A Shopper's Guide to

Long-Term Care Insurance





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About the NAIC ...

The National Association of Insurance Commissioners (NAIC) is the oldest association of state government officials. Its members are the chief insurance regulators in all 50 states, the District of Columbia, and five U.S. territories. State regulators' primary responsibility is to protect insurance consumers' interests, and the NAIC helps regulators do this in several different ways. This Shopper's Guide is one example of the NAIC's work to help states educate and protect consumers.

Another way the NAIC helps state regulators is by giving them a forum to develop uniform public policy when that is appropriate. It does this through a series of model laws, regulations, and guidelines developed for the states' use. States may choose to adopt the models intact or change them to meet the needs of their marketplace and consumers. As you read through this Shopper's Guide, you will find several references to NAIC model laws or regulations related to long-term care insurance. Check with your state insurance department to find out if your state has enacted these NAIC models.

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About This Shopper's Guide

The **National Association of Insurance Commissioners** (NAIC) wrote this Shopper's Guide to help you understand long-term care and the insurance options that can help you pay for long-term care services. The decision to buy long-term care insurance is very important. You should not make it in a hurry. Most states' laws require insurance companies or agents to give you this Shopper's Guide to help you better understand long-term care insurance and decide which, if any, policy to buy. Some states produce their own shopper's guide.

Take a moment to look at the table of contents and you will see the questions this Shopper's Guide answers. Then read the Shopper's Guide carefully. If you see a term you don't understand, look in the glossary starting on page 41. (Terms in **bold** in the text are in the glossary.) Take your time. Decide if buying a policy might be right for you.

If you decide to shop for a long-term care insurance policy, start by getting information about the long-term care services and facilities you might use and how much they charge. Use the worksheets at the back of this Shopper's Guide to write down information. Use Worksheet 1—*Availability and Cost of Long-Term Care in My Area* on page 46 to collect information about the facilities and services in your area. Then, as you shop for a policy, use Worksheet 2—*Compare Long-Term Care Insurance Policies* on page 48 to compare long-term care insurance policies.

If you have questions, call your state insurance department or another consumer assistance agency in your state. See the list of state insurance departments, agencies on aging, and **state health insurance assistance programs** starting on page 60.

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What Is Long-Term Care?

Someone with a long physical illness, a disability, or a **cognitive impairment** (such as **Alzheimer's disease**) often needs long-term care. Many different long-term care services can help people with these conditions. Long-term care is different from medical care, because it generally helps you to live as you are instead of improving or correcting medical problems. Long-term care services may include help with **activities of daily living** (ADLs), **home health care**, **respite care**, **hospice care**, or **adult day care**. Care may be given in a **nursing home**, an **assisted living facility**, a **hospice facility**, a day care facility, or in your own home. Long-term care also may include **care management services**, which evaluate your needs and coordinate and monitor your long-term care services.

NOTE: **Medicare** has its own definition of **skilled care**. Visit *www.medicare.gov* to find out how Medicare defines skilled care, or get a copy of the current printed booklet "Medicare & You" from your state insurance department or **state health insurance assistance program**. (See the list of state insurance departments, state health insurance assistance programs, and agencies on aging starting on page 60.)

Someone with a physical illness or disability often needs **hands-on assistance** or **stand-by assistance** with activities of daily living (see page 22). People with cognitive impairments often need supervision, protection, or verbal reminders to do everyday activities. Medical personnel such as registered nurses or professional therapists provide **skilled care** for medical conditions. This care usually is needed 24 hours a day, is ordered by a physician, and follows a plan. Individuals usually get skilled care in a nursing home but also may get it in other places. For example, you might get skilled care in your home with help from visiting nurses or therapists. Skilled care includes services such as physical therapy, wound care, or a professional who gives you medicine through an IV.

Personal care (sometimes called **custodial care**) helps a person with activities of daily living (ADLs). These activities include **bathing**, **eating**, **dressing**, **toileting**, **continence**, and **transferring**. Personal care is less involved than skilled care and may be given in many settings.

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How Much Does Long-Term Care Cost?

Long-term care can be expensive. The cost depends on the amount and type of care you need and where you get it. Below are some average annual costs for care in a nursing home, an **assisted living facility**, and your own home. Long-term care may cost more or less where you live.

Nursing Home Costs

In 2010, the national average cost of nursing home care was about $78,000 per year (for a semi-private room).[1] This cost doesn't include items such as therapies and medications, which could greatly increase the cost.

Assisted Living Facility Costs

In 2010, **assisted living facilities** reported charging $3,293 a month (for a one-bedroom unit) on average or $39,516 each year, including rent and most other fees.[2] Some residents in the facilities may pay more if they need more care.

Home Health Care Costs

In 2010, the cost of basic **home health care** averaged $21 per hour for a home health aide in the U.S.[3] **Skilled care** from a nurse is more expensive. Annual costs for home health care depend on the number of days a week the caregiver visits, the type of care required, and the length of each visit. Home health care can be expensive if round-the-clock care is required. These costs are different across the country. Your state insurance department or the insurance counseling program in your state may know the costs for your area. (See the list of state insurance departments, agencies on aging, and **state health insurance assistance programs** starting on page 60.)

Who Pays For It?

People pay for long-term care in different ways. These include individuals' or their families' personal resources, long-term care insurance, and some help from **Medicaid** for those who qualify. **Medicare**, **Medicare supplement insurance**, and the health insurance you may have at work usually *won't pay* for long-term care.

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Personal Resources

Individuals and their families usually use some of their own money to pay for part or all of their long-term care costs. Many use savings and investments. Some sell assets, such as their homes, to pay for their long-term care needs.



Medicare

Medicare's skilled nursing facility (SNF) **benefit** covers very little of **nursing home** care.[4] Medicare pays the cost of some **skilled care** in an approved nursing home or in your home, but only in specific situations. The SNF benefit only covers you if a medical professional says you need daily skilled care after you've been in the hospital for at least three days. You also must get that care in a nursing home that's a Medicare-certified skilled nursing facility. While Medicare may cover *up to 100 days* of skilled nursing home care in each benefit period when you meet the conditions, after 20 days you must pay a coinsurance fee. In 2012, that coinsurance was $144.50 per day.[5] While Medicare sometimes pays for skilled care, it doesn't cover care in **assisted living facilities**.

While many people would like to receive care in their own homes, Medicare doesn't cover **homemaker services**. Also, Medicare doesn't pay for home health aides to give you **personal care** unless you're also getting skilled care, such as nursing or therapy. The personal care also must relate to treating an illness or injury. Also, you only can get a limited amount of care in any week.

You should NOT count on Medicare to pay your long-term care costs.

Medicare Supplement Insurance

Medicare supplement insurance (Medigap) is private insurance that helps pay for some of the gaps in Medicare coverage, such as hospital deductibles and physician charges greater than Medicare approves.

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Medicare supplement insurance policies usually don't cover long-term care costs. However, four Medicare supplement insurance policies sold before June 1, 2010—Plans D, G, I, and J—did pay up to $1,600 each year for services to people recovering at home from an illness, injury, or surgery. The D and G plans sold after June 1, 2010 no longer include the "At-Home Recovery" **benefit**. The I and J plans aren't sold now but if you bought one of these plans before June 1, 2010, you could keep it.[6] If you did and the plan has an "At-Home Recovery" benefit, it will pay for short-term, at-home help with **activities of daily living**. However, before you can use this benefit, you must qualify for **Medicare**-covered home health services.

Medicaid

Medicaid is the government-funded program that pays for **nursing home** care only for individuals who are low income and have spent most of their assets. Medicaid pays for nearly a third of all nursing home care in the U.S., but many people who need long-term care never qualify for Medicaid assistance.[7] Medicaid also pays for some home- and **community-based services**. To get Medicaid help, you must meet federal and state guidelines for income and assets. Many people start paying for nursing home care out of their own money and "**spend down**" their income and assets until they are eligible for Medicaid. Medicaid then may pay part or all of their nursing home costs. You may have to use up most of your assets paying for your long-term care before Medicaid is able to help. You may be able to keep some assets and income for a spouse who stays at home. Also, you may be able to keep some of your assets if your long-term care insurance is approved by a state as a long-term care insurance **partnership policy** (see section on "Long-Term Care Insurance Partnership Policies" on page 12.)

State laws differ about how much income and assets you can keep and still be eligible for Medicaid. (Some assets, such as your home, may not keep you from being eligible for Medicaid.) However, federal law requires your state to recover from your estate the costs of the Medicaid benefits you receive.[8] *Contact your state Medicaid office, office on aging, or department of social services to learn about the rules in your state. The health insurance assistance program in your state also may have some Medicaid information.* (See the list of state insurance departments, agencies on aging and **state health insurance assistance programs** starting on page 60.)

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Will I Need Long-Term Care?

Your need for long-term care may increase over time as you need more and more help with **activities of daily living**, such as **bathing** or **dressing**. Or you may suddenly need long-term care after a major illness or injury, such as a stroke, heart attack, or broken hip. If you do need care, you may need **nursing home** or **home health care** for only a short time. Or, you may need these services for many months, years, or the rest of your life.

It's hard to know if and when you'll need long-term care, but the statistics that follow may help.

- Life expectancy after age 65 is now 18.6 years. In 1940, it was only 13 extra years after age 65. The longer people live, the greater the chance they'll need help due to chronic conditions.[9]
- About 70% of people who reach age 65 are expected to need some form of long-term care at least once in their lifetime.[10]
- About 11 million Americans of all ages require long-term care, but only 1.4 million live in nursing homes.[11]
- About 35% of people who reach age 65 are expected to enter a nursing home at least once in their lifetime. Of those who are in a nursing home, the average stay is a year.[12]
- From 2015 to 2055, the number of people aged 85 and older will almost triple from over six million to over 18 million. This growth is certain to lead to an increase in the number of people who need long-term care.[13]

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What is Long-Term Care Insurance?

Long-term care insurance is one way you may pay for long-term care. This type of insurance will pay or reimburse you for some or all of your long-term care costs. It was introduced in the 1980s as **nursing home** insurance but now often covers services in other facilities. The rest of this Shopper's Guide gives you information about long-term care insurance.

A federal law, the **Health Insurance Portability and Accountability Act** of 1996, or HIPAA, gives some federal income tax advantages to people who buy certain long-term care insurance policies. These policies are called **tax-qualified long-term care insurance policies** or simply qualified policies. The tax advantages of these policies are outlined on page 13. There may be other tax advantages in your state. You should check with your state insurance department or insurance counseling program for information about tax-qualified policies. (See the list of state insurance departments, agencies on aging, and **state health insurance assistance programs** starting on page 60.) Check with your tax advisor to learn if the tax advantages make sense for you.

Do I Need To Buy Long-Term Care Insurance?

Whether you should buy a long-term care insurance policy depends on your age, health, overall retirement goals, income, and assets. For instance, if your only source of income is a Social Security **benefit** or Supplemental Security Income (SSI), you probably shouldn't buy long-term care insurance, as you may not be able to afford the premium.

On the other hand, if you have a large amount of assets but don't want to use them to pay for long-term care, you may want to buy a long-term care insurance policy. Many people buy a policy because they don't want the government or their family to have to care for them or pay for their care. However, you shouldn't buy a policy if you can't afford the premium or aren't sure you can pay the premium, including any increases, for the rest of your life.

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If you already have health problems that could lead to long-term care (for example, **Alzheimer's disease** or Parkinson's disease), you probably won't be able to buy a policy. Insurance companies have medical **underwriting** standards to keep the cost of long-term care insurance affordable. If companies didn't have these standards, most people wouldn't buy insurance until they needed long-term care.

In some states, a regulation requires the insurance company and agent to go through a personal worksheet with you (see Worksheet 5—*Long-Term Care Insurance Personal Worksheet* on page 57) to decide if long-term care insurance is right for you. The worksheet describes the premium for the policy you're thinking about buying. It also asks you questions about the source and amount of your income and the amount of your savings and investments. Some states require you to fill out the worksheet and send it to the insurance company. Even if you aren't required to fill out the worksheet, it might help you decide if long-term care insurance is right for you.

Is Long-Term Care Insurance Right For You?

You should NOT buy long-term care insurance if:

- You can't afford the premiums.
- You don't have many assets.
- Your only source of income is a Social Security benefit or Supplemental Security Income (SSI).
- You often have trouble paying for utilities, food, medicine, or other important needs.
- You're on **Medicaid**.

You SHOULD consider buying long-term care insurance if:

- You have many assets and/or a good income.
- You don't want to use most or all of your assets and income to pay for long-term care.
- You can pay the insurance premiums, including possible premium increases, without a problem.
- You don't want to depend on support from others.
- You want to be able to choose where you receive care.

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Remember, not everyone should buy a long-term care insurance policy. For some, a policy is affordable and worth the cost. For others, it costs too much. Or the policy they can afford doesn't offer enough **benefits** to make it worthwhile. You should *not* buy long-term care insurance if the only way you can afford to pay for it is to not pay other important bills. Look closely at your needs and resources. Talk with a trusted family member or friend to decide if long-term care insurance is right for you. (Worksheets 1–5, starting on page 46 of this Shopper's Guide, will help you make a decision about whether you should buy long-term care insurance.)

If, after careful thought, you decide that long-term care insurance is right for you, check out the company and the agent, if one is involved, before you buy a policy. Worksheet 2—*Compare Long-Term Care Insurance Policies* on page 48 and Worksheet 3—*Facts About My Long-Term Care Insurance Policy* on page 53 will help you to understand and compare policies. Insurance companies and agents must be licensed to sell long-term care insurance in your state. *If you have questions about licensing, contact your state insurance department.* (See the list of state insurance departments, agencies on aging, and **state health insurance assistance programs** starting on page 60.)

What Types of Policies Can I Buy?

Private insurance companies sell long-term care insurance policies. You can buy an individual policy from an agent or through the mail. Or, you can buy coverage under a group plan through an employer or through membership in an association. The federal government and several state governments offer long-term care insurance coverage to their employees, retirees, and their families. This program is voluntary, and participants pay the premiums. You also can get long-term care **benefits** through some life insurance policies.

Individual Policies

Today, most long-term care insurance policies are sold to individuals. Insurance agents sell many of these policies, but companies also sell policies through the mail or by telephone. Individual policies can be very different from one company to the next. Also, policies from the same company may be different from each other. Shop among policies, companies, and agents to get the coverage that best fits your needs.

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Policies from My Employer

Your employer may offer a group long-term care insurance plan or individual policies at a group discount. More employers now offer this benefit,[14] especially since the **Health Insurance Portability and Accountability Act (HIPAA)** gave employers a federal tax benefit when they pay for their employees' long-term care insurance.

The employer group plan may be similar to an individual policy you could buy. One advantage of an employer group plan for active employees is you may not have to meet any medical requirements to get a policy or the medical screening process may be more relaxed. Many employers also let retirees, spouses, parents, and parents-in-law apply for this coverage. Relatives usually must pass the company's medical screening to qualify for coverage and must pay the premium.

Insurance companies usually must let you keep your coverage if you leave your job, you're fired, or your employer cancels the group plan. You also must have the choice to convert your policy to another long-term care insurance policy. Your premiums and **benefits** may change, however.

If an employer offers long-term care insurance, think about it carefully. An employer group plan may give you options you can't find if you buy a policy on your own.

Policies from Federal or State Government

Federal and U.S. Postal Service employees and annuitants, members and retired members of the uniformed services, and qualified relatives of any of these are eligible to apply for long-term care insurance coverage under the Federal Long Term Care Insurance Program. Private insurance companies **underwrite** the insurance, and the federal government doesn't pay any of the premiums. The group rates under this program may or may not be lower than individual rates, and the **benefits** also may be different.[15]

If you (or a member of your family) are a state or public employee or retiree, you may be able to buy long-term care insurance under a state government program.

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Association Policies

Many associations let insurance companies and agents offer long-term care insurance to their members. These policies are like other long-term care insurance policies and typically require medical **underwriting**. Like employer group plans, association policies usually give their members a choice of **benefits**. In most cases, policies sold through associations must let members keep or convert their coverage after they leave the association. Be careful about joining an association just to buy any insurance coverage. Review your rights if you or the company ends your coverage.

Policies Sponsored by Continuing Care Retirement Communities

Many **Continuing Care Retirement Communities (CCRC)** offer or require you to buy long-term care insurance. A CCRC is a retirement complex that offers a broad range of services and levels of care. You must be a resident or on the waiting list of a CCRC to qualify. You also must meet the insurance company's medical requirements to buy its long-term care insurance policy. The coverage is similar to other group or individual policies.



Life Insurance or Annuity Policies

Some life insurance and deferred annuity policies have a built-in benefit to pay for long-term care expenses such as **home health care**, assisted living, or **nursing home** care. Also, some companies let you buy more long-term care coverage than the amount of your death benefit or annuity value in the form of a rider. A rider is a separate benefit that's attached to the basic policy.

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A life insurance death benefit you use while you're alive is an **accelerated death benefit**. A life insurance policy that uses an accelerated death benefit to pay for long-term care expenses also may be called a "life/long-term care" policy. It may be an individual or a group life insurance policy. The company pays you the actual charges for the long-term care you receive, but no more than a certain percent of the policy's death benefit each day or month. Policies may pay part or all of the death benefit for qualified long-term care expenses.

If your life insurance policy has a cash value, some companies offer another way to pay for long-term care. You might be able to withdraw some or all of your policy's cash value to pay long-term care expenses.

A deferred annuity often will let you withdraw some of the value to pay long-term care expenses without paying a surrender charge. Another type of built-in benefit pays for your long-term care expenses after you've spent the value of the annuity on them. For example, suppose you have $100,000 in a deferred annuity with this benefit. After you have spent the $100,000 on long-term care, the annuity would pay a fixed amount toward any future long-term care expenses.

With either option, it's important to remember that using money from your life insurance policy or annuity to pay for long-term care will have other effects. For example, if you use a deferred annuity to cover long-term care expenses, you'll have less money in the annuity. If you use money from your life insurance policy to pay

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for long-term care, your beneficiary will get a smaller death benefit. For example, suppose your policy has a $100,000 death benefit and you use $60,000 for long-term care. Then your beneficiary will get a $40,000 death benefit, not $100,000. The cash value of your policy also could be lower. Use Worksheet 4—*Long-Term Care Riders to Life Insurance Policies* on page 55 to help you evaluate using a life insurance policy to pay for long-term care services.

Long-Term Care Insurance Partnership Policies

In some states, there are long-term care insurance **partnership policies** that help you manage the financial impact of spending down to meet **Medicaid** eligibility standards. When you buy a partnership policy, you're protected from the normal Medicaid requirement to **spend down** your income and assets to become eligible.

In most states, you don't have to use up all of your partnership policy **benefits** to qualify for Medicaid. In most states, you can qualify for Medicaid *and* keep income and assets equal to the amount of claims your partnership policy paid.

Partnership policies must be federally tax-qualified plans and must include certain consumer protections. They must include **inflation protection benefits** so benefits keep up with increasing long-term care costs over time. Partnership policies are required to include inflation protection only for those who are 75 or younger when they buy the policy. The requirements are:

- Compound annual inflation protection for those younger than age 61.
- Some level of inflation protection for those ages 61 to 75.

How will you know if you have a partnership policy? The insurance company will either give you that information in writing with your policy or send you a letter. Either way, it's very important to keep this notice.

Please keep in mind that partnership policies have specific requirements. They aren't offered in every state. *Check with your state insurance department or insurance assistance program to learn if these policies are available in your state*. Many states with long-term care partnership policies have information about them on their websites. Use this link to locate your state's insurance department website: *www.naic.org/state_web_map.htm*. Also, the U.S. Department of Health and Human Services maintains a website at *www.longtermcare.gov* with information about long-term care insurance and partnership policies.

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Tax-Qualified Policies

You may have a choice between a federally "**tax-qualified**" long-term care insurance policy and one that's "non-tax-qualified." The differences between the two types of policies are important. A *tax-qualified policy*, or a qualified policy, offers certain federal income tax advantages. If you itemize your income tax deductions (about 35% of U.S. tax filers itemize[16]), you may be able to deduct part or all of the premium you pay for a qualified policy. You can deduct total medical expenses, including your long-term care insurance premium, that are greater than 7.5% of your adjusted gross income (10% in 2013). The most you can deduct for your long-term care insurance premium depends on your age, as shown in the table.

Your Age	Maximum Amount You Can Deduct
40 years old or younger	$350
Older than 40 but younger than 50	$660
Older than 50 but younger than 60	$1,310
Older than 60 but younger than 70	$3,500
Older than 70	$4,370
2012 figures.[17] These amounts will increase annually based on the Medical Consumer Price Index.	

If you bought a long-term care insurance policy before Jan. 1, 1997, that policy is probably qualified. HIPAA allowed these policies to be "grandfathered," or considered qualified, even though they may not meet all of the standards that new policies must meet to be qualified. The tax advantages are the same whether the policy was sold before or after 1997. You should carefully consider the advantages and disadvantages of trading a grandfathered policy for a new policy. In most cases, it's to your advantage to keep your old policy.

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Long-term care insurance policies sold on or after Jan. 1, 1997, as tax-qualified must meet certain federal standards. The policies must be labeled as tax-qualified, be **guaranteed renewable**, include a number of consumer protections, and cover only qualified long-term care services.



Qualified long-term care services usually are those from long-term care providers. You must be **chronically ill**. Also, the care must follow a plan that a licensed health care practitioner prescribes. You're considered chronically ill if it's expected that you'll be unable to do at least two **activities of daily living** without **substantial assistance** from another person for at least 90 days. Another way you may be considered chronically ill is if you need **substantial supervision** to protect your health and safety because you have a **cognitive impairment**. A policy issued to you before Jan. 1, 1997, doesn't have to define chronically ill this way. (See information about **benefit triggers** on page 21.)

Some life insurance policies with long-term care **benefits** may be **tax-qualified**. You may be able to deduct the premiums you pay for long-term care benefits from a life insurance policy. However, be sure to check with your personal tax advisor to learn how much of the premium can be deducted as a medical expense.

The long-term care benefits paid from a tax-qualified life insurance policy with long-term care benefits generally aren't taxed as income. Tax-qualified life insurance policies with long-term care benefits must meet the same federal standards as other tax-qualified policies, including the requirement that you must be chronically ill to receive benefits.

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Tax-Qualified and Non-Tax-Qualified Policies

Federally Tax-Qualified Policies	Federally Non-Tax-Qualified Policies
1. You can include premiums with other uncompensated medical expenses as income tax deductions if the total is greater than 7.5% of your adjusted gross income (10% in 2013). There's a cap on how much you can claim for long-term care insurance premiums.	1. You may or may not be able to deduct any part of your annual premiums. Congress and the U.S. Department of the Treasury haven't clarified this area of the law.
2. **Benefits** you receive and use to pay for long-term care services generally aren't counted as income. Benefits you receive from policies that use the **expense-incurred method** may be taxable if the benefits are greater than the costs of long-term care services. All **benefit** payments up to the federally approved per diem (daily) rate are tax-free from policies that use the **indemnity** or **disability methods**, even if the benefits are greater than your expenses.	2. The **benefits** you receive may or may not count as income. Congress and the U.S. Department of the Treasury haven't clarified this area of the law.
3. To trigger the **benefits** under your policy, the federal law requires you to be unable to do two ADLs without **substantial assistance**.	3. Policies can offer a different combination of **benefit triggers**. Benefit triggers are not restricted to two ADLs.
4. Policies cannot use "medical necessity" as a **benefit trigger**.	4. The **benefit triggers** can be "medical necessity" and/or other measures of disability.
5. Policies can require that a person be **chronically ill** or have disability lasting at least 90 days.	5. Policies don't have to require the disability to last at least 90 days.
6. Policies that cover **cognitive impairment** must require "**substantial supervision**" as a **benefit trigger**.	6. Policies don't have to require "**substantial supervision**" to trigger benefits for **cognitive impairments**.
Whether you buy a tax-qualified or a non-tax-qualified policy, consult with your tax consultant or legal advisor about the tax consequences for you.	

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How Do Long-Term Care Insurance Policies Work?

Long-term care insurance policies aren't standardized like **Medicare supplement insurance**. Companies sell policies that combine **benefits** and coverage in different ways.

How Benefits Are Paid

Long-term care insurance policies generally pay **benefits** using one of three different methods: the expense-incurred method, the indemnity method, or the disability method. It's important to read the information that comes with your policy (or certificate for group policies) and to compare the benefits and premiums.

When your policy or certificate uses the **expense-incurred method**, it pays **benefits** only when you receive eligible services. The insurance company must decide if you're eligible for benefits and if your claim is for eligible services. Only then are benefits paid, either to you or your provider. The coverage pays for either the expense or the dollar limit of your policy, whichever is less. Most policies bought today pay benefits using the expense-incurred method.

When a policy or certificate uses the **indemnity method**, the benefit is a set dollar amount. The benefit isn't based on the specific services you received or on the expenses incurred. The insurance company only needs to decide if you're eligible for benefits and if the policy covers the services you're receiving. Once it makes that decision, the insurance company pays that set amount directly to you, up to the limit of the policy.

When a policy uses the **disability method**, you're only required to meet the benefit eligibility criteria. Once you do, you receive your full **daily benefit**, even if you aren't receiving any long-term care services.

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Pooled Benefits and Joint Policies

You may be able to buy a long-term care insurance policy that covers more than just one person, or more than one kind of long-term care service. The **benefits** these policies provide often are called "**pooled benefits**."

One type of pooled benefit covers more than one person, such as a husband and wife, or domestic partners, or two or more related adults. This type of benefit sometimes is called a "joint policy" or a "joint benefit." The total benefit usually applies to all of the individuals the policy covers. If one covered individual collects benefits, that amount is subtracted from the total policy benefit. For example, suppose a husband and wife have a pooled benefits policy that pays $150,000 in total long-term care benefits, and the husband uses $25,000 in benefits. Then $125,000 would be left to pay benefits for either the husband or the wife or both.



Another kind of pooled benefit lets you use a total dollar amount for various long-term care services. These policies pay a daily, weekly, or monthly dollar limit for one or more covered services. You can combine benefits in ways that best meet your needs. This gives you more control over how you spend your benefits. For example, you could choose to combine the home care and community-based care benefits instead of using the nursing home benefit.



Some policies provide both types of pooled benefits. Other policies provide one or the other.

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What Services Are Covered

It's important that you understand what services your long-term care insurance policy covers and how it covers the many types of services you might need to use. Policies may cover the following:

- **Nursing home care**
- **Home health care**
- **Respite care**
- **Hospice care**
- **Personal care** in your home
- Services in **assisted living facilities**
- Services in **adult day care centers**
- Services in other community facilities

NOTE: Some policies pay **benefits** to family members who give care in the home.

Policies may cover **home health care** in several ways. Some long-term care insurance policies only pay for care in your home from licensed home health agencies. Some pay for care from licensed health care providers who aren't from a licensed agency. These include licensed practical nurses; occupational, speech, or physical therapists; and licensed home health care aides. Other policies may pay for services from home health care aides to help with **personal care** who may not be licensed or aren't from licensed agencies. You may find a policy that pays for **homemaker services** or chore worker services. This type of **benefit**, though not available in all policies, would pay for someone to come to your home to cook meals and run errands. Generally, adding **home care benefits** to a policy also increases the cost of the policy.

Where Services Are Covered

You should know what types of facilities your long-term care policy covers. If you aren't in the right type of facility, the insurance company can refuse to pay for eligible services. There may be new kinds of facilities in the future. It's important to know if your policy will cover them.

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Some policies may pay for care in any state-licensed facility. Others only pay for care in some state-licensed facilities, such as a licensed nursing facility. Still others list the types of facilities where services won't be covered, which may include state-licensed facilities. (For example, some places that care for elderly people are referred to as homes for the aged, rest homes, or **personal care homes**, and often aren't covered by long-term care policies.) Some policies may list specific points about the kinds of facilities they'll cover. Some say the facilities must care for a certain number of patients or give a certain kind of care.

NOTE: If you do NOT live in the kind of facility named in your policy, the insurance company many not pay for the services you require.

When you shop for a long-term care policy, carefully compare the types of services and facilities the policy covers. Also know that many states, companies, and policies define **assisted living facilities** differently. Policies that cover assisted living facilities in one state may not cover services in an assisted living facility in another state. Before you move or retire to another state, ask if your policy covers the types of services and facilities available in your new state. Also, if your policy lists kinds of facilities, check if your policy requires the facility to have a license or certification from a government agency.

What Services Aren't Covered (Exclusions and Limitations)

Most long-term care insurance policies usually don't pay **benefits** for:

- A mental or nervous disorder or disease, other than **Alzheimer's disease** or other **dementia**.
- Alcohol or drug addiction.
- Illness or injury caused by an act of war.
- Treatment in a government facility or that the government has already paid for.
- Attempted suicide or intentionally self-inflicted injuries.

NOTE: Many policies do not cover or limit their coverage for care outside the United States.

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NOTE: In most states, regulations require insurance companies to pay for covered services for **Alzheimer's disease** that develops after a policy is issued. Ask your state insurance department if this applies in your state. Nearly all policies specifically say they will cover Alzheimer's disease. Read about Alzheimer's disease and eligibility for **benefits** in the section on **benefit triggers** on page 22.

How Much Coverage Will I Have?

The policy or certificate may state the amount of coverage in one of several ways. A policy may pay different amounts for different types of long-term care services. Be sure you understand how much coverage you'll have and how the policy will cover long-term care services you receive.

Maximum Benefit Limit

Most policies limit the total **benefit** they'll pay over the life of the policy, but a few don't. Some policies state the maximum benefit limit in years (one, two, three or more, or even lifetime). Others write the policy maximum benefit limit as a total dollar amount. Policies often use words like "total lifetime benefit," "maximum lifetime benefit," or "total plan benefit" to describe their maximum benefit limit. When you look at a policy or certificate, be sure to check the total amount of coverage. In most states, the minimum benefit period is one year. Most **nursing home** stays are short, but illnesses that go on for several years could mean long nursing home stays. You'll have to decide if you want protection for very long stays. Policies with longer maximum benefit periods cost more. You usually can learn what the benefit period is by looking through the first few pages of the policy for the schedule page.

Daily/Weekly/Monthly Benefit Limit

Policies normally pay benefits by the day, week, or month. For example, in an expense-incurred plan, a policy might pay a daily nursing home benefit of up to $200 per day, and a weekly **home health care** benefit of up to $1,400 per week. Some policies pay one time for single events, such as installing a home medical alert system.

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When you buy a policy, insurance companies let you choose a benefit amount (usually $50 to $350 a day, $350 to $2,450 a week, or $1,500 to $10,500 a month) for care in a **nursing home**. If a policy covers home care, the benefit is usually a percentage of the nursing home care benefit – for example, 50% or 75%. But, more policies now pay the same benefit amounts for care at home as in a facility. Often, you can choose the home care benefit amount you want. It's important to know how much skilled nursing homes, **assisted living facilities**, and **home health care** agencies charge for their services BEFORE you choose the benefit amounts in your long-term care insurance policy. Check the facilities in the area where you think you may be receiving care, whether they are local, near a grown child, or in a new place where you may retire. Worksheet 1—*Availability and Cost of Long-Term Care in My Area* on page 46 can help you track these costs.

NOTE: Companies may use different **benefit triggers** for home health care coverage than for **nursing home care**, but most don't. If they do, the benefit trigger for nursing home care is usually harder to meet than the one for home care.

When Will I Be Eligible for Benefits (Benefit Triggers)?

"**Benefit triggers**" is the term usually used to describe the way insurance companies decide when to pay **benefits**. This term refers to how the insurance company decides if you're eligible for benefits. Benefit triggers are an important part of a long-term care insurance policy. Different policies may have different benefit triggers so look at this policy feature carefully as you shop. Look for a section called "Eligibility for the Payment of Benefits" or simply "Eligibility for Benefits" in the policy and outline of coverage. Some states require certain benefit triggers. Also, the benefit triggers for **tax-qualified** contracts are mostly the same across insurance policies. Check with your state insurance department to find out what your state requires.



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Types of Benefit Triggers

Activities of Daily Living

Being unable to do **activities of daily living**, or ADLs, is the most common way insurance companies decide when you're eligible for **benefits**. Most companies use six ADLs: **bathing**, **continence**, **dressing**, **eating**, **toileting**, and **transferring**. Typically, a policy pays benefits when you can't do a certain number of the ADLs, such as two of the six or three of the six. The more ADLs you must be unable to do, the harder it'll be for you to become eligible for benefits. The requirement for federally **tax-qualified** policies is being unable to do at least two of the six ADLs listed earlier as **benefit triggers**.

If the policy you're thinking of buying pays benefits when you can't do certain ADLs, be sure you understand what that means. Some policies spell out very clearly what it means to be unable to feed or bathe oneself. Some policies say that you must need someone to actually help you do the activities. That's known as **hands-on assistance**. Others say you qualify if you only need someone nearby to help you if you need it (**stand-by assistance**). Requiring hands-on assistance makes it harder to qualify for benefits than requiring only stand-by assistance. The more clearly a policy describes its requirements, the clearer you or your family will be when you need to file a claim.

NOTE: The six **activities of daily living (ADLs)** have been developed through years of research. This research also has shown that **bathing** usually is the first ADL that a person cannot do. While most policies use all six ADLs as **benefit triggers**, qualifying for **benefits** from a policy that uses five ADLs may be harder if bathing is not one of the five.

Cognitive Impairment

Most long-term care insurance policies also pay benefits for **cognitive impairment**. Coverage of cognitive impairment is especially important if you develop **Alzheimer's disease** or other **dementia**. If being unable to do ADLs is the only benefit trigger your policy uses, it may not pay benefits if you have Alzheimer's disease but can still do most of the ADLs on your own. If your policy also uses a test of your cognitive ability as a benefit trigger, it's more likely to pay benefits if you have Alzheimer's disease. Most states don't let companies limit benefits only because you have Alzheimer's disease.

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Doctor Certification of Medical Necessity

Some long-term care insurance policies pay **benefits** only if your doctor orders or certifies that the care is medically necessary. However, **tax-qualified** policies can't use this **benefit trigger**.

NOTE: Medicare still requires a three-day hospital stay to be eligible for **Medicare** payment of skilled nursing facility **benefits**.

Prior Hospitalization

In the past, long-term care insurance policies required a hospital stay of at least three days before they would pay benefits. Most companies no longer sell policies that require a hospital stay.

When Benefits Start (Elimination Period)

With many policies, your **benefits** won't start the first day you go to a **nursing home** or start using home care. How many days you have to wait for benefits to start will depend on the **elimination period** (sometimes called a deductible or a waiting period) you pick when you buy your policy. During an elimination period, the policy won't pay the cost of long-term care services you receive and you may owe that cost. The elimination period can be 20, 30, 60, 90, or 100 days after you start using long-term care or become disabled. You also might be able to choose a policy with a zero-day elimination period, but expect it to cost more.

Elimination periods for nursing home and **home health care** may be different. Or a single elimination period may apply to any covered service. Some policies calculate the elimination period using calendar days. Other policies count only the days on which you received a covered service. Under the calendar days method, every day of the week counts toward the elimination period whether or not you received any services on those days. Under the days of service method, the only days that count toward the elimination period are the ones when you received services. For example, if you only received services three days a week, it will take longer for your benefits to start than if you received them five days a week. So, you would have more out-of-pocket expenses before your benefits begin.

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You may choose to pay a higher premium for a shorter **elimination period**. If you choose a longer elimination period, you'll pay a lower premium. But you also must pay the cost of your care during the elimination period.

For example, if a nursing home in your area costs $150 a day and your policy has a 30-day elimination period, you would have to pay $4,500 before your policy starts to pay **benefits**. If you had a policy with a 60-day elimination period, you would have to pay $9,000 of your own money. With a 90-day elimination period, you would have to pay $13,500 of your own money before the policy would start to pay benefits.



If you only need care for a short time and your policy has a long elimination period, your policy may not pay any benefits. If, for example, your policy had a 10-day elimination period, and you received long-term care services for only 60 days, you wouldn't receive any benefits from your policy.

On the other hand, if you can afford to pay for long-term care services for a short time, a longer elimination period might be right for you. It would protect you if you needed care for a long time and also would help to keep the cost of your insurance down.

You also may want to think about how the policy pays if you have a repeat stay in a **nursing home**. Some policies count the second stay as part of the first one as long as you leave and then go back within 30, 90, or 180 days. Be sure you know how the policy defines the elimination period. Find out if the insurance company requires another elimination period for a second stay. Some policies only require you to meet the elimination period once in your lifetime. Others require you to satisfy the elimination period with each "**episode of care**." Some policies let you use non-consecutive days (for example, the 10th, 12th, and 15th) to satisfy the elimination period, but others require consecutive days.

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Inflation Protection

Inflation protection can be one of the most important features you can add to a long-term care insurance policy. Inflation protection increases the premium, usually by 25% to 40%. However, unless your **benefits** increase over time, years from now you may find that they haven't kept up with increasing long-term care costs. The cost of **nursing home** care has gone up by 7% a year for the past several years.[18] If inflation is 5% a year, a nursing home that costs $150 a day in 2015 will cost $398 a day in 20 years. Obviously, the younger you are when you buy a policy, the more important it is for you to think about adding inflation protection. *You usually can buy inflation protection in one of two ways: automatically or by special offer*.

NOTE: Most states' regulations require companies to offer **inflation protection**. It is up to you to decide whether to buy it. If you do not buy the protection, the company may ask you to sign a statement saying you didn't want it. Be sure you know what you're signing.

Automatic Inflation Protection

With automatic inflation protection, your benefit amounts go up each year, usually with no change in your premium. The **daily benefit** automatically increases each year by a fixed percentage, usually 5%, for the life of the policy or for a certain period, usually 10 or 20 years.

Policies that increase **benefits** for inflation automatically may use "simple" or "compound" rates. Whether the inflation adjustment is simple or compound determines the dollar amount of the increase. If the inflation increase is simple, the benefit increases by the same dollar amount each year. If the increase is compounded, the dollar amount of the benefit increase goes up each year. For example, a $200 daily benefit that increases by a simple 5% a year will go up $10 a year and will be $400 a day in 20 years. If the increase is compounded, the annual increase will be a larger dollar amount each year and at 5% a year, the $200 daily benefit will be $531 a day in 20 years.

The following tables show the effects of inflation on nursing home costs over a 20-year period, assuming a daily cost of $200 in 2015.[19] At a 7% rate of inflation, nursing home costs could be $774 a day in 20 years. If a long-term care policy uses 7% simple interest to increase the benefit amount, a $200

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daily benefit in 2015 would be only $480 in 20 years, $284 a day less than you would need to pay for long-term care. If the inflation rate is 8%, your benefit adjusted at a simple rate of interest would be more than $400 less than the daily cost of care ($932–$520).

Compound Interest

Rate of Inflation	2015	2020	2025	2030	2035
5%	$200	$255	$326	$416	$531
6%	$200	$268	$358	$479	$641
7%	$200	$281	$393	$552	$774
8%	$200	$294	$432	$634	$932

Simple Interest

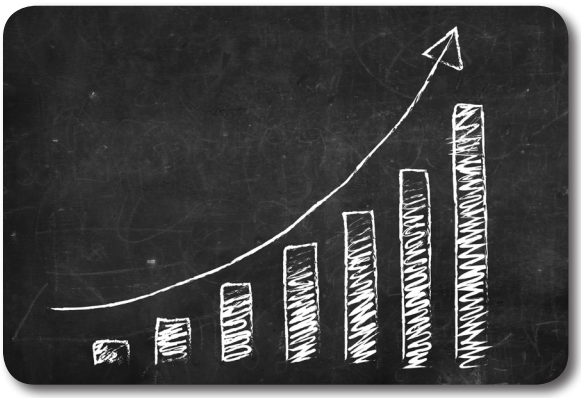
Rate of Inflation	2015	2020	2025	2030	2035
5%	$200	$250	$300	$350	$400
6%	$200	$260	$320	$380	$440
7%	$200	$270	$340	$415	$480
8%	$200	$280	$360	$440	$520

Compounded automatic inflation increases are a good idea. Some states now require policies to offer compound inflation increases but others don't so not all policies offer them. Check with your state insurance department to find out what's required in your state. All individual and some group **tax-qualified** policies must offer compound inflation increases as an option. Compounding can make a big difference in the size of your benefit.

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Special Offer or Non-Automatic Inflation Protection

The second way to buy **inflation protection** lets you choose to increase your **benefits** from time to time, such as every two or three years. If you regularly use the special offer option, you usually don't have to prove you're in good health, if you regularly use the option. Your premium increases if you increase your benefits. How much it increases depends on your age at the time and how much you increase your benefit. Increasing your benefits every few years may help you afford the cost of increasing your benefits later. If you turn down the option to increase your benefit one year, you may not get the chance again. If you do, you may have to prove good health, or it may cost you more money. If you don't accept an offer, check your policy to see how that affects future offers. Some policies continue the inflation offers while you receive benefits, but most don't. Check your policy carefully.



Other Benefits

Third-Party Notice

The **third-party notice** benefit lets you name someone the insurance company would contact if your coverage is about to end because you forgot to pay the premium. People with **cognitive impairments** may forget to pay the premium and lose their coverage when they need it the most.

You can choose a relative, friend, or a professional (e.g., a lawyer or accountant) as your third party. After the company contacts the person you choose, he or she would have some time to arrange to pay the overdue premium. You usually can name a contact person without extra cost. Some states require insurance companies to give you the chance to name a contact and to update your list of contacts from time to time. You may be required to sign a waiver if you choose not to name anyone to be contacted if the policy is about to **lapse**.

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Other Long-Term Care Insurance Policy Options I Might Choose

You can probably choose other policy features, but some insurers don't offer all of them. Each may increase your policy's cost.

Waiver of Premium

Premium waiver lets you stop paying the premium once you're eligible and the insurance company starts to pay **benefits**. Many long-term care insurance policies automatically include this feature, but some may only offer it as an optional benefit. Some companies waive the premium as soon as they make the first benefit payment. Others wait until you've received benefits for 60 to 90 days.

Premium Refund at Death

This benefit pays to your estate any premiums you paid minus any benefits the company paid. To get the refund, you must have paid premiums for a certain number of years. Also, some companies refund premiums only if the policyholder dies before a certain age, usually 65 or 75.

Downgrades

While it may not always appear in the contract, most insurers let you reduce your coverage if you have trouble paying the premium. When you downgrade your policy, it covers less and/or has lower **benefits** and you'll pay a lower premium. Downgrading may let you keep your policy instead of dropping it.

What If I Can't Afford the Premiums After I Buy the Policy?

Nonforfeiture Benefits

If, for whatever reason, you drop your coverage and your policy has a nonforfeiture benefit, you'll get some value for the money you've paid into the policy. Without this type of benefit, you get nothing, even if you paid premiums for 10 or 20 years before you dropped the policy. A nonforfeiture benefit can add 10%–100% (sometimes more) to a policy's cost. How much it adds depends on such things as your age at the time you bought the policy, the type of nonforfeiture benefit, and whether the policy has **inflation protection**.

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Some states require insurance companies to offer long-term care insurance policies with a **nonforfeiture benefit**. If so, you may be given benefit choices, including a **reduced paid-up policy**, **shortened benefit period policy**, and an **extended-term policy**. With any of these, when you stop paying your premiums, the company gives you a paid-up policy. Depending on the option you choose, your paid-up policy could either have the same benefit period but with a lower **daily benefit (reduced paid-up policy)** or the same daily benefit but with a shorter benefit period (shortened benefit period policy or extended term policy) than your original policy. Regardless, the level of benefits depends on how long you paid premiums and how much you've paid in premiums. Since the policy is paid-up, you won't owe any more premiums. If the nonforfeiture benefit is extended term and you don't use the benefits in a certain period of time, your coverage ends. There's no time limit to use the benefits if the nonforfeiture benefit is a reduced paid-up policy.

Other insurers may offer a "return of premium" nonforfeiture benefit. They pay back all or part of the premiums that you paid in if you drop your policy after a certain number of years. This type of nonforfeiture benefit usually costs the most. You have the option to add a nonforfeiture benefit if you're buying a **tax-qualified policy**. The return of premium, the reduced paid-up policy, and the shortened benefit period nonforfeiture benefits could be choices when you buy a tax-qualified policy.

Contingent Nonforfeiture

In some states, if you don't accept the offer of a **nonforfeiture benefit**, a company is required to offer you a contingent benefit if the policy **lapses**. This means that when your premiums increase to a certain amount (based on a table of increases), the company must give you a way to keep your policy without paying the higher premium. For example, suppose you bought a policy at age 70 and didn't accept the insurance company's offer of a nonforfeiture benefit. Also, suppose the policy is required to offer you a **contingent benefit upon lapse** if the premium increases to 40% or more of the original premium. If you're offered the contingent benefit upon lapse, you could choose: 1) your current policy with reduced benefits so the premium stays the same; 2) a **paid-up policy** with a shorter benefit period but no future premiums; or 3) your current policy with the higher premiums.

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Will My Health Affect My Ability to Buy a Policy?

Companies that sell long-term care insurance medically "**underwrite**" their coverage. They look at your current and past health before they decide to issue a policy. An employer or another type of group may not use medical underwriting or may have more relaxed underwriting standards. Insurance companies' underwriting practices affect the premiums they charge you now and in the future. Some companies do what is known as "short-form" underwriting. They only ask you to answer a few questions on the insurance application about your health. For example, they may want to know if you've been in a **nursing home** or received care at home in the last 12 months.

Some companies do more underwriting. They may ask more questions, look at your current medical records, and ask your doctor for a statement about your health. These companies may insure fewer people with health problems. If you have certain conditions that are likely to mean you'll soon need long-term care (Parkinson's disease, for example), you probably can't buy coverage from these companies.

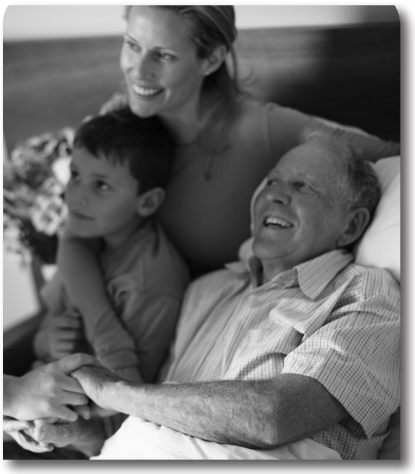


Sometimes companies don't check your medical record until you file a claim. Then they may try to refuse to pay you **benefits** because of information they found in your medical record after you filed your claim. This practice is called "post-claims underwriting." It's illegal in many states. Companies that thoroughly check your health before selling you a policy aren't as likely to do post-claims underwriting. No matter how the company underwrites, you must answer certain questions on your application. When you fill out your application, be sure to answer all questions correctly and completely. A company depends on the information you put on your application. If the information is

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wrong, an insurance company may decide to **rescind** (or cancel) your policy and return the premiums you've paid. A company usually can do this only in the first two years after you bought the policy. Most states require the insurance company to give you a copy of your application when it delivers the policy. Then, you can review your answers again. You should keep this copy of the application with your insurance papers.

What Happens If I Have Pre-Existing Conditions?



A long-term care insurance policy usually defines a **pre-existing condition** as one where you got medical advice or treatment or had symptoms within a certain period before you applied for the policy. Some companies look further back in time than others. That may be important if you have a pre-existing condition. A company that learns you didn't tell it about a pre-existing condition on your application might not pay for treatment related to that condition and might even rescind your coverage. A company usually can do this only within two years after you bought the policy. But in some cases it could be longer, if you intentionally misled the insurer.

Many companies will sell a policy to someone with a pre-existing condition. However, the company may not pay **benefits** for long-term care related to that condition for a period after the policy goes into effect, usually six months. Some companies have longer pre-existing condition periods, while others have none.

Can I Renew My Long-Term Care Insurance Policy?

In most states, long-term care insurance policies sold today must be **guaranteed renewable**—the insurance company guarantees you a chance to renew the policy. This *isn't* a guarantee that you can renew at the same premium. Your premium may go up over time as your company pays more claims and more expensive claims.

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Insurance companies can increase the premiums on their policies, but only if they increase the premiums on all policies that are the same in that state. *An insurance company can't single out an individual for a premium increase*, no matter whether you've filed a claim or your health has gotten worse. In some states, a company can't increase your premium just because you're older. If you buy a group policy and later leave the group, you may be able to keep your group coverage or convert it to an individual policy, but you may pay more. *You can ask your state insurance department if your state requires insurers to offer you this option.*

How Much Do Long-Term Care Insurance Policies Cost?

A long-term care insurance policy can be expensive. Be sure you can pay the premiums and still afford your other health insurance and other expenses.

Premiums vary based on a variety of factors. These factors include your age and health when you buy a policy and the level of coverage, **benefits**, and options you choose. The older you are when you buy long-term care insurance, the higher your premiums will be, as it's more likely you'll need long-term care services. (See "Will I Need Long-Term Care" on page 6.) If you buy at a younger age, your premiums will be lower, but you'll pay premiums for a longer period of time. According to recent studies, the average buyer is age 59.[20]

If you buy a policy with a large **daily benefit**, a longer maximum benefit period, or a **home health care** benefit, it will cost more. **Inflation protection** and **nonforfeiture benefits** mean much higher premiums for long-term care insurance. Inflation protection can add 25% to 40% to the premium. Nonforfeiture benefits can add 10% to 100% to the premium, as noted on page 28. In fact, either of these options could easily double your premium, depending on your age when you buy a policy.

The table that follows shows examples of how much premiums can vary depending on your age and coverage options.[21] It shows the average annual premiums for basic long-

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term care insurance ($200 **daily benefit** amount; four-year, six-year, and lifetime coverage; and a 20-day **elimination period**) with and without a 5% compound **inflation protection** option and with no **nonforfeiture benefit** option. Remember, your actual premium may be very different.

Average Annual Premium for Basic Long-Term Insurance $200 Daily Benefit

Age When Buy	With Inflation Protection 5% Compounded Per Year		
	4 Years of Benefits	*6 Years of Benefits*	*Lifetime Benefits*
50	$4,349	$5,083	$7,347
60	$5,331	$6,269	$8,927
70	$9,206	$10,549	$15,070
75	$13,500	$15,157	$20,930
	With No Inflation Protection—Benefit Stays at $200 per Day		
	4 Years of Benefits	*6 Years of Benefits*	*Lifetime Benefits*
50	$1,294	$1,514	$1,997
60	$2,057	$2,426	$3,307
70	$4,914	$5,834	$7,777
75	$8,146	$8,291	$12,337

Another issue to keep in mind is that long-term care insurance policies may not cover the full cost of your care. For example, if your policy covers $110 a day in a **nursing home**, but the total cost of care is $150 a day, you must pay the difference. Remember, medications and therapies increase your total daily costs. Consider the long-term care costs in your state when you choose the amount of coverage to buy. (See "How Much Do Long-Term Care Insurance Policies Cost?" on page 32.)

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When you buy a long-term care policy, think about how much your income is. How much can you afford to spend on a long-term care insurance policy now? A rule of thumb is that you may not be able to afford the policy if the premiums will be more than 7% of your income. Also, try to think about what your future income and living expenses are likely to be and how much premium you could pay then. If you don't expect your income to increase and you can barely afford the premium now, it probably isn't a good idea to buy a policy.

NOTE: Don't be misled by the term "level premium." You may be told that your long-term care insurance premium is "level." That doesn't mean that it will never increase. For almost all long-term care insurance policies, companies can't guarantee that premiums will never increase. Companies don't guarantee that premiums will never increase. Many states have adopted regulations that do not let insurance companies use the word "level" to sell **guaranteed renewable** policies. Companies must tell consumers that premiums may go up. Look for that information on the outline of coverage and the policy's face page when you shop.

As you decide what you can afford, consider the effect if the premium goes up in the future. While a company can't raise premiums because you filed a claim or your health changed, the company can raise the premiums for an entire class of policies. Some states have laws that limit premium increases. *Check with your state insurance department to learn how your state regulates premium increases*. (See the list of state insurance departments, agencies on aging, and **state health insurance assistance programs** starting on page 60.) Again, it probably isn't a good idea to buy a policy if you can barely afford the premiums now.

What Options Do I Have to Pay the Premiums on the Policy?

If you decide you can afford to buy a long-term care insurance policy, there are two main ways you can pay your premiums—the **continuous payment option** and the **limited payment option**. Not every company offers the limited payment option in every state. *Ask your state insurance department what options your state allows*. (See the list of state insurance departments, agencies on aging, and **state health insurance assistance programs** starting on page 60.)

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Premiums usually are less with the **continuous payment option**. Under this option, you pay the premiums on your policy, typically monthly, quarterly, or once or twice a year, until you trigger your **benefits**. The company can't cancel the policy unless you don't pay the premiums.

Some companies offer a **limited payment option** to pay premiums. Under this option, you pay premiums for a set time period in one of the following ways:

- Single pay. You make one lump-sum payment.
- 10-pay and 20-pay. You pay premiums for either 10 or 20 years, and nothing after that. You might choose this option if your income will be lower in 10 or 20 years.
- Pay-to-65. You pay premiums until you're age 65 and nothing after that.

With any of these payment options, neither you nor the company can cancel the policy after you make the last premium payment. Limited payment option policies are more expensive than continuous payment policies, because you're paying a greater portion of your premium with each payment. Unless the contract fixes your premium for the payment period, your premium could increase. Despite the higher cost, some consumers want the guaranteed fixed payment and no-cancel features. Ask your tax advisor for information about the tax treatment of limited payment options.

If I Already Own a Policy, Should I Switch Policies or Upgrade the Coverage I Have Now?

Before you switch to a new long-term care insurance policy, be sure it's better than the one you have now. Even if your agent now works for a different company, think carefully before you make any changes. Switching may be right for you if your old policy requires you to stay in the hospital or to receive other types of care before it pays **benefits**. Before you decide to change, though, first ask if you can upgrade the coverage on the policy you already have. For example, you might add **inflation protection** or take off the requirement that you stay in the hospital. It might cost less to improve a policy you have now than to buy a new one. If not, you could replace your current policy with one that gives you more benefits, or even add a second policy. Be sure to talk about any changes in your coverage with a trusted family member or friend. Also, be sure you're in good health and can qualify for another policy.

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If you decide to switch to a new long-term care insurance policy, be sure the company accepts your application and issues the new policy before you cancel the old one. When you cancel a policy in the middle of its term, many companies won't give back any premiums you've paid. If you switch policies, you may not have coverage for **pre-existing conditions** for a certain period.

What Shopping Tips Should I Keep in Mind?

Here are some points to keep in mind as you shop.

Ask questions.

If you have questions about the agent, the insurance company, or the policy, *contact your state insurance department or insurance counseling program*. (See the list of state insurance departments, agencies on aging and **state health insurance assistance programs** starting on page 60.) Be sure the company is reputable and licensed to sell long-term care insurance policies in your state.

Check with several companies and agents.

It's wise to contact several companies (and agents) before you buy. Compare **benefits**, the types of facilities you have to be in to get coverage, the limits on your coverage, what's not covered, and, of course, the premiums. (Policies that have the same coverage and benefits may not cost the same.) Worksheet 2—*Compare Long-Term Care Insurance Policies* on page 48 of this Shopper's Guide will be helpful.

Check out the companies' premium increase histories.

Ask companies whether they have increased the premiums on the long-term care insurance policies they sell. Ask to see a company's personal worksheet (see Worksheet 5—*Long-Term Care Insurance Personal Worksheet*) that includes the company's premium increase history.

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Some state insurance departments prepare a consumer guide for long-term care insurance each year (see Texas guide at left). These guides may include an overview of long-term care insurance, a list of companies selling long-term care insurance in your state, the types of **benefits** and policies you can buy (both as an individual and as a member of a group), and a premium increase history of each company that sells long-term care insurance in that state. Some guides even include examples of different coverage types and combinations and premiums to help you compare policies.

Contact your state insurance department or insurance assistance program for this information. (See the list of state insurance departments, agencies on aging, and **state health insurance assistance programs** starting on page 60.)

▶ *Take your time and compare outlines of coverage.*

Ask for an outline of coverage, which describes the policy's **benefits** and points out important features. Compare outlines of coverage for several policies, making sure they are similar (if not the same). In most states the agent must leave an outline of coverage when he or she first contacts you. Never let anyone pressure or scare you into making a quick decision. Don't buy a policy the first time you see an agent.

▶ *Understand the policies.*

Be sure you know what the policy covers and what it doesn't. If you have any questions, call the insurance company before you buy.

If any information confuses you or is different from the information in the company literature, don't hesitate to call or write the company to ask your questions. Don't trust any sales presentation or literature that claims you have only one chance to buy a policy.

Some companies sell their policies through agents, while others sell their policies through the mail, skipping agents entirely. No matter how you buy your policy, check with the company if you don't understand how the policy works.

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Talk about the policy with a trusted family member or friend. *You also may want to contact your state insurance department or state health insurance assistance program (SHIP).* (See the list of state insurance departments, agencies on aging, and **state health insurance assistance programs** starting on page 60.)

- ***Don't be misled by advertising.***

  Most celebrity endorsers are professional actors paid to advertise. They aren't insurance experts. **Medicare** doesn't endorse or sell long-term care insurance policies. Be wary of any advertising that suggests Medicare is involved.

  Don't trust cards you get in the mail that look like official government documents until you check with the government agency identified on the card. Insurance companies or agents trying to find buyers may have sent them. Be careful if anyone asks you questions over the telephone about Medicare or your insurance. They may sell any information you give to long-term care insurance marketers, who might call you, come to your home, or try to sell you insurance by mail.

- ***Be sure you put correct and complete information on your application.***

  Don't be misled by long-term care insurance marketers who say your medical history isn't important—it is! Give correct information. If an agent fills out the application for you, don't sign it until you've read it. Be sure that all of the medical information is accurate and complete. If it isn't and the company used that information to decide whether to insure you, it could refuse to pay your claims and even cancel your policy.

- ***Never pay in cash.***

  Use a check, electronic bank draft payable to the insurance company, or credit card.

- ***Be sure to get the name, address, and telephone number of the agent and the company.***

  Get a local or toll-free number for both the agent and the company.

- ***If you don't get your policy within 60 days, contact the company or agent.***

  You have a right to expect prompt delivery of your policy. When you get it, keep it somewhere you can easily find it. Tell a trusted family member or friend where it is.

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Be sure you look at your policy during the free-look period.

If you decide you don't want the policy soon after you bought it, you can cancel it and get your money back. You only have a certain number of days after you get the policy to tell the company you don't want it. How many days you have depends on the "free-look" period. In some states the insurance company must tell you about the free-look period on the cover page of the policy. In most states you have 30 days to cancel, but in some you have less time. *Check with your state insurance department* (see the list of state insurance departments, agencies on aging and **state health insurance assistance programs** starting on page 60) *to find out how long the free-look period is in your state.*

If you want to cancel:

- Keep the envelope the policy was mailed in. Or ask the agent for a signed delivery receipt when he or she hands you the policy.
- Send the policy to the insurance company along with a short letter asking for a refund.
- Send both the policy and the letter by certified mail. Keep the mailing receipt.
- Keep a copy of all letters. It usually takes four to six weeks to get your refund.

Read the policy again and be sure it gives you the coverage you want.

Check the policy to see if the **benefits** and the premiums are what you expected. If you have any questions, call the agent or company right away. Also, reread the application you signed. It's part of the policy. If it isn't filled out correctly, contact the agent or company right away. Worksheet 3—*Facts About My Long-Term Care Insurance Policy* on page 53 of this Shopper's Guide can help you be sure you understand your policy.

Think about having the premium automatically taken out of your bank account.

Automatic withdrawal may mean that you won't lose your coverage if you forget to pay your premium. If you decide not to renew your policy, be sure you tell the bank to stop the automatic withdrawals.

Check the financial stability of the insurance company.

Insurer ratings can show you how analysts see the financial health of individual insurance companies. Different rating agencies use different rating scales. Be sure

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to find out how the agency labels its highest ratings and the meaning of the ratings for the companies you're considering.

You can get ratings from some insurer rating services for free at most public libraries. And now you can get information from these services on the Internet.

Some companies that provide ratings of insurers are:

- A.M. Best Company
- Fitch IBCA, Duff & Phelps, Inc.
- Moody's Investor Service, Inc.
- Standard & Poor's Insurance Rating Services
- Weiss Ratings, Inc.

Endnotes

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6. www.medicare.gov/Publications/Pubs/pdf/02110.pdf.
7. www.cms.gov/NationalHealthExpendData/downloads/tables.pdf. Medicaid pays for 31.5% of aggregate costs of all Nursing Care Facilities and Continuing Care Retirement Communities (Table 12. 2010 data).
8. Omnibus Budget Reconciliation Act of 1993 (OBRA). OBRA requires each state to have an Estate Recovery Program, which is designed to recover the costs of Medicaid-paid benefits from that person's estate or the estate of his or her spouse. If you are age 55 or over and receive Medicaid benefits for nursing home care and related services, OBRA requires that states recover the paid benefits from your estate in an amount equal to the total of the assistance. This could include your home and any other property that otherwise would be passed to your heirs. www.gpo.gov/fdsys/pkg/BILLS-103hr2264enr/pdf/BILLS-103hr2264enr.pdf.
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19. Minnesota Department of Commerce Rate Filings as of April 2013.
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Glossary

Accelerated Death Benefit: A life insurance policy feature that lets you use some of the policy's death benefit before you die.

Activities of Daily Living (ADLs): Everyday functions and activities individuals usually do without help. ADLs include **bathing**, **continence**, **dressing**, **eating**, **toileting**, and **transferring**. Many policies use being unable to do a certain number of ADLs (such as two of six) to decide when to pay **benefits**.

Adult Day Care: Care given during the day at a community-based center for adults who need help or supervision during the day, including help with **personal care**, but who don't need round-the-clock care.

Alzheimer's Disease: A progressive, degenerative form of **cognitive impairment** that causes severe intellectual deterioration.

Assisted Living Facility: A residential living arrangement that provides **personal care** and health services for people who need some help with **activities of daily living**, but don't need the level of care that **nursing homes** give. Assisted living facilities can range from small homes to large apartment-style complexes and also can offer different levels of care and services.

Bathing: Washing oneself in either a tub or shower. This activity includes getting in or out of the tub or shower.

Benefit Triggers: The criteria and ways an insurer decides when a policy pays benefits, such as being unable to do two or more **activities of daily living**, or the need for **substantial supervision** due to having **dementia** or **Alzheimer's disease**.

Benefits: The amount the insurance company pays for covered services.

Care Management Services: A service in which a professional, typically a nurse or social worker, may arrange, monitor, or coordinate long-term care services (also called care coordination services).

Cash Surrender Value: The amount of money the insurance company owes you when you terminate a life insurance policy or annuity contract with this feature. The policy states the amount of the cash value.

Chronically Ill: A term used in a tax-qualified long-term care contract to describe a person who needs long-term care either because of a severe **cognitive impairment** or because s/he can't do everyday **activities of daily living** (ADLs) without help.

Cognitive Impairment: A loss of short- or long-term memory; difficulty knowing people, places, or the time or season; loss of the ability to make good decisions; or loss of safety awareness.

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Community-Based Services: Services designed to help older people stay independent and in their own homes.

Continence: Being able to control bowel and bladder function or, if you can't, being able to manage needed personal hygiene (such as a catheter or colostomy bag).

Contingent Benefit Upon Lapse: A requirement in some states that companies are required to offer if premiums increase to a certain amount (based on a table of increases) to enable policyholders to keep their policy without paying the higher premium. If offered, the policyholder could choose: 1) their current policy with reduced **benefits** so the premium stays the same; 2) a **paid-up policy** with a shorter benefit period but no future premiums; or 3) their current policy with the higher premiums.

Contingent Nonforfeiture: A reduced benefit provided to some policyholders whose policies terminate, sometimes called a "**lapse**." The amount of the reduced benefit is the total premiums you paid for the policy, without interest. Some states require the company to offer contingent nonforfeiture to policyholders whose premiums increase by a certain percentage or more. For example, suppose you bought a policy at age 65 for $2,000 per year, and didn't buy the optional **nonforfeiture benefit**. Also suppose that after you paid premiums for ten years, the company raised the rates by 50% or more, and your coverage ends because you don't pay the higher premiums. If the policy has contingent nonforfeiture, then you'll be eligible for up to $20,000 (the total amount you paid in premiums) of benefits if you meet the benefit triggers in the future.

Continuing Care Retirement Community (CCRC): A retirement complex that offers a broad range of services and levels of care.

Continuous Payment Option: A premium payment option that requires you to pay premiums until you're eligible for **benefits**. You can pay premiums monthly, quarterly, or once or twice a year. The policy is **guaranteed renewable**, which means the only reason the company can cancel it is if the premiums aren't paid when due.

Custodial Care (Personal Care): Care to help individuals with **activities of daily living** such as **bathing**, **dressing**, and **eating**. Usually, medical training isn't needed to give this type of care.

Daily Benefit: The amount the policy will pay for each day of care, often limited to the amount charged for your care.

Dementia: Another term for significant **cognitive impairment**.

Disability Method: Method of paying **benefits** that only requires you to meet the benefit eligibility criteria. Once you do, you receive your full **daily benefit**, even if you aren't receiving any long-term care services.

Dressing: Putting on and taking off all items of clothing and any necessary braces, fasteners, or artificial limbs.

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Eating: Feeding yourself by getting food into the body from a receptacle (such as a plate, cup, or table).

Elimination Period (Waiting Period): A type of deductible; the length of time the individual must pay for covered services before the insurance company begins to make payments. Increasing your policy's elimination period reduces the premium, because the insurance company has to pay less benefit. Another term for this is a "waiting period."

Episode of Care: The care provided by a health care facility or provider for a specific medical condition during a set time period.

Expense-Incurred Method: Once there's an expense for an eligible service, the insurer pays **benefits** either to you or your provider. The coverage pays either the amount of the expense or your policy's dollar limit, whichever is less. Most policies sold today use the expense-incurred method.

Extended Term Benefits: After you stop paying premiums, this coverage provides full **benefits** for use during a certain period of time. If you don't collect benefits during that period, the contract ends and you have no coverage.

Guaranteed Renewable: A policy that an insurance company can't cancel and must renew, unless the **benefits** listed in the policy have been completely used or the premiums haven't been paid. Note: The insurance company may increase premiums for a guaranteed renewable policy, but only on an entire class of policies, not just on your policy.

Hands-On Assistance: Physical help (minimal, moderate, or maximal) an individual must have to do an **activity of daily living**.

Health Insurance Portability and Accountability Act (HIPAA): Federal health insurance legislation passed in 1996 that allows, under some conditions, long-term care insurance policies to be qualified for certain tax benefits.

Home Health Care: Services in the client's home. Can include nursing care, social services, medical care, **homemaker services**, and occupational, physical, respiratory, or speech therapy.

Hospice Care: Care for a person who isn't expected to live very long, so the care is designed to reduce pain and discomfort.

Hospice Facility: A healthcare facility for the terminally ill in which **hospice care** is provided.

Homemaker Services: Household tasks such as laundry, cleaning, or cooking.

Indemnity Method: Method of paying **benefits** where the benefit is a set dollar amount that isn't based on the specific service received or the expenses incurred. Once the company decides you're eligible for benefits because you're receiving eligible long-term care services, it pays the set amount up to the limit of the policy.

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Inflation Protection: A policy option that increases **benefits** levels to cover expected increases in long-term care services' costs.

Lapse: Termination of a policy when a renewal premium isn't paid.

Limited Payment Option: A premium payment option in which you pay premiums for a set time period but the policy covers you for the rest of your life.

Medicaid: A joint federal/state program that pays for health care services for those with low incomes or very high medical bills relative to income and assets.

Medicare: The federal program that provides hospital and medical insurance to people aged 65 or older and to certain ill or disabled persons. **Benefits** for **nursing home** and **home health services** are limited to a short period of time.

Medicare Supplement Insurance: A private insurance policy that covers many of the gaps in **Medicare** coverage (also called Medigap insurance coverage).

National Association of Insurance Commissioners (NAIC): Membership organization of state insurance commissioners. A goal is to promote uniformity of state insurance regulation and legislation.

Nonforfeiture Benefits: A policy feature that keeps some coverage available to you if the policy ends because the premiums weren't paid.

Nursing Home: A licensed facility that provides nursing care to those who are **chronically ill** or can't do one or more **activities of daily living**.

Paid-up Policy: When you stop paying your premiums but your insurance policy is considered paid-in-full. You don't pay any more premiums, and your policy **benefits** depend on how much you've already paid in premiums, not the level of benefits that you first bought.

Partnership Policy: A type of policy that lets you protect (keep) some of your assets if you apply for **Medicaid** after you use your policy's **benefits**. Not all states have these policies.

Personal Care (Custodial Care): Care to help individuals meet personal needs such as **bathing**, **dressing**, and **eating**. Someone without professional training may provide personal care.

Personal Care Home: A general term for a facility that cares for elderly people. Long-term care insurance policies often don't cover care here.

Pre-existing Condition: An illness or disability for which you were treated or advised within a time period before you applied for insurance.

Pooled Benefit: A policy covering two people who can access the same **benefits** until one or both people have used up the benefits.

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Reduced Paid-up Policy: A nonforfeiture option that reduces your **daily benefit** but keeps the full benefit period on your policy until death. For example, if you bought a policy for three years of coverage with a $150 daily benefit and let the policy **lapse**, the daily benefit would be reduced to $100 but the benefit period still would be three years. Just how much less your benefit would be depends on how much premium you've paid on the policy. Unlike **extended term benefits**, which must be used in a certain amount of time after the lapse, you can use reduced paid-up benefits at any time after you lapse (until death).

Rescind: When the insurance company voids (cancels) a policy.

Respite Care: Care a third party gives to relieve family caregivers for a few hours to several days and give them an occasional break from daily caregiving responsibilities.

Skilled Care: Daily nursing and rehabilitative care that can be done only by, or under the supervision of, skilled medical personnel. This care usually is needed 24 hours a day, must be ordered by a physician, and must follow a plan of care. Individuals usually get **skilled care** in a **nursing home** but also may get it in other places.

Spend Down: A requirement that an individual use up most of his or her income and assets to meet **Medicaid** eligibility requirements.

Stand-by Assistance: Caregiver stays close to watch over the person and to give physical help if needed.

State Health Insurance Assistance Program (SHIP): Federally funded program to train volunteers to counsel senior citizens about insurance needs. (See the list of state insurance departments, agencies on aging and state health insurance assistance programs starting on page 60.)

Substantial Assistance: Hands-on or stand-by help required to do ADLs.

Substantial Supervision: Help from a person who directs and watches over another who has a **cognitive impairment.**

Tax-Qualified Long-Term Care Insurance Policies: Long-term care policies that meet certain standards in federal law and offers certain federal tax advantages.

Third-Party Notice: A benefit that lets you name someone whom the insurance company would notify if your coverage is about to end because the premium hasn't been paid. This can be a relative, friend, or professional such as a lawyer or accountant.

Toileting: Getting to and from the toilet, getting on and off the toilet, and doing related personal hygiene.

Transferring: Moving into and out of a bed, chair, or wheelchair.

Underwriting: Collecting and reviewing information to determine whether to issue an insurance policy.

Waiver of Premium: An insurance policy feature that means an insured who's receiving **benefits** no longer has to pay premiums.

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WORKSHEET 1

Availability and Cost of Long-Term Care in My Area

Find out what facilities and services provide long-term care in your area (or in the area where you would be most likely to receive care) and what these services cost. List the information below.

Home Health Agency

Name of one Home Health Agency you might use

Address _____

_____

_____

Phone Number _____

Contact Person_____

Name of ***another*** Home Health Agency you might use

Address_____

_____

_____

Phone Number _____

Contact Person_____

Check which types of care are available and list the cost

Skilled Nursing Care
Cost/Visit $ _____

Home Health Care
Cost/Visit $ _____

Personal/Custodial Care
Cost/Visit $ _____

Homemaker Services
Cost/Visit $ _____

Skilled Nursing Care
Cost/Visit $ _____

Home Health Care
Cost/Visit $ _____

Personal/Custodial Care
Cost/Visit $ _____

Homemaker Services
Cost/Visit $ _____

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Nursing Home

Name of one **Nursing Home** you might use

Address _____
_____
_____

Phone Number _____

Contact Person _____

Name of another **Nursing Home** you might use

Address _____
_____
_____

Phone Number _____

Contact Person _____

Check which types of care are available and list the cost

Skilled Nursing Care
Cost/Visit $ _____

Personal/Custodial Care
Cost/Visit $ _____

Skilled Nursing Care
Cost/Visit $ _____

Personal/Custodial Care
Cost/Visit $ _____

Other Facility or Service

Other facility or service you might use (e.g., **adult day care** center, **assisted living facility**, etc.) _____

Address _____
_____
_____

Phone Number _____

Contact Person _____

What services are available?
_____
_____

What are the costs for those services?
_____
_____

Other facility or service you might use (e.g., **adult day care** center, **assisted living facility**, etc.) _____

Address _____
_____
_____

Phone Number _____

Contact Person _____

What services are available?
_____
_____

What are the costs for those services?
_____
_____

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WORKSHEET 2

Compare Long-Term Care Insurance Policies

Fill in the information below so that you can compare long-term care insurance policies. Most of the information you need is in the policies' outlines of coverage. Even so, you'll need to calculate some information and talk to the agent or a company representative to get the rest.

Insurance Company Information	**Policy 1**	**Policy 2**
1. Name of the insurance company's agent.		
2. Is the company licensed in your state?	yes/no	yes/no
3. Insurance rating service and rating. (Refer to page 40)		

What levels of care does this policy cover? (Refer to page 18)

4. Does the policy provide **benefits** for these levels of care?		
• **Skilled nursing care**?	yes/no	yes/no
• **Personal/Custodial care**? (In many states, both levels of care are required)	yes/no	yes/no
5. Does the policy pay for any **nursing home** stay, no matter what level of care you receive?	yes/no	yes/no
• If not, what levels aren't covered?		

Where will this policy pay for care? (Refer to page 18)

6. Does the policy pay for care in any licensed facility?	yes/no	yes/no
• If not, what doesn't it pay for?		
7. Does the policy provide home care **benefits** for:		
• **Skilled nursing care**?	yes/no	yes/no
• **Personal care** given by home health aides?	yes/no	yes/no
• **Homemaker services**?	yes/no	yes/no
• Other _____?	yes/no	yes/no
8. Does the policy pay for care received in:		
• **Adult day care** centers?	yes/no	yes/no
• **Assisted living facilities**?	yes/no	yes/no
9. How much will the policy pay each day for:		
• **Nursing home** care?	$	$
• **Assisted living facility** care?	$	$
• **Home care**?	$	$

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	Policy 1	Policy 2
10. Are there limits on the number of days or visits each year for which **benefits** will be paid? If yes, what are the limits for:	yes/no	yes/no
• **Nursing home** care?	days	days
• **Assisted living facility** care?		
• **Home care**? (days or visits)		
11. How long is the benefit period?	yrs	yrs
12. Are there limits on how much the policy will pay during your lifetime?	yes/no	yes/no
If yes, what are the limits for:		
• **Nursing home** care?		
• **Assisted living facility** care?		
• **Home care**? (days or visits)		
• Total lifetime limit		

* If you're considering policies that pay benefits differently, you may have to do some calculations to determine comparable amounts.

How does the policy decide when you're eligible for benefits? (Refer to page 21)

13. Which **benefit triggers** does the policy use to decide if you're eligible for **benefits**? (It may have more than one.)		
• Unable to do **activities of daily living** (ADLs)	yes/no	yes/no
• **Cognitive impairment**	yes/no	yes/no
• Doctor certification of medical necessity	yes/no	yes/no
• Prior hospital stay	yes/no	yes/no
• **Bathing** is one of the ADLs	yes/no	yes/no

When do benefits start? (Refer to page 23)

14. How long is the waiting period before **benefits** begin for:		
• **Nursing home** care?	days	days
• **Assisted living facility** care?	days	days
• **Home health care**?	days	days
• Waiting period—Covered service days or calendar days?	service days	service days
15. Are the waiting periods for **home care** consecutive?	yes/no	yes/no

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	Policy 1	Policy 2
16. How long will it be before you're covered for a **pre-existing condition**? (usually 6 months)	months	months
17. How far back will the company look at your medical history to determine a **pre-existing condition**? (usually 6 months)	months	months
Does the policy have inflation protection? (Refer to page 25)	yes/no	yes/no
18. Are the **benefits** adjusted for inflation?	yes/no	yes/no
19. Are you allowed to buy more coverage? If yes,	yes/no	yes/no
• When can you buy more coverage?		
• How much can you buy?		
• When can you no longer buy more coverage?		
20. Do the **benefits** increase automatically? If yes,	yes/no	yes/no
• What is the rate of increase?		
• Is it a simple or compound increase?		
• When do automatic increases stop?		
21. If you buy inflation coverage, what **daily benefit** would you receive for		
Nursing home *care*:		
• 5 years from now?	$	$
• 10 years from now?	$	$
Assisted living facility *care*:		
• 5 years from now?	$	$
• 10 years from now?	$	$
Home health care:		
• 5 years from now?	$	$
• 10 years from now?	$	$
22. If you buy inflation coverage, what will your premium be:		
• 5 years from now?	$	$
• 10 years from now?	$	$
• 15 years from now?	$	$

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What other benefits does the policy cover?

	Policy 1	Policy 2
23. Is there a **waiver of premium** benefit? (Refer to page 28) If yes,	yes/no	yes/no
• How long do you have to be in a **nursing home** before it begins?		
• Does the waiver apply when you receive **home care**?	yes/no	yes/no
24. Does the policy have a **nonforfeiture benefit**? If yes, what kind? (Refer to page 28)	yes/no	yes/no
25. Does the policy have a return of premium benefit? (Refer to page 29)	yes/no	yes/no
26. Does the policy have a death benefit? If yes, are there any restrictions before the benefit is paid? (Refer to page 28)	yes/no	yes/no
27. Will the policy cover one person or two?	one/two	one/two

Tax-qualified status

28. Is the policy **tax-qualified**? (Refer to page 13)	yes/no	yes/no

Partnership Policy

29. Is the policy **tax-qualified**?(Refer to page 17)	yes/no	yes/no

What does the policy cost? (Refer to page 32)

30. What is the premium for the basic coverage?		
• each month	$	$
• each year	$	$
31. What is the premium if the policy covers **home health care**?		
• each month	$	$
• each year	$	$
32. What is the premium if the policy covers an **assisted living facility**?		
• each month	$	$
• each year	$	$
33. What is the premium if the policy has inflation coverage?		
• each month	$	$
• each year	$	$

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	Policy 1	Policy 2
34. What is the premium if the policy has a **nonforfeiture benefit**?		
• each month	$	$
• each year	$	$
35. Is there a discount if you and your spouse both buy policies? If yes,	yes/no	yes/no
• How much is the discount?	$	$
• Do you lose the discount when one spouse dies?	yes/no	yes/no
36. What is the total premium including all riders and discounts?		
• total monthly premium	$	$
• total annual premium	$	$
37. Can the premium increase in the future? Under what circumstances?	yes/no	yes/no
38. When you look at the results of Questions 29 through 36, how much do you think you're willing to pay in premiums?	$	$

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WORKSHEET 3

Facts About My Long-Term Care Insurance Policy

To use **after** you buy a long-term care policy. Fill out this form and put it with your important papers. You may want to make a copy for a trusted family member or friend.

1. Insurance Policy Date
   Policy Number _____
   Date Purchased _____
   Annual Premium $ _____

2. Insurance Company Information _____
   Name of Company _____
   Address _____
   Phone Number _____

3. Agent Information
   Agent's Name _____
   Address _____
   Phone Number _____

4. Type of Long-Term Care Policy
   _____ Nursing home only
   _____ Facilities only
   _____ Home care only
   _____ Comprehensive (nursing home, assisted living, home and community care)
   _____ Other
   _____ Tax-qualified

5. How long is the waiting period before benefits begin?

6. How do I file a claim? (Check all that apply)
   ____ I need prior approval
   ____ Contact the company
   ____ Fill out a claim form
   ____ Submit a plan of care
   ____ Doctor notifies the company
   ____ Assessment by company
   ____ Assessment by care manager

7. How often do I pay premiums: ____ Annually ____ Semi-annually ____ Other
   Describe Other:

8. The person to be notified if I forget to pay the premium
   Name _____
   Address _____
   Phone number _____

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9. Are my premiums deducted from my bank account? ____Yes ____ No
   Name of my bank _____
   Address _____
   Phone number _____
   Bank account number _____

10. Where do I keep this long-term care policy? _____

11. Friend or relative who knows where my policy is:
   Name_____
   Address _____
   Phone number _____

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WORKSHEET 4

Long-Term Care Riders to Life Insurance Policies

The purpose of this worksheet is to help you to evaluate one or more life/long-term care insurance policies. Fill out the form so you can compare your options. You will also want to fill out Worksheet 2 about the policy's long-term care benefits.

Life Insurance Company Information

1. Name of the insurance company's agent		
2. Is the company licensed in your state?	yes/no	yes/no
3. Insurance rating service and rating (Refer to page 40)		

Policy Information

4. What kind of life insurance policy is it?		
• Whole life insurance	yes/no	yes/no
• Universal life insurance	yes/no	yes/no
• Term life insurance	yes/no	yes/no
5. What is the policy's premium?	$	$
6. Can the premium increase in the future?	yes/no	yes/no
Under what circumstances?		
7. How often is the premium paid?		
• One time / single premium	yes/no	yes/no
• Annually for life	yes/no	yes/no
• Annually for 10 years only	yes/no	yes/no
• Annually for 20 years only	yes/no	yes/no
• Other		
8. Is there a separate premium for the policy's long-term care benefit? If not, how is the premium paid?	yes/no	yes/no
• Included in life insurance premium?	yes/no	yes/no
• Deducted from the policy's cash value?	yes/no	yes/no
9. How many people will the policy cover?		

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10. Will the paying long-term care benefits decrease the policy's death benefit and cash value?	yes/no	yes/no
11. Will an outstanding loan affect the long-term care benefits?	yes/no	yes/no
12. Did you get an illustration of guaranteed values? If yes, do the policy values equal zero at some age on a guaranteed or midpoint basis? If so, at what age?	yes/no	yes/no

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WORKSHEET 5

Long-Term Care Insurance Personal Worksheet

People buy long-term care insurance for many reasons. Some don't want to use their own assets to pay for long-term care. Some buy insurance to be sure they can choose the type of care they get. Others don't want their family to have to pay for care or don't want to go on Medicaid. But long-term care insurance may be expensive and may not be right for everyone.

By state law, the insurance company must fill out part of the information on this worksheet and ask you to fill out the rest to help you and the company decide if you should buy this policy.

Premium Information

Policy Form Numbers _____

The premium for the coverage you're considering will be [$_____ per month, or $_____ per year] [a one-time single premium of $_____].

Type of Policy (non-cancelable/guaranteed renewable):

The Company's Right to Increase Premiums:

[The company cannot raise your rates on this policy.] [The company has a right to increase premiums on this policy form in the future, if it raises rates for all policies in the same class in this state.] [Insurers shall use appropriate bracketed statement. Rate guarantees shall not be shown on this form.]

Rate Increase History

The company has sold long-term care insurance since [year] and has sold this policy since [year]. [The company has never raised its rates for any long-term care policy it has sold in this state or any other state.] [The company has not raised its rates for this policy form or similar policy forms in this state or any other state in the last 10 years.] [The company has raised its premium rates on this policy form or similar policy forms in the last 10 years. Following is a summary of the rate increases.]

Drafting Note: A company may use the first bracketed sentence above only if it has never increased rates under any prior policy forms in this state or any other state. The issuer shall list each premium increase it has instituted on this or similar policy forms in this state or any other state during the last 10 years. The list shall provide the policy form, the calendar years the form was available for sale, and the calendar year and the amount (percentage) of each increase. The insurer shall provide minimum and maximum percentages if the rate increase is variable by rating characteristics. The insurer may provide, in a fair manner, additional explanatory information as appropriate.

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Questions Related to Your Income

1. **How will you pay each year's premium?**
   From my income From my savings/investments My family will pay

[Have you considered whether you could afford to keep this policy if the premiums went up, for example, by 20%?]

> ***Drafting Note:*** *The issuer is not required to use the bracketed sentence if the policy is fully paid up or is a noncancelable policy.*

2. **What is your annual income? (circle one)** Under $[30,000] $[30-50,000] Over $[50,000]

> ***Drafting Note:*** *The issuer may choose the numbers to put in the brackets to fit its suitability standards.*

3. **How do you expect your income to change over the next 10 years? (check one)**
   No change Increase Decrease

> If you'll pay premiums with money only from your own income, a rule of thumb is that you may not be able to afford this policy if the premiums will be more than 7% of your income.

4. **Will you buy inflation protection? (circle one)** Yes No
   If not, how do you plan to pay for the difference between future costs and your daily benefit amount?
   From my income From my savings/investments My family will pay

> The national average annual cost of care in [insert year] was [insert $ amount], but this figure varies across the country. In 10 years the national average annual cost would be about [insert $ amount] if costs increase 5% annually.
>
> ***Drafting Note****: The projected cost can be based on federal estimates in a current year.*

5. **What elimination period are you considering?** Number of days _____Approximate cost $_____ for that period of care.

6. **How do you plan to pay for your care during the elimination period? (circle one)**
   From my income From my savings/investments My family will pay

Questions Related to Your Savings and Investments

7. **Not counting your home, about how much are all of your assets (your savings and investments) worth? (circle one)**
   Under $70,000 $70,000-$100,000 $100,000-$250,000 Over $250,000

8. **How do you expect your assets to change over the next 10 years? (circle one)**
   Stay about the same Increase Decrease

> If you're buying this policy to protect your assets and your assets are less than $70,000, you may want to consider other options to pay for your long-term care.

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Disclosure Statement

[] The answers to the questions above describe my financial situation.

Or

[] I choose not to complete this information. (Check one)

I acknowledge that the carrier and/or its agent (below) has reviewed this form with me including the premium, premium rate increase history and potential for premium increases in the future. [For direct mail situations, use the following: I acknowledge that I have reviewed this form including the premium, premium rate increase history and potential for premium increases in the future.] I understand the above disclosures.

[] **I understand that the rates for this policy may increase in the future.** (This box must be checked).

Signed: (Applicant)_____ (Date) _____

[I explained to the applicant the importance of completing this information.

Signed: (Agent) _____ (Date) _____

Agent's Printed Name: _____]

[In order for us to process your application, please return this signed statement to [name of company], along with your application.]

[My agent has advised me that this policy does not seem to be suitable for me. However, I still want the company to consider my application.
Signed: (Applicant) _____(Date) _____]

Drafting Note: *Choose the appropriate sentences depending on whether this is a direct mail or agent sale.*

The company may contact you to verify your answers.

Drafting Note: *When the Long-Term Care Insurance Personal Worksheet is furnished to employees and their spouses under employer group policies, the text from the heading "Disclosure Statement" to the end of the page may be removed.*

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List of State Insurance Departments, Agencies on Aging and State Health Insurance Assistance Programs

Each state has its own laws and regulations governing all types of insurance. The insurance departments, which are listed in the left column, are responsible for enforcing these laws, as well as providing the public with information about insurance. The agencies on aging, listed in the right column, are responsible for coordinating services for older Americans. Centered below each state listing is the telephone number for the insurance counseling programs. Please note that calls to 800 numbers listed here can only be made from within the respective state.

INSURANCE DEPARTMENTS	STATE HEALTH INSURANCE ASSISTANCE PROGRAMS	AGENCIES ON AGING
Alabama Department of Insurance 201 Monroe Street, Suite 502 Montgomery, AL 36104 (334) 269-3550 Fax: (334) 241-4192 www.aldoi.org	Alabama State Health Insurance Assistance Program 1-800-243-5463	Department of Senior Services 770 Washington Ave. RSA Plaza Suite 570 Montgomery, AL 36130 1-800-243-5463 (334) 242-5743 Fax: (334) 242-5594
Alaska Division of Insurance 9th Floor State Office Bldg. 333 Willoughby Ave. 99801 P.O. Box 110805 Juneau, Alaska 99811-0805 (907) 465-2515 Fax: (907) 465-3422 TDD: (907) 465-5437 www.commerce.state.ak.us/insurance	Alaska State Health Insurance Assistance Program 1-800-478-6065 In-State Only (907) 269-3680 Fax: (907) 269-2045 TYY: (800) 770-8973	Alaska Commission on Aging 150 Third Street P.O. Box 110693 Juneau, AK 99811-0693 (907) 465-4879 or (907) 465-3250 Fax: (907) 465-1398
American Samoa A.P. Lutali Executive Office Building Pago Pago, American Samoa 96799 011 (684)-633-4116 Fax: 011 (684) 633-2269	AMERICAN SAMOA	Territorial Administration on Aging American Samoa Government Pago Pago, American Samoa 96799 011 (684) 633-1251 Fax: 011 (684) 633-2533
Arizona Department of Insurance 2910 North 44th Street, Suite 210 Phoenix, AZ 85018-7269 (602) 364-3100 Fax: (602) 364-3470 www.id.state.az.us	Arizona State Health Insurance Assistance Program 1-800-432-4040 Fax: (602) 542-6575	Arizona Department of Economic Security Division of Aging and Adult Services 1789 W. Jefferson, No. 950A Phoenix, AZ 85007 (602) 542-4446 Fax: (602) 277-4984
Arkansas Department of Insurance 1200 West 3rd Street Little Rock, AR 72201-1904 (501) 371-2600 1-800-852-5494 Fax: (501) 371-2818 www.insurance.arkansas.gov	Arkansas Senior Health Insurance Information Program 1-800-282-9134 or (501) 371-2600 Fax: (501) 371-2618	Division of Aging & Adult Services Arkansas Dept. of Human Services 700 Main Street P.O. Box 1437, S530 Little Rock, AR 72203-1437 (501) 682-2441 Fax: (501) 682-8155

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INSURANCE DEPARTMENTS	STATE HEALTH INSURANCE ASSISTANCE PROGRAMS	AGENCIES ON AGING
California Department of Insurance Office of the Ombudsman 300 Capitol Mall, Suite 1700 Sacramento, CA 95814 (916) 492-3500 www.insurance.ca.gov	California Health Insurance Counseling & Advocacy Program 1-800-434-0222 (916) 419-7500 Fax: (916) 928-2506 TDD: 1-800-735-2929	California Department of Aging 1300 National Drive, Suite 200 Sacramento, CA 95834 (916) 419-7500 Fax: (916) 928-2267 TDD: 1-800-735-2929
Colorado Division of Insurance 1560 Broadway, Suite 850 Denver, CO 80202 (303) 894-7499 1-800-930-3745 Fax: (303) 894-7455 www.dora.state.co.us/insurance	Colorado Senior Health Insurance Assistance Program 1-888-696-7213 (303) 894-7552 Fax: (303) 869-0151 TYY: (303) 894-7455	Colorado Division of Aging and Adult Services 1575 Sherman Street, 10th Floor Denver, CO 80203 (303) 866-2800 Fax: (303) 866-2696
Commonwealth of the Northern Mariana Islands Department of Commerce Caller Box 10007 Saipan, MP 96950 011 (670) 644-3000 Fax: 011 (670) 664-3067 http://commerce.gov.mp/divisions/insurance	COMMOMWEALTH OF THE NORTHERN MARIANA ISLANDS	Mariana Islands CNMI Office on Aging Commonwealth of the Northern Marina Islands P.O. Box 502178 Saipan, MP 96950-2178 011 (671) 734-4361 Fax: 011 (670) 233-1327
Connecticut Department of Insurance P.O. Box 816 Hartford, CT 06142-0816 (860) 297-3800 or 800-203-3447 Fax: (860) 566-7410 www.ct.gov/cid	Connecticut Program for Health Insurance Assistance, Outreach, Information & Referral Counseling and Eligibility Screening 1-800-994-9422 or (860) 424-5023 TDD (860) 842-4524 Fax: (860) 424-5301	Connecticut Aging Services Div. Department of Social Services 25 Sigourney St., 10th Street Hartford, CT 06106 (860) 424-5274 or 866-218-6631 Fax: (860) 424-5301
Delaware Department of Insurance Rodney Building 841 Silver Lake Boulevard Dover, DE 19904 (302) 674-7300 Fax: (302) 739-5280 www.delawareinsurance.gov	Delaware ELDERinfo 1-800-336-9500 (302) 674-7364 Fax: (302) 739-6278	Division of Services for Aging & Adults with Physical Disabilities Dept. of Health & Social Services 1901 North DuPont Highway New Castle, DE 19720 1-800-223-9074 Fax: (302) 255-4445 TDD: (302) 391-3505

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INSURANCE DEPARTMENTS	STATE HEALTH INSURANCE ASSISTANCE PROGRAMS	AGENCIES ON AGING
Department of Insurance, Securities and Banking Gov't of the District of Columbia 810 First Street, N.E. Suite 701 Washington, DC 20002 (202) 727-8000 Fax: (202) 535-1196 http://disb.dc.gov	Health Insurance Counseling Project (202) 739-0668 Fax: (202) 293-4043 TDD: (202) 973-1079	District of Columbia Office on Aging One Judiciary Square 441 4th St., N.W., 9th Floor Washington, DC 20001 (202) 724-5622 or (202) 724-5626 Fax: (202) 727-4979 TTY: (202) 724-8925
	FEDERATED STATES OF MICRONESIA	State Agency on Aging Office of Health Services Federated States of Micronesia Ponape, E.C.I. 96941
Florida Office of Insurance Regulation's Long Range Program Plan 200 East Gaines Street Tallahassee, FL 32399-0300 (850) 413-3140 Fax: (850) 488-334 www.floir.com	SHINE (Serving Health Insurance Needs of Elders) 1-800-963-5337 (850) 414-2000 Fax: (850) 414-2150 TDD: 1-800-955-8771	Florida Department of Elder Affairs 4040 Esplanade Way Tallahassee, FL 32399 (850) 963-5337 Fax: (850) 414-2150 TTY:800-955-8770
Georgia Department of Insurance 2 Martin Luther King Jr. Drive Floyd Memorial Bldg., 704 West Tower Atlanta, GA 30334 (404) 656-2101 1-800-656-2298 Fax: (404) 657-8542 www.oci.ga.gov	GeorgiaCares 1-866-552-4464 (404) 657-5258 Fax: (404) 657-5285 TDD: (404) 657-1929	Georgia Division for Aging Services 2 Peachtree St. N.W., Suite 9-385 Atlanta, GA 30303 (404) 657-5258 1-866-552-4464 Fax: (404) 657-5285
Guam Department of Revenue and Taxation Banking Insurance Commissioner P.O. Box 23607 GMF Barrigada, Guam 96921 (1240 Army Drive, Barrigada, Guam 96913) (671) 635-1817 Fax: (671) 633-2643 www.guamtax.com	Guam Medicare Assistance Program (671) 735-7388 Fax: (671) 735-7416 TDD: (671) 735-7415	Regulatory Programs Administrator Dept. of Revenue and Taxation P.O. Box 23607 GMF, Barrigada Guam 96921 1240 Army Drive, Barrigada, Guam 96913 (use street address only if using US Express Mail, DHL, FedEx or UPS) Email: jqcarlos@revtax.gov.gu (671) 635-1835 Fax: (671) 633-2643
Hawaii Insurance Division P.O. Box 3614 335 Merchant Street, Room 213 Honolulu, HI 96811 (808) 586-2790 or (808) 586-2790 Fax: (808) 586-2806 www.hawaii.gov/dcca/ins	Sage PLUS Program 1-888-875-9229 Fax: (808) 586-0185 TDD: (866) 810-4379	Hawaii Executive Office on Aging No. 1 Capitol District 250 South Hotel St., Suite 406 Honolulu, HI 96813-2831 (808) 586-0100 Fax: (808) 586-0185

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INSURANCE DEPARTMENTS	STATE HEALTH INSURANCE ASSISTANCE PROGRAMS	AGENCIES ON AGING
Idaho Department of Insurance 700 West State Street P.O. Box 83720 Boise, ID 83720-0043 (208) 334-4250 Fax: (208) 334-4398 www.doi.idaho.gov	Senior Health Insurance Benefits Advisors 1-800-247-4422 (208) 334-4350 Fax: (208) 334-4389	Idaho Commission on Aging 341 W. Washington, 3rd floor P.O. Box 83720 Boise, ID 83720-0007 (208) 334-3833 Fax: 1-800-926-2588
Illinois Division of Insurance 320 West Washington St. Springfield, IL 62767-0001 (217) 782-4515 Fax: (217) 782-5020 TDD: (217) 524-4872 www.insurance.illinois.gov	Senior Health Insurance Program 1-800-548-9034 (217) 782-0004 Fax: (217) 557-8457 TDD: (217) 524-4872	Illinois Department on Aging One Natural Resources Way, Suite 100 Springfield, IL 62701 -1271 (217) 785-3356 Fax: (217) 785-4477
Indiana Department of Insurance 311 W. Washington Street, Suite 300 Indianapolis, IN 46204 (317) 232-2385 Fax: (317) 232-5251 www.in.gov/idoi	State Health Insurance Assistance Program 1-800-452-4800 (765) 608-2318 Fax: (765) 608-2322 TDD: 1-866-846-0139	Family and Social Services Administration Division of Aging 402 W. Washington St. P.O. Box 7083 Indianapolis, IN 46207-7083 1-888-673-0002 Fax: (317) 232-7867 or (317) 233-2182
Iowa Division of Insurance 601 Locust Street Des Moines, IA 50309 (515) 281-5705 1-877-955-1212 Fax: (515) 281-3059 www.iid.state.ia.us	Senior Health Insurance Information Program 1-800-351-4664 In-State Only (515) 281-5705 Fax: (515) 281-3059 TTD 1-800-735-2942	Iowa Department on Aging Jessie M. Parker Building 510 East 12th St., Suite 2 Des Moines, IA 50309-9025 (515) 725-3333 1-800-532-3213 TTY: (515) 725-3333
Kansas Department of Insurance 420 S.W. 9th Street Topeka, KS 66612-1678 (785) 296-3071 Fax: (785) 296-7805 www.ksinsurance.org	Senior Health Insurance Counseling for Kansas 1-800-860-5260 (316) 337-7386 Fax: (785) 296-0256	Kansas Department on Aging New England Building 503 South Kansas Avenue Topeka, KS 66603-3404 (785) 296-4986 1-800-860-5260 Fax: (785) 296-0256 TTY: (785) 291-3167
Kentucky Department of Insurance P.O. Box 517 215 West Main Street Frankfort, KY 40601 (502) 564-3630 Fax: (502) 564-6090 http://insurance.ky.gov	State Health Insurance Assistance Program 1-877-293-7447 (502) 564-6930 Fax: (502) 564-4595 TDD: 1-888-642-1137	Kentucky Office of Aging Services Cabinet for Health Services 275 East Main Street, 3E-E Frankfort, KY 40621 (502) 564-6930 Fax: (502) 564-4595

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INSURANCE DEPARTMENTS	STATE HEALTH INSURANCE ASSISTANCE PROGRAMS	AGENCIES ON AGING
Louisiana Department of Insurance P.O. Box 94214 Baton Rouge, LA 70804 (225) 342-5900 1-800-259-5300 Fax: (225) 342-5711 www.ldi.la.gov	Senior Health Insurance Information Program Both In-State Only 1-800-259-5300 (225) 342-5301 Fax: (225) 342-5711	Governor's Office of Elderly Affairs P.O. Box 61 Baton Rouge, LA 70821 (225) 342-7100 Fax: (225) 342-7133
Maine Bureau of Insurance Department of Professional & Financial Regulation #34 State House Station Augusta, ME 04333-0034 (207) 624-8475 1-800-300-5000 Fax: (207) 624-8599 www.maine.gov	Maine State Health Insurance Assistance Program In State Only 1-877-353-3771 Fax: (207) 287-9229 TDD: 1-800-606-0215	Maine Bureau of Elder & Adult Services 11 State House Station 32 Blossom Lane Augusta, ME 04333 (207) 287-9200 Fax: (207) 287-9229
Maryland Insurance Administration 200 St. Paul Place, Suite 2700 Baltimore, MD 21202 (410) 468-2000 Fax: (410) 468-2020 www.mdinsurance.state.md.us	Senior Health Insurance Assistance Program Both In-State Only 1-800-243-3425 (410) 767-1100 Fax: (410) 333-7943 TDD: 1-800-637-4113	Maryland Department of Aging State Office Building, Room 1007 301 West Preston Street Baltimore, MD 21201 (410) 767-1100 Fax: (410) 333-7943
Division of Insurance Commonwealth of Massachusetts 1000 Washington St., Suite 810 Boston, MA 02118-6200 (617) 521-7794 or (617) 521-7794 Fax: (617) 753-6830 www.mass.gov/doi	Serving Health Information Needs of Elders 1-800-AGE-INFO (617) 727-7750 Fax: (617) 727-9368	Massachusetts Executive Office of Elder Affairs One Ashburton Place, 5th floor Boston, MA 02108 (617) 727-7750 or 1-800-243-4636 Fax: (617) 727-9368
Office of Financial and Insurance Services State of Michigan P.O. Box 30220 Lansing, MI 48909-7720 (517) 373-0220 1-877-999-6442 Fax: (517) 335-4978 www.michigan.gov/ofir	MMAP, Inc. 1-800-803-7174 (517) 886-0899 Fax: (517) 886-1305	Michigan Offices of Services to the Aging P.O. Box 30676 Lansing, MI 48909 (517) 373-8230 Fax: (517) 373-4092
Minnesota Department of Commerce 85 7th Place East, Suite 500 St. Paul, MN 55101-2198 (651) 296-6025 Fax: (651) 297-1959 www.state.mn.us	Minnesota State Health Insurance Assistance Program Senior LinkAge Line 1-800-333-2433 Fax: (651) 431-7415	Minnesota Board on Aging Aging and Adult Services Division P.O. Box 64976 St. Paul, MN 55164-0976 (651) 431-2500 Fax: (651) 431-7453

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INSURANCE DEPARTMENTS	STATE HEALTH INSURANCE ASSISTANCE PROGRAMS	AGENCIES ON AGING
Mississippi Insurance Department 1001 Woolfolk State Office Building 501 N. West St. P.O. Box 79 Jackson, MS 39205-0079 (601) 359-3569 Fax: (601) 359-1077 www.mid.state.ms.us	Mississippi State Health Insurance Assistance Program In-State Only 1-800-948-3090 (601) 359-4956 Fax: (601) 359-9664	Mississippi Council on Aging Division of Aging & Adult Services 750 N. State Street Jackson, MS 39202 (601) 359-4929 1-800-948-3090
Missouri Department of Insurance 301 West High Street, Suite 530 Jefferson City, MO 65101 (573) 751-4126 1-800-726-7390 Fax: (573) 526-6075 www.insurance.mo.gov	Missouri CLAIM (573) 817-8320 In-State Only 1-800-390-3330 Fax: (573) 817-8341	Missouri Department of Health and Senior Services 912 Wildwood P.O. Box 570 Jefferson City, MO 65102 (573) 751-6400 Fax: (573) 751-6010
Montana Department of Insurance 840 Helena Avenue Helena, MT 59601 (406) 444-2040 Fax: (406) 444-3497 www.csi.mt.gov	Montana State Health Insurance Assistance Program 1-800-551-3191 Fax: (406) 444-7743 TDD: (406) 444-2590	Montana Office on Aging Senior Long-Term Care Division Department of Public Health and Human Services P.O. Box 4210 Helena, MT 59604 1-800-332-2272 Fax: (406) 444-7743
Nebraska Department of Insurance P.O. Box 82089 Terminal Building, Suite 400 941 'O' Street Lincoln, NE 68508 (402) 471-2201 1-877-564-7323 Fax: (402) 471-4610 www.doi.ne.gov	Nebraska Senior Health Insurance Information Program (402) 471-2201 In-State Only 1-800-234-7119 Fax: (402) 471-6559 TDD: 1-800-833-7352	Nebraska Division of Aging and Disability Services P.O. Box 95026 301 Centennial Mall-South Lincoln, NE 68508 (402) 471-4624 Fax: (402) 471-4619
Nevada Division of Insurance 1818 E. College Pkwy., Suite 103 Carson City, NV 89706 (775) 687-0700 1-888-872-3234 Fax: (775) 687-0787 www.doi.nv.gov	Nevada State Health Insurance Assistance Program 1-800-307-4444 (702) 486-3478 Fax: (702) 486-0865	Nevada Division For Aging Services Department of Human Resources 3416 Goni Road, Building, D-132 Carson City, NV 89706 (775) 687-4210 Fax: (775) 687-0574

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New Hampshire Insurance Department 21 South Fruit Street, Suite 14 Concord, NH 03301 (603) 271-2261 1-800-852-3416 Fax: (603) 271-1406 www.nh.gov/insurance	New Hampshire SHIP-ServiceLink Resource Center (866)-634-9412 (603) 271-4394 Fax: (603) 271-4643 TDD: 1-800-735-2964	New Hampshire Division of Elderly & Adult Services State Office Park South Brown Building 129 Pleasant St. Concord, NH 03301-3857 (603) 271-4375 Fax: (603) 271-5574
New Jersey Department of Insurance 20 West State Street P.O. Box 325 Trenton, NJ 08625 (609) 292-7272 1-800-446-7467 Fax: (609) 984-5273 www.state.nj.us/dobi	New Jersey State Health Insurance Assistance Program 1-800-792-8820 (609) 292-1447 Fax: (609) 943-4669	New Jersey Division of Aging and Community Services Department of Health & Senior Services P.O. Box 812 Trenton, NJ 08625-0812 (609) 943-3437 1-800-792-8820
New Mexico Public Regulation Commission P.O. Box 1269 Santa Fe, NM 87504-1269 1-888-427-5772 www.nmprc.state.nm/id.htm	New Mexico ARDC/SHIP (505) 476-4781 In-State Only 1-800-432-2080 Fax: (505) 476-4710	New Mexico Aging & LTC Services Department 2550 Cerrillos Road Santa Fe, NM 87505 (505) 476-4799
New York State Insurance Department One State Street New York, NY 10004 (212) 480-6400 Fax: (212) 709-3520 www.ins.state.ny.us	New York Health Insurance Information Counseling and Assistance Program (HIICAP) 1-800-701-0501 (518) 474-7012 Fax: (518) 486-2225	New York Office for the Aging Two Empire State Plaza Albany, NY 12223-1251 1-800-342-9871
North Carolina Department of Insurance 1201 Mail Service Center Raleigh, NC 27699-1201 (919) 807-6750 Fax: (919) 733-6495 www.ncdoi.com	North Carolina Seniors' Health Insurance Information Program 1-800-443-9354 (919) 807-6900 Fax: (919) 807-6901 TDD: 1-800-735-2962	North Carolina Division of Aging 2101 Mail Service Center Raleigh, NC 27699 (919) 855-3400 Fax: (919) 733-0443
North Dakota Department of Insurance 600 E. Boulevard, 5th Floor Bismarck, ND 58505-0320 (701) 328-2440 Fax: (701) 328-4880 www.nd.gov/ndins	North Dakota State Health Insurance Counseling 1-888-575-6611 (701) 328-2440 TDD: 1-800-366-6888 Fax: (701) 328-9610	North Dakota Aging Services Division Department of Human Services 1237 West Divide Ave., Suite 6 Bismarck, ND 58501-0208 (701) 328-4601 Fax: (701) 328-8744

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Ohio Department of Insurance 50 W. Town Street, 3rd Floor, Suite 300 Columbus, OH 43215 (614) 644-2658 1-800-686-1526 Fax: (614) 644-3744 www.insurance.ohio.gov	Ohio Senior Health Insurance Information Program 1-800-686-1578 (614) 644-3458 TDD (614) 644-3745 Fax: (614) 752-0740	Ohio Department of Aging 50 West Broad Street, 3rd Fl. Columbus, OH 43215-3363 (614) 644-3458 1-866-266-4346 Fax: (614) 752-0740
Oklahoma Department of Insurance Five Corporate Plaza 3625 N.W. 56th, Suite 100 Oklahoma City, OK 73112-4511 (405) 521-2828 1-800-522-0071 Fax: (405) 521-6635 www.ok.gov/oid	Oklahoma Senior Health Insurance Counseling Program (405) 521-6628 In-State Only 1-800-763-2828 Fax: (405) 522-4492	Oklahoma Dept. of Human Services Aging Services Division P.O. Box 25352 2401 N.W. 23rd St., St. 40 Oklahoma City, OK 73107 (405) 521-2281 Fax: (405) 521-2086
Oregon Insurance Division P.O. Box 14480 Salem, OR 97310-0405 350 Winter Street NE Salem, OR 97301-3838 (503) 947-7980 Fax: (503) 378-4351 www.insurance.oregon.gov	Oregon Senior Health Insurance Benefits Assistance (503) 947-7979 In-State Only 1-800-722-4134 Fax: (503) 947-7092 TDD: 1-800-735-2900	Oregon Senior & Disabled Services Division 500 Summer St., N.E., E12 Salem, OR 97310-1073 (503) 945-5811 TTY: (503) 282-8096 Fax: (503) 373-7823
	PALAU	State Agency on Aging Department of Social Services Republic of Palau Koror, Palau 96940
Pennsylvania Insurance Department 1326 Strawberry Square Harrisburg, PA 17120 (717) 783-0442 Fax: (717) 772-1969 www.ins.state.pa.us	Pennsylvania APPRISE 1-800-783-7067 (717) 783-1550 Fax: (717) 772-3382	Pennsylvania Department of Aging 555 Walnut Street, 5th Floor Harrisburg, PA 17101-1919 (717) 783-1550 Fax: (717) 783-6842
Puerto Rico Department of Insurance B5 Calle Tabonuco Suite 216 PMB 356 Guaynabo, PR 00968-3029 (787) 304-8686 Fax: (787) 237-6082 www.ocs.gobierno.pr	Puerto Rico State Health Insurance Assistance Program 1-877-725-4300 (787) 721-6121 Fax: (787) 724-1152	Governors Office For Elderly Affairs P.O. Box 191179 San Juan, PR 00919-1179 (787) 721-6121 Fax: (787) 721-6510

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	REPUBLIC OF THE MARSHALL ISLANDS	State Agency on Aging Department of Social Services Republic of the Marshall Islands Marjuro, Marshall Islands 96960
Rhode Island Department of Business Regulation Insurance Division 1511 Pontiac Ave., Bldg 69-2 Cranston, RI 02920 (401) 462-9520 insuranceinquiry@dbr.ri.gov	Rhode Island State Health Insurance Program (401) 462-0501 (401) 462-0530 Fax: (401) 462-0503 TDD: (401) 462-0740	Department of Elderly Affairs 74 West Rd. Hazard Bldg., 2nd Floor Cranston, RI 02920 (401) 462-3000 Fax: (401) 462-0740
South Carolina Department of Insurance Capitol Center P.O. Box 100105 Columbia, SC 29202 1201 Maine Street, Suite 1000 Columbia, SC 29201 (803) 737-6160 Fax: (803) 737-6205 www.doi.sc.gov	South Carolina (I-CARE) Insurance Counseling Assistance and Referrals for Elders 1-800-868-9095 (803) 734-9900 Fax: (803) 734-9887	Department of Health and Human Services Bureau of Senior Services P.O. Box 8206 1801 Main Street Columbia, SC 29202-8206 (803) 898-2850 Fax: (803) 898-4515
South Dakota Division of Insurance Department of Commerce and Regulation 445 East Capitol Avenue Pierre, SD 57501-3185 (605) 773-3563 Fax: (605) 773-5369 www.dlr.sd.gov/insurance	South Dakota Senior Health Information & Insurance Education 1-877-331-4834 (605) 224-3212 Fax: (605) 773-4085	Aging and Disability Resource Connections Department of Social Services 700 Governors Drive Pierre, SD 57501 (605) 773-3656 1-866-854-5465 Fax: (605) 773-4085
Tennessee Department of Commerce & Insurance Davy Crockett Tower 500 James Robertson Parkway Nashville, TN 37243-0565 (615) 741-2241 www.state.tn.us	Tennessee SHIP 1-877-801-0044 (615) 741-2056 TDD (615) 532-3893 Fax: (731) 741-3309	Tennessee Commission on Aging and Disability Andrew Jackson Building 500 Deaderick Street, No. 825 Nashville, TN 37243-0860 (615) 741-2056
Texas Department of Insurance 333 Guadalupe Street Austin, TX 78701 1-800 252-3439 Consumer Help Line (512) 463-6169 www.tdi.state.tx.us	Texas Health Information Counseling and Advocacy Program (HICAP) 1-800-252-9240 (512) 438-4205 TDD: 1-800-735-2989 Fax: (512) 438-4374	Texas Department of Aging & Disability Services P.O. Box 149030 Austin, TX 78714-9030 1-800-458-9858 (512) 438-3011

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Utah Department of Insurance 3110 State Office Building Salt Lake City, UT 84114-1201 (801) 538-3800 1-800-439-3805 Fax: (801) 538-3829 www.insurance.utah.gov	Utah Senior Health Insurance Information Program 1-800-541-7735 (801) 538-3910 Fax: (801) 538-4395	Utah Division of Aging & Adult Services Department of Human Services 195 North 1950 West Salt Lake City, UT 84116 (801) 538-3910 Fax: (801) 538-4395
Vermont Division of Insurance Department of Banking, Insurance & Securities 89 Main Street Montpelier, VT 05620-3101 (802) 828-3301 1-800-964-1784 www.dfr.vermont.gov/insurance	Vermont State Health Insurance Assistance Program 1-800-642-5119 (802)-748-5182 Fax: (802) 748-6622	Vermont Department of Aging and Disabilities 103 South Main Street Waterbury, VT 05671-1601 (802) 871-3065 Fax: (802) 871-3052 TTY: (802) 241-3557
Office of the Lieutenant Governor 5049 Kongens Gade St. Thomas, Virgin Islands 00802 (340) 774-7166 Fax: (340) 774-9458 www.ltg.gov.vi	Virgin Islands State Health Insurance Assistance Program (340) 714-4354 Fax: (340) 772-2636	Senior Citizen Affairs Department of Human Services 3011 Golden Rock Christiansted St. Croix, VI 00820 (340) 773-2323 Fax: (340) 772-9849
State Corporation Commission Bureau of Insurance Commonwealth of Virginia P.O. Box 1157 Richmond, VA 23218 (804) 371-9741 1-800-552-7945 Fax: (804) 371-9944 www.scc.virginia.gov/boi/index.aspx	Virginia Insurance Counseling and Assistance (VICAP) 1-800-552-3402 (804) 662-9333 Fax: (804) 662-9354 TDD: 1-800-552-3402	Virginia Department for the Aging 1610 Forest Avenue Preston Building, Suite 100 Richmond, VA 23229 (804) 662-9333 Fax: (804) 662-9354
Washington Office of the Insurance Commissioner 302 Sid Snyder Avenue SW Insurance Suite 200 Olympia, WA. 98504-0255 (360) 725-7100 1-800-562-6900 Fax: (360) 586-3535 www.insurance.wa.gov	Washington Statewide Health Insurance Benefits Advisors (SHIBA) 1-800-562-6900 (360) 725-7171 Fax: (360) 586-4103 TDD: (360) 586-0241	Washington Aging & Disability Services Dept. of Social & Health Services Blake Office Park West 4450 10th Avenue SE Lacey, WA 98503 (360) 725-2300

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West Virginia Department of Insurance P.O. Box 50540 Charleston, WV 25305-0540 (304) 558-3354 1-888-879-9842 Fax: (304) 558-0412 www.wvinsurance.gov	West Virginia State Health Insurance Assistance Program 1-877-987-4463 (304) 558-3317 Fax: (304) 558-0004	West Virginia Bureau of Senior Services 1900 Kanawha Blvd, East Charleston, WV 25305-0160 (304) 558-3317 1-877-987-3646 Fax: (304) 558-5609
Office of the Commissioner of Insurance State of Wisconsin P.O. Box 7873 125 South Webster Street Madison, WI 53703-3474 (608) 266-3585 Fax: (608) 266-9935 www.oci.wi.gov	Wisconsin SHIP (608) 266-1865 1-800-242-1060 Fax: (608) 267-3203 TTY: 1-888-701-1251	Wisconsin Bureau of Aging & LTC Resources Dept. of Health and Family Services 1402 Pankratz St., Ste. 111 Madison, WI 53704-4001 1-800-815-0015 Fax: (608) 246-7001
Wyoming Department of Insurance 106 East 6th Avenue Cheyenne, WY 82002-0440 (307) 777-7401 Fax: (307) 777-2446 http://insurance.state.wy.us	Wyoming State Health Insurance Information Program 1-800-856-4398 Fax: (307) 777-2446	Wyoming Aging Division Department of Health 6101 Yellowstone Road, Room 259B Cheyenne, WY 82002 (307) 777-7986 or 1-800-442-2766 Fax: (307) 777-5340

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