



PC24 Trustmark
Producer Conference
San Francisco • February 4-7

ACCELERATE

Trustmark 

Claims: Managing risk with exceptional customer service



Joseph Hayre

Director
Claims



Aaron Meredith

Regional Sales Director
South Texas

Agenda

- Claims 2-part mission:
Risk management & customer service
- Common claims challenges and what you need to know
- The typical claims process
- Service standards matter – how does Trustmark stack up?
- The Trustmark claims experience

Claims mission

- Risk management
 - To protect the company from fraudulent or non-payable claims
 - To pay all benefits due, both quickly and accurately
- Customer service
 - To make the claims process as seamless as possible while delivering on our promise to our customers
 - You want to focus on selling business, not saving business

Per the CDC, 11.5% of American adults smoke cigarettes (28.3 million)

What percentage of life insurance applicants admit to smoking on their Trustmark applications?

- A. 11.5%
- B. 15%
- C. 5%
- D. Less than 2%

What percentage of life insurance applicants admit to smoking on their Trustmark applications?

Answer:

D. Less than 2%

Moral of the story?

- We don't always get accurate information from claimants
- Our job in claims is to find out the truth. Trust but verify!
- We're here to help:
 - Make claims easy
 - Expedite the process
 - Determine benefit eligibility
 - Translate the claim submitted into a story



Claims challenges & what to know

High-level claims process

1. Claim submitted

You can submit your claim via our online claims portal, fax, email, mail, or phone.

Online claims portal:

trustmarkbenefits.com/claims

2. Representative assigned

Trustmark will assign a representative to review your claim.

3. Verify proofs needed

Depending on the claim being filed, you may need to provide medical records, employment verification, death certificate, beneficiary info, assignments, etc.



4. Letter/text sent to policyholder

This communication from Trustmark includes contact information and an established follow-up date, if necessary.

6. Claim decision

Trustmark determines benefit eligibility and communicates the decision to the policyholder.

5. Review of proofs

Trustmark reviews all received proofs and information.

Not all claims are created equal

Triage is your friend

- How long has a contract been in force?
- How often has a claim been filed on this contract?
- What is the amount of risk a claim represents?
- Are there any other factors that influence a claim rep's level of investigation?



Different claim scenarios require different levels of investigation

Simple scenario

- Hospital insurance policy
- Applicant purchased hospital contract 2 years ago at age 28
- Insured gives birth in a hospital
- Simple/straightforward

Complex scenario

- Life insurance policy
- Applicant purchased \$300,000 of coverage at age 26
- Applicant income is \$34,000 and lives with mother
- Passes away 6 months later of cirrhosis
- What did the applicant know about his medical issues? When did he know?

Obtaining validation

Common proofs needed

- Medical reports/hospital records
- Confirmation of insured being actively at work when application taken
- Police/autopsy/toxicology screening report
- Attending physician statement documenting limitations
- Facility statement showing care provided

Slow turnaround times

What slow down a claim?

- Medical record response time
- Incomplete claims submission by claimant
- Employer response time where salary, job duties, and work dates are being validated

Claims denial: Why are claims denied?

Coverage issues

- Claimant is not covered by contract
- Contract not in force as of claimed date
- Contract would not have been issued had application not contained misrepresentations (contestability)

Contract limitations

- Pre-existing limitations
- Claimed condition or event not covered by contract
- Contract has no remaining benefit for claim

Claims challenges

- Claimants seeking the most out of their policy for the least amount of time/money
- Obtaining proofs to validate claims
- Slow turnaround times related to obtaining these proofs
- Claim denials
 - Policyholder dissatisfaction
 - Employer grumblings

Service standards matter

What do claimants want?

- To have their expectations met or exceeded
- Benefits to be provided in a timely and accurate fashion
- Status updates on claims pending investigation
- Fair treatment
- Empathy for their claim
- Validation that they made a good decision by purchasing their insurance

Why service standards matter

- Reduce friction between policyholders, employers, and you!
- Help policyholders feel valued and heard
 - Can lead to higher satisfaction with employer
- Spend more time selling business than saving

Notifying claimants once claim is received

Trustmark

- Online claim submission:
same day response
- All other claim submissions:
up to 5 calendar days

Other carriers

- Practices vary
- Withing 24 hours for online
- Up to 10 calendar days

Claim handling time standards*

Claim type	Trustmark	Other carriers
Wellness claims	1-3 days	1-3 days
Life claims	Up to 5 days	3-20 days
Accident claims	Up to 2 days	2-30 days
Cancer/CI claims	Up to 5 days	2-90 days
HI claims	Up to 2 days	2-15 days
Disability claims	Up to 5 days	2-45 days

**Carriers measure this either from date claim is received or date final proof of loss if received. Statistics will be inconsistent within the industry. Eastbridge. Claim Practices of Voluntary Carriers. 2021.*

Claims performance

DI, Life, and Cancer/CI	Health and wellness benefits	Accident & Hospital StayPay
Processed within 5 business days of last proof of loss	Processed within 3 business days from receipt of claim requirements	Processed within 2 business days from receipt of claim requirements
Accuracy and timeliness	<ul style="list-style-type: none">▪ 99% of payments processed correctly▪ 96% of claims processed within time standards	

Phone call standards

Trustmark

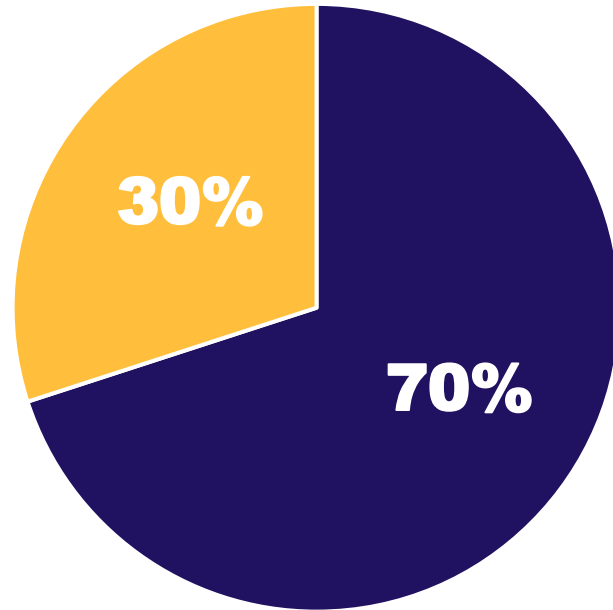
- Average answer speed
 - 30 seconds
- Average handle time
 - 6 minutes
- Staffing plays a significant role in faster call standards

Other carriers

- Average answer speed
 - 51 seconds
- Average handle time
 - Low 2 minutes
 - High 12 minutes

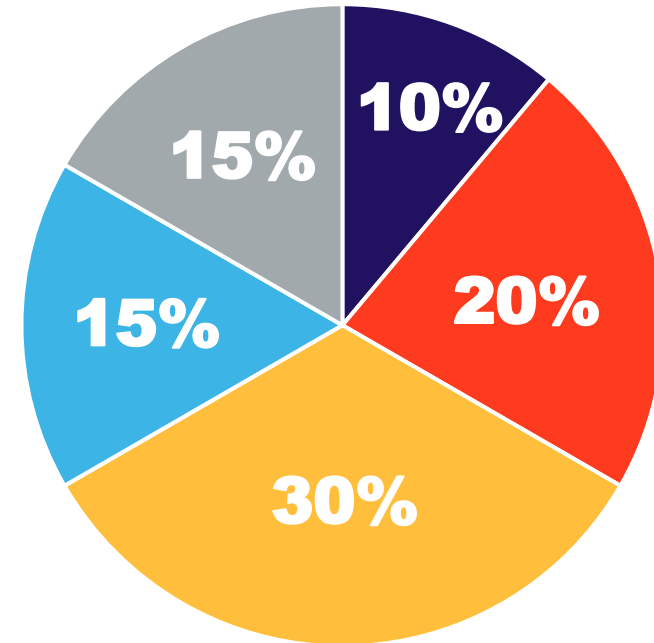
How claims are submitted

Trustmark



■ Email/Regular Mail/Fax (Digitized) ■ Online

Other carriers



■ Email ■ Regular mail ■ Online ■ Fax ■ Phone

**For those accepting claims via submission channel Eastbridge. Claim Practices of Voluntary Carriers. 2021.*



The Trustmark way

Net Promoter Score

- Trustmark's 2023 NPS Score – 65
- NPS Benchmarks
 - 50+ = Excellent
- Average life insurance NPS score – 39
- Average health insurance NPS score – 27

Experience Benchmarks. CustomerGauge. 25 Insurance NPS Scores for 2023 + NPS In Insurance Guide.

Real claims scenario

Universal LifeEvents®

- 2019 - Vanessa purchased a ULE policy
- 2021 - Passed away in an auto accident
- Unmarried - beneficiary listed as “Mary”
- 12-month search for Mary
 - No obituary, online database records, next of kin...
- Hired investigators found Mary via Vanessa’s Facebook account
- Successfully delivered benefits to correct beneficiary – Mary, Vanessa’s niece



Vanessa | 40 years old | School Cook

Key takeaways

- Not all carrier claims processes and standards are created equal
- Evaluate a carrier's claims process and service standards to address claims challenges
- You can take steps to help facilitate a smoother claims process
- Trustmark takes pride in our claims process and is constantly working to improve

Thank you!

“

How'd
we do?

”

