction where the Accident occurred;
- (10) cosmetic or elective Surgery;
- (11) being incarcerated in any type of penal or detention facility;
- (12) participating in, practicing for, or officiating any semi-professional or professional sport;
- (13) riding in or driving in any motor driven vehicle for race, stunt show, or speed test;
- (14) an Injury sustained while residing outside the United States, U.S. Territories, Canada, or Mexico for more than 12 months;
- (15) bungee cord jumping, mountaineering, or base jumping;
- (16) skydiving, parachuting, or jumping from any Aircraft for recreational purposes;

If the accident plan covers off the job only injuries, the following exclusion applies:

- (17)] Injury arising out of, or in the course of, any employment for wage or profit.

\*See policy for complete exclusion descriptions. Variations by state apply.

**Health Assessment Benefit (If applicable)**

- Simple, hassle-free benefit payment for assessment claims with completion of an approved assessment, exam, or immunization.
- Covered assessments vary by product and are payable once per person annually.

**Accident**

All Covered Persons	
Dental Preventative Exams	Depression Screening
Annual Physical	Substance Abuse Screening / Counseling
Eye Exam	Tetanus Immunization
Hearing Exam	
Additional Adult Assessments	
Osteoporosis Screen (Bone Mineral Density)	Accident / Fall Prevention Counseling
Additional Child Assessments and Immunizations	
Sports / School Physicals	Concussion Screening
Immunizations: DTP, MMR, Rotavirus, Chickenpox, Meningitis	

**Critical Illness**

Abdominal, Aortic, or Carotid Ultrasound	Electrocardiogram (EKG/ECG)
Blood Chemistry Profile	Flexible Sigmoidoscopy
Bone Marrow Testing	Helical CT scan
Breast Ultrasound	Hemoccult Stool Analysis
CA 15-3 (Blood Test for Breast Cancer)	Hepatitis Screening
CA 125 (Blood Test for Ovarian Cancer)	HIV Screening
CEA (Blood Test for Colon Cancer)	Human Papillomavirus Screening
Colonoscopy	Mammography
CT Angiography	Pap Smear
Dental Brush Biopsy (other FDA approved screen for oral cancer)	PSA (Blood Test for Prostate Cancer)
Diabetes (A1C or fasting glucose)	Serum Protein Electrophoresis (Blood Test for Myeloma)
Double Contrast Barium Enema	Stress Test

## **Hospital Indemnity**

- Annual physicals
- Blood tests
- Cancer screenings
- Infectious disease related tests, including COVID-19 antibody and viral testing
- Immunizations
- Vitamin D screenings
- Behavioral tests
- Prenatal counseling
- Mental disorder and substance abuse screenings

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Some benefits have limits on the number of services provided or limit the time frame in which the services must be rendered. See your certificate booklet or policy for more information. This insurance product does not satisfy the requirement of minimum essential coverage under the Affordable Care Act.

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