A Shopper's Guide to

Long-Term Care Insurance

NAIC NATIONAL ASSOCIATION OF INSURANCE COMMISSIONERS

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 the states educate and protect consumers.

Another way the NAIC helps state insurance regulators is by giving them a forum to develop uniform public policy when appropriate. It does this through a series of model laws, regulations, and guidelines developed for the states' use. The 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'll 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 decision to buy long-term care insurance is an important financial decision that shouldn't be rushed. 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 31. (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 47 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 47 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 51.

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WHAT IS LONG-TERM CARE?

This kind of care is different from medical care, because it generally helps you to live as you live now instead of improving or correcting medical problems. People often think of long-term care as strictly **nursing home** care. Long-term care services actually may include help with **activities of daily living, home care, respite care, hospice care** or **adult day care**. This care maybe given in your own home, an **adult day care facility, assisted living facility, nursing home** or **hospice facility**.

NOTE: **Medicare** generally doesn't pay for **personal care** services when you aren't also receiving **Medicare**-covered **skilled care** services. **Medicare** has its own definition of **skilled care**. Refer to the booklet, *Medicare & You*, to learn more about how **Medicare** defines **skilled care**.

Personal Assessment

It's important to identify your reason(s) for buying a policy. This influences many of the choices you'll make in selecting coverage. A person with few resources, a modest income and a goal of staying off **Medicaid** will approach the purchase one way. A person with a larger amount of assets and income may approach it differently. Please review the *Personal Assessment* and *Long-Term Care Policy Checklist* starting on Page 40 to help you determine whether a long-term care insurance policy right for you and your family.

A. 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 2018, the national average cost of **nursing home** care was about $89,297 per year (for a semi-private room). This cost doesn't include items such as therapies and medications, which could greatly increase the cost.

Assisted Living Facility Costs

In 2018, **assisted living facilities** reported charging $4,000 a month (for a one- bedroom unit) on average, or $48,000 per year, including rent and most other fees. Residents may pay more for additional care.

Home Care Costs

In 2018, the cost of basic **home care** averaged $22 per hour for a home health aide in the U.S. That's $34,320 per year for a home health aide who visits six hours a day, five days a week. **Skilled care** from a nurse in your home is typically more expensive. Annual costs for **home care** depend on the number of days a week the caregiver visits, the type of care required and the length of each visit. **Home care** can be unaffordable for many 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 51.)

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B. How Might I Pay for Long-Term Care?

People pay for long-term care in different ways. These include individuals' or their families' personal resources, including savings, investments or other assets such as a home, long- term care insurance and some help from **Medicaid** for those who qualify. **Medicare, Medicare supplement insurance**, or your employee or retiree health insurance usually *will not pay* for long-term care.

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 does NOT cover long-term care. However, **Medicare** Part A does cover **skilled nursing facility care, nursing home care** (as long as **custodial care** isn't the only care you need), **hospice care** and limited **home care**. You should NOT count on **Medicare** to pay your long-term care costs. Please see *www.medicare.gov/ coverage/long-term-care.html* for more information about **Medicare**.

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. **Medigap** usually doesn't pay for long-term care. Please see *www.medicare.gov/supplement-other- insurance/medigap/whats-medigap.html* for more information about **Medigap**.

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 one-third of all **nursing home** care in the U.S., but many people who need long-term care never qualify for **Medicaid** assistance. **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're 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 9.)

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, subject to certain rules. Contact your state **Medicaid** office, state 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 51.)

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WILL I NEED OR USE LONG-TERM CARE?

If you have a major illness or injury—such as a stroke, heart attack or broken hip—and need assistance with **activities of daily living**, such as **bathing** or **dressing**, you may need long-term care. If you do need care, you may need **nursing home** or **home 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 about 19.4 years (20.6 years for females and 18 years for males). The longer people live, the greater the chance they'll need help due to chronic conditions.
- About 11 million Americans of all ages require long-term care, but only 1.4 million live in **nursing homes**.
- About 70% of people who reach age 65 are expected to need some form of long- term care at least once in their lifetime.
- 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.
- From 2015 to 2055, the number of people age 85 and older will almost triple, from more than 6 million to more than 18 million. This growth is certain to lead to an increase in the number of people who need long-term care.

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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 (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 10. 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 51.) Check with your tax advisor to learn if the tax advantages make sense for you.

A. 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. Please review the *Personal Assessment and Long-Term Care Policy Checklist* starting on Page 46 to help you determine whether buying long-term care insurance is right for your situation.

However, carefully consider whether buying a policy makes financial sense 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.

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 long-term care 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 the *Long-Term Care Insurance Personal Worksheet* on Page 47) to help decide if long-term care insurance is right for you. It also asks you questions about your income and your savings and investments to help with your decision. 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.

REMEMBER: Not everyone should buy a long-term care insurance policy nor rely solely on long-term care insurance. Paying for long-term care can be done by combining different sources, such as assets, income and long-term care insurance. For some, a policy is affordable and worth the cost. For others, it may be unaffordable. 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 family members, a friend or a trusted and knowledgeable financial professional to decide if long-term care insurance is right for you.

<u>Is Long-Term Care Insurance Right For You?</u>

You should NOT buy long-term care insurance if:

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- 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 are on **Medicaid**.

You may want to 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 afford to pay the insurance premiums, including possible premium increases.
- You don't want to burden family or friends.
- You want to be able to choose where you receive care.

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. 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 51.)

B. What Types of Policies or Contracts Can I Buy That Provide Long-Term Care Benefits or Coverage?

Private insurance companies sell long-term care insurance policies. You can buy an individual policy from an agent, through the mail or by telephone. 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. These programs are voluntary, and participants pay the premiums. You also can get long-term care **benefits** through some life insurance policies.

Individual Policies

One of your options is a long-term care insurance policy. 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.

Life Insurance Policies and Annuity Contracts

A Life Insurance Policy or Annuity Contract You Already Have

If you have a **cash value** life insurance policy, you can take some of the **cash value** to pay for long-term care expenses. But first, ask how a withdrawal might affect your **death benefits** and talk with your tax advisor or consultant. Or, if you no longer need the policy, you could cancel (or surrender) it and take all the **cash value**. But think about how that would affect your beneficiaries.

If you have an annuity, you may be able to take some of the annuity's value to pay for long- term care expenses. Most

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annuities require you to pay a surrender charge to withdraw some of the value. Some companies will waive that charge if the withdrawal is to pay for long-term care.

A Hybrid/Combination Life Insurance Policy or Annuity Contract That Has Provisions That Could Be Used for Long-Term Care

An increasing number of life insurance policies and some annuity contracts now offer an add-on **rider** that you could use to pay long-term care expenses. This type of **rider** gives you more coverage if you need long-term care. You usually pay an extra premium for a **rider**.

A life insurance policy that uses an **accelerated death benefit** (sometimes called a living benefit) could be used to pay for long-term care expenses also may be called a "life/long- term care," "hybrid," "linked benefits" or "combo" policy. It may be an individual or a group life insurance policy. This **benefit** lets you access some or all of the policy's **death benefit** while you're alive. You must meet certain conditions to use the **rider** to pay for long-term care expenses. Usually, the **benefit triggers** are being unable to perform a certain number of **activities of daily living** or being **cognitively impaired**.

The company may pay **benefits** in one of two ways. One way is a reimbursement based on your long-term care expenses. Or, the company may pay a set amount each month (an **indemnity benefit**). The amount is either set in the **rider** or the owner chooses it. In either case, there may be minimum and maximum amounts paid each month based on the policy **benefit**.

A life insurance policy with an accelerated benefit **rider** for long-term care must follow all the laws and regulations that apply to long-term care policies. Many of these **riders** may be **tax-qualified**. Consult with your tax advisor or tax consultant for more information.

Long-term care **benefits** paid as an **accelerated death benefit** likely will reduce the **death benefit** the policy will pay after you die. For example, suppose your policy has a $100,000 **death benefit** and you use $60,000 for long-term care. Then your beneficiary would get a $40,000 (not a $100,000) **death benefit**. Some policies may offer a small **death benefit** even if all of the original **death benefit** amount is used for long-term care expenses.

Also, many life insurance policies and annuity contracts offer **benefits** beyond the **acceleration of the death benefit**. These are often called **extension of benefits riders**. They provide more **benefits** for a set period of time after you've used up a policy's **cash value** and/or **death benefit** or your annuity's value. These policies offer both **accelerated death benefits** and an **extension of benefits rider**. The **benefits** may increase by a set inflation percentage.

As with all insurance products, premiums are higher for policies with more **benefits**. So, the premium for a traditional stand-alone long-term care policy could be much less than the premium for a hybrid/combo policy, all else being equal.

Policies from Your Employer

Your employer may offer a group long-term care insurance plan or individual policies at a group discount. 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 as many 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

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for this coverage. Relatives usually must pass the company's medical screening to qualify for coverage and must pay the premium.

If you leave your job or are fired, or your employer cancels the group plan, the insurance company must let you keep your coverage. 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. A company completes **underwriting** and issues the policy, but 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. 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.

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**. If you are joining an association just to buy insurance, consider the cost of membership in the total cost of coverage. In addition, understand your options and rights if coverage should end.

Policies Sponsored by Continuing Care Retirement Communities

Continuing care retirement communities (CCRC) may 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.

Long-Term Care Insurance Partnership Policies

There are long-term care insurance **partnership policies** that help you manage the financial impact of spending down your assets 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.

NOTE: These vary by state.

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.

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Partnership policies must be federally **tax-qualified** plans. They also 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.

NOTE: This **inflation protection** requirement varies in the following states: California; Connecticut; Indiana; and New York

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 *https://longtermcare.acl.*gov/costs-how-to-pay/what-is-long-term-care-insurance/where-to-look-for-long-term-care-insurance.html with information about long-term care insurance and **partnership policies**.

Tax-Qualified Policies

You may have a choice between a federally **"tax-qualified"** long-term care insurance policy and one that is "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, you may be able to deduct part or all of the premium you pay for a **tax-qualified policy**. Consult with your tax advisor or tax consultant regarding how this may apply to you.

Federally **Tax-Qualified Policies**

- Can deduct annual premiums, subject to a cap
- **Benefits** received generally aren't counted as income

Federally Non-Tax-Qualified Policies

- Annual premiums can't be deducted
- **Benefits** received generally are counted as income

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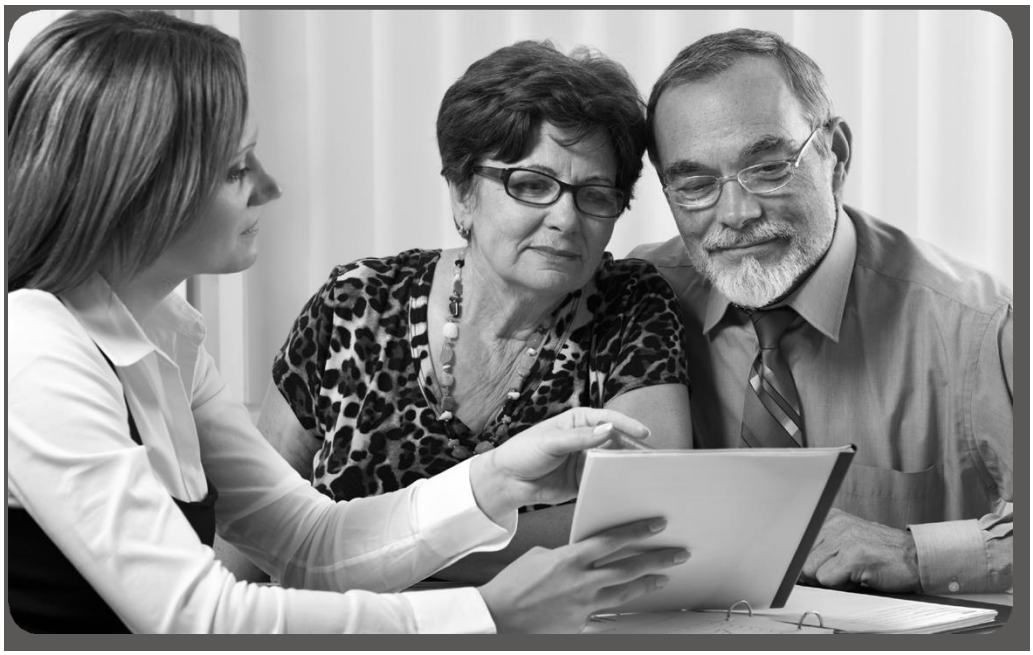

Long-term care insurance policies sold on or after January 1, 1997, as **tax-qualified** must meet certain federal standards. To be qualified, policies must be labeled as **tax-qualified**, be **guaranteed renewable** (as defined under the Internal Revenue Code), include a number of consumer protections, and cover only qualified long-term care services. If you bought a long-term care insurance policy before January 1, 1997, that policy is probably qualified. **HIPAA** allowed these policies to be "grandfathered," or considered qualified, even though they may not meet all the standards that new policies must meet to be qualified. The tax advantages are the same regardless of 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.

Qualified long-term care services usually are those from long-term care providers. You must be **chronically ill**. Your 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 January 1, 1997, doesn't have to define **chronically ill** this way. (See information about **benefit triggers** on Page 16.)

Some life insurance and annuity policies with long-term care **benefits** may be **tax-qualified**. However, be sure to check with your personal tax advisor or tax consultant to learn how much of the premium can be deducted as a medical expense. Tax-qualified life insurance and annuity 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**.

Some deferred annuities provide long- term care **benefits** by providing an enhanced long-term care value greater than the **cash value** when used for qualifying care. Some annuities are **tax-qualified** and have tax advantages that are not provided to annuities, which simply allow you to withdraw some of the **cash value** without paying a

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surrender penalty. You should consult with your tax advisor or tax consultant for more information.

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HOW LONG-TERM CARE BENEFITS ARE PAID

Long-term care insurance policies generally pay **benefits** by different methods of payment. Once your eligibility is determined, long-term care insurance policies generally pay **benefits** using one of three different methods:

- The **expense-incurred** method pays you or your provider the lesser of either the expense or dollar limit of your policy.
- The **indemnity method** pays **benefits** based on a set dollar amount that is paid directly to you regardless of your cost.
- The **disability method** pays you the full **daily benefit** regardless of whether you are receiving long-term care services.

Most policies purchased today pay **benefits** according to the **expense-incurred** method.

A. Shared Care

You may be able to buy long-term care insurance that covers more than just one person, often called **shared care**. The maximum lifetime **benefit** usually applies to both individuals. If either covered individual collects **benefits**, that amount is subtracted from the maximum lifetime **benefit**. For example, suppose two people have **shared care** that has a $150,000 maximum lifetime **benefit** and one person uses $25,000 in **benefits**. Then $125,000 would be left to pay **benefits** for either person or both. Some coverages have provisions to protect each individual from the other person using up all the **benefits**. In one variation, neither individual can access the other person's coverage. Instead, there is a "third pool" which both individuals can share.

B. 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 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

Policies may cover **home care** in several ways. Those who may provide care may be limited by your policy or state requirements. For instance, services may need to be provided from a licensed provider or agency. Other policies may pay for services from **home 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

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home care benefits to a policy increases the cost of the policy.

NOTE: Most policies do not pay benefits to family members who provide care and may not apply any care they provide to your **elimination** or **waiting period**. Check the exclusions or definition section of your policy.

C. Where Services Are Covered

You should know what types of facilities your long-term care policy covers. If you're not in the right type of facility *(described in your policy)*, the insurance company can refuse to pay for your care. There may be other options for elder care in the future. Your policy might not cover those, but you always should check with your insurance company before making plans for your care.

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 may 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. 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.

D. 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 treatment the government has already paid for.
- Attempted suicide or intentionally self-inflicted injuries.

NOTE: Many policies don't cover or limit their coverage for care outside the United States.

E. 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 any long-term care services you receive.

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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 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're local, near a grown child or in a new place where you may retire.

F. 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**.

NOTE: Companies may use different **benefit triggers** for **home 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**.

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. (See the list of state insurance departments, agencies on aging and **state health insurance assistance programs** starting on Page 57.)

G. Types of Benefit Triggers

Activities of Daily Living (ADLs)

The most common way insurance companies decide when you're eligible for **benefits** is that you are expected to be unable to do two ADLs without human assistance for 90 days. Most policies use six ADLs: **bathing; continence; dressing; eating; toileting;** and **transferring**.

NOTE: **Medicare** still requires a three-day hospital stay to be eligible for **Medicare** payment of skilled nursing facility **benefits**. Generally, today's long-term care policies don't require pre-hospitalization to be eligible for **benefits**.

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 say that someone must be actively engaged into helping you do the activities. That's known as **hands-on assistance**. Others say you qualify even if you only need someone nearby to help you if you need it **(stand-by assistance)**. The more clearly a policy describes its requirements, the clearer you and/or your family will be when you need to file a claim.

Cognitive Impairment. Another **benefit trigger** is **"cognitive impairment."** Coverage of **cognitive impairment** is especially important if you develop **Alzheimer's disease** or other **dementia**.

Doctor Certification of Medical Necessity. Another **benefit trigger** is "medical necessity." Some long-term care

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insurance policies require that your doctor order, or certify, that care is medically necessary. However, **tax-qualified** policies can't use this **benefit trigger**.

H. 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. Typically, a single **elimination period** applies to any covered service, but the **elimination period** for **home care** may be shorter.

The **elimination period** can be 20, 30, 60, 90 or 100 days before **benefits** begin. It's important to remember that you must pay for your own care during the **elimination period** before **benefits** can begin. Companies don't pay for care provided by family members during or after the **elimination period**. It's important that you understand how an **elimination period** is defined and applied in any policy you buy.

There are two ways that companies count an **elimination period**.

Under a "calendar day" method, every day that you satisfy the **benefit triggers** count toward the **elimination period**, regardless of whether you received any services on those days. However, many coverages will not start counting those days until you incur costs. So, it can be important to get commercial services as soon as possible when you need care.

Under the service days method, only the days that you pay for professional care services covered by the policy count toward the **elimination period**. For example, if you only use paid care for three days a week, it will take longer for your **benefits** to start than if you use paid care five days a week. So, you would have more out-of-pocket costs before your **benefits** begin.

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. For example:

- A 30-day **waiting period** means the insurer will not cover long-term care costs incurred during the first 30 days you would otherwise be eligible.
- A 90-day **waiting period** means the insurer will not cover long-term care costs incurred during the first 90 days you would otherwise be eligible.

When choosing a **waiting period**, keep in mind that, by the time you need care, long-term care may be much more costly than today and your maximum **daily benefit** may have inflated. If you have a financial partner, consider also that you and your partner might both go through **waiting periods**.

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."**

I. Inflation Protection

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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, because it increases the potential **benefits**. 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. For example, if inflation is 5% a year, a **nursing home** that costs $150 a day in 2018 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.

*Automatic **Inflation Protection***. With automatic **inflation protection**, your **benefit** amounts go up each year, usually with no change in your premium. The maximum **daily benefit** automatically increases each year by a fixed percentage, usually 3%, for the life of the policy or for a certain period, usually 10 or 20 years.

Policies that increase **benefits** for inflation automatically "compound" rates. If the increase is compounded, the annual increase will be a larger dollar amount each year and, at 3% a year, a $200 **daily benefit** will be a $531 **daily benefit** by 2050.
The following table shows the effects of inflation on cost of care over a 30-year period, assuming a daily cost of $200

in 2020.

Compound Interest

Rate of Inflation	2020	2030	2040	2050
3%	$200	$269	$361	$485
5%	$200	$326	$531	$864
7%	$200	$393	$774	$1,522

*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. 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.

NOTE: Most states' regulations require companies to offer **inflation protection**. It's up to you to decide whether to buy it. If you don't 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.

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J. Third-Party Notice

You can name someone the insurance company would be required to contact if your coverage is about to end because your premiums aren't paid. Without this notice, people with **cognitive impairments** who forget to pay the premium might 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. 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.

K. 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.

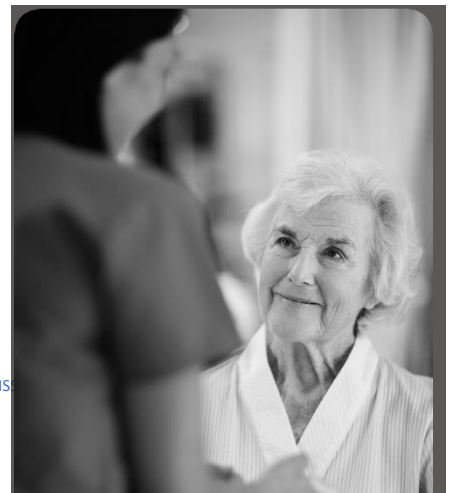
Waiver of Premium. Premium waiver lets you stop paying the premium once you're eligible and the insurance company starts to pay **benefits**. Many long- term care insurance policies automatically include this feature, but some may only offer it as an optional **benefit**. Some companies waive the premium 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. When you die, this **benefit** pays to your estate any premiums you paid, generally reduced by any **benefits** the company paid. Some provisions refund premiums only if the policyholder dies before a certain age, usually 65 or 75, and some refund only upon the second death of a couple.

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.

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

Nonforfeiture Benefit. 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 roughly 10% to 100% (and 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. Because 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.

M. 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 past 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 wrong, an

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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.

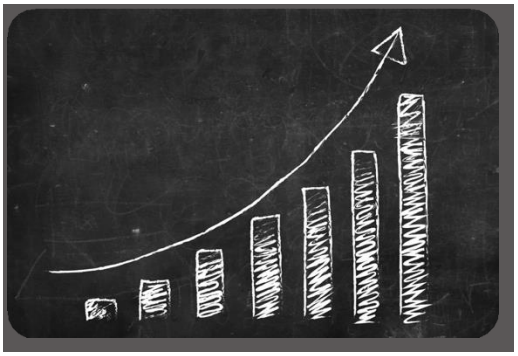
N. What Happens If I Have Preexisting Conditions?

Most long-term care insurance have no limitations on **preexisting conditions**. However, if you purchased your policy through your employer and some evidence of good health was waived, a **preexisting condition** exclusion might apply. Generally, a **preexisting condition** is one for which you got medical advice or treatment or had symptoms within six months before you applied for the policy.

A company that learns about a **preexisting condition** not disclosed on your application might not pay for long-term care related to that condition and might even **rescind** your coverage. A company usually can do this only within two years after you bought the insurance policy. However, there is usually no time limit if you *intentionally* don't tell the company about a **preexisting condition** on your application.

O. Can I Renew My Long-Term Care Insurance Policy?

Long-term care insurance is **guaranteed renewable. Guaranteed renewable** means you can keep your coverage if you pay your premium on time. This is not 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 **guaranteed renewable** insurance but only if they increase the premiums on all policies that are the same in that state. Any such premium increase must be filed and/or approved by the state insurance department. An insurance company can't single out an individual for a premium increase, no matter whether you have filed a claim
or your health has gotten worse. If you buy coverage under 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 plan sponsor or review your **Certificate of Coverage** to learn whether you have 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 or Use Long-Term Care?" on Page 4.) 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.

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. Both **inflation protection** and **nonforfeiture benefits** can significantly increase your premium.

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

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The following table *does not* account for basic long-term care insurance that is part of a life insurance or annuity policy.

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.

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 it will never increase. For almost all long-term care insurance policies, companies can't guarantee that premiums will never increase. Many states have adopted regulations that don't 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.

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.

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. Again, it probably isn't a good idea to buy a policy if you are not confident that you will be able to afford the premiums on an ongoing basis.

A. 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

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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 51.)

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**.

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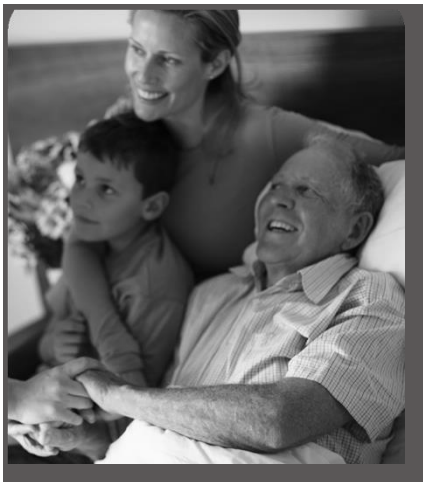
B. If I Already Own a Policy, Should I Switch Policies or Upgrade the Coverage I Have Now?

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.

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 **preexisting conditions** for a certain period.



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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 51.) 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. (See the *Personal Assessment* and *Long-Term Care Policy Checklist* starting on Page 40.)

Check out the companies' premium increase histories.

Ask companies whether they've increased the premiums on the long-term care insurance policies they sell. Ask to see a company's personal worksheet that includes the company's premium increase history. (See the *Long-Term Care Insurance Personal Worksheet* on Page 47.)

Some state insurance departments prepare a consumer guide for long-term care insurance each year. 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 51.)

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 provide 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.

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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.

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 51.)

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, an electronic bank draft made payable to the insurance company or a 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 states, 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 51) 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's not filled out correctly, contact the agent or company right away.

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 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. You can also get information from these services on the internet.

Some companies provide credit ratings that show the financial strength ratings of insurers, such as:

- A.M. Best Company
- Moody's Investor Service, Inc.
- Weiss Ratings, Inc.

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If your insurer is not rated by these companies, you can refer to the link from the U.S. Securities and Exchange Commission (SEC) for a current list of credit rating agencies approved by the SEC: *www.sec.gov/ocr/ocr-current-nrsros.html*.

You should always ask your trusted financial advisor or agent for information on the credit rating of your insurer

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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.

Alternate Care – Alternate care (or "alternative care") means that an insurer is willing to consider a type or place of care not specifically referenced in the policy. Most commonly, this provision is intended to allow coverage for a future type of care not available at the time the policy was issued. Generally, the insurer is agreeing only to consider such an alternative and the contract language may require the alternate care to be less expensive.

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 and out of the tub or shower.

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

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.**

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 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**.

Certificate of Coverage – A certificate you receive or may request from the plan sponsor after buying coverage in a group policy. The certificate is evidence of your coverage under the policy and describes the **benefits**, coverage, exclusions and limitations of the policy that principally affect you.

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** 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; and/or loss of safety awareness.

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 not, 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

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called a "**lapse**." The amount of the reduced **benefit** is the total premiums 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 10 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 the policyholder to pay premiums until s/he is eligible for **benefits**. The premiums can be paid 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 the insured's care.

Death Benefit – The amount paid to a beneficiary upon the death of an insured person.

Deductible – A specified amount of time or dollar amount the insured must satisfy before an insurance company will pay a claim.

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

Disability Method – Method of paying **benefits** that only requires the policyholder to meet the **benefit** eligibility criteria. Once this is done, the policyholder receives the full **daily benefit**, even if s/he isn't receiving any long-term care services.

Downgrades – Reduction of coverage chosen if the policyholder can't pay the premiums that could allow her/him to keep the policy instead of dropping it.

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

Eating – Feeding one's self 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 the policy's **elimination period** reduces the premium, because the insurance company has to pay less **benefits**. 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 the policyholder or the provider. The coverage pays either the amount of the expense or the policy's dollar limit, whichever is less. Most policies sold today use the **expense-incurred** method.

Extended Term Benefits – After the policyholder stops paying premiums, this coverage provides full **benefits** for use during a certain period of time. If the policyholder doesn't collect **benefits** during that period, the contract ends and the policyholder has no coverage.

Extension of Benefits Rider – A **rider** that may increase the policyholder's long- term care coverage beyond the policy's **cash value** and/or **death benefit** or your annuity's value.

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 can't single out your policy for an increase***.

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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 advantages.

Home Care – Services in the client's home. Can include nursing care, **personal 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 health care facility for the terminally ill in which **hospice care** is provided.

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

Indemnity Benefit/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 the policyholder is eligible for **benefits** because s/he is receiving eligible long-term care services, it pays the set amount up to the limit of the policy.

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.

Licensed Health Care Practitioner – A doctor of medicine or osteopathy, podiatrist, dentist, chiropractor, clinical psychologist, optometrist, nurse practitioner, nurse- midwife or a clinical social worker who is authorized to practice by the state and performing within the scope of his/her practice as defined by state law.

Limited Payment Option – A premium payment option in which the policyholder pays premiums for a set time period, but the policy covers the individual for the rest of his/her 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 – A federal program that provides hospital and medical insurance to people age 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 (Medigap) – A private insurance policy that covers many of the gaps in **Medicare** coverage.

National Association of Insurance Commissioners (NAIC) – The NAIC is the U.S. standard-setting and regulatory support organization created and governed by the chief insurance regulators from the 50 states, the District of Columbia and five U.S. territories. Through the NAIC, state insurance regulators establish standards and best practices, conduct peer review, and coordinate their regulatory oversight. NAIC staff supports these efforts and represents the collective views of state regulators domestically and internationally. NAIC members, together with the central resources of the NAIC, form the national system of state-based insurance regulation in the U.S.

Nonforfeiture Benefit – A policy feature that keeps some coverage available to the policyholder 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**.

Outline of Coverage – A summary of the **benefits** and coverage provided in the policy and the terms under which the policy or certificate, or both, may be continued in force or discontinued, including any reservation in the policy of a right to change premium.

Paid-up Policy – When the policyholder stops paying premiums but the insurance policy is considered paid-in-full. The

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policyholder doesn't pay any more premiums, and the policy **benefits** depend on how much has already been paid in premiums, not the level of **benefits** that were first bought.

Partnership Policy – A type of policy that lets the policyholder protect (keep) some of his/her assets if the individual applies for **Medicaid** after using the 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.

Preexisting Condition – An illness or disability for which an individual was treated or advised within a time period before s/he applied for insurance.

Reduced Paid-up Policy – A **nonforfeiture benefit** option that reduces the **daily benefit** but keeps the full **benefit** period on the 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.

Rider – An additional form that is optional that can be attached to an original life insurance policy, long-term care policy or annuity contract on or after its date of issue that may provide additional **benefits** over and above the main policy or contract.

Shared Care – A policy covering two people who can access the same **benefits** until one or both people have used up the **benefits**.

Shortened Benefit Period Policy – A **nonforfeiture benefit** option that reduces the **benefit** period but retains the full daily maximums applicable until death. The period of time for which **benefits** are paid will be shorter.

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/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) – A 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 57.)

Substantial Assistance – **Hands-on assistance** or **stand-by assistance** required to do **activities of daily living**.

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

Tax-Qualified Long-Term Care Insurance Policies (Tax-Qualified Policies or Plans) – Long-term care policies that meet certain standards in federal law and offer certain federal tax advantages.

Third-Party Notice – A benefit that lets the policyholder name someone whom the insurance company would notify if 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.

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

Underwriting – The collecting and reviewing of information by an insurance company 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.

Waiting Period – See **Elimination Period**.

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Personal Assessment and Reasons for Wanting Long-Term Care Insurance

It's important to identify your reason(s) for buying a policy. This influences many of the choices you'll make in selecting coverage. A person with few resources, a modest income and a goal of staying off **Medicaid** approaches the purchase one way. A person with a larger amount of assets and income may approach it differently.

If your reason is to preserve resources for heirs, you might consider having them help pay the premium. They will benefit from your long-term care insurance purchase. If you don't have dependents or heirs, you may consider using resources to pay for long-term care rather than buying insurance.

What are your objectives?

- Protecting resources or leaving an inheritance
- Not burdening others to pay **nursing home** bills
- Avoiding **Medicaid**
- Being able to choose the type of care and the place where care is received
- Having peace of mind
- Being independent of others' support
- Protecting a spouse/domestic partner or dependent(s)

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Your Health

Unlike **Medicare supplement insurance** (**Medigap**), long-term care insurance is rarely available on a guaranteed basis. You will need to show that you are not a serious health risk before the company will approve your application. Your health is typically not taken into consideration for an annuity.

_____ **Excellent** – People can easily find coverage if health is excellent.

_____ **Good** (minor health problems, one insignificant chronic condition) – People have little trouble finding coverage if health is good.

_____ **Fair** (one or more chronic conditions requiring medical supervision and/or hospitalization in the past year) – People with fair health are sometimes accepted for coverage, but they may pay a higher premium.

_____ **Poor** (heart disease, pulmonary disease, cancer or other advanced disease) – People in poor health are rarely accepted and should question any attempt to sell them coverage.

Your Age

Age affects the premium you'll pay. Also, as age increases, so does the possibility of developing health conditions that will make it difficult for you to buy insurance. Most companies direct their marketing efforts accordingly.

_____ **50 to 79** – Within this range, you'll have many companies and policies from which to choose. Premiums will be more affordable.

_____ **80 to 84** – A few companies market to this age range. Some companies sell only one year of coverage to those 80 and older.

_____ **85 and older** – Few companies sell to people older than 84. Very elderly people should carefully consider the wisdom of purchasing long-term care insurance because of its cost.

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Your Annual Income

The purchase of long-term care insurance should not cause financial hardship or prevent you from meeting your basic needs. If premiums cannot be paid from current income, long-term care insurance should not be purchased.

You need to consider your ability to pay premiums now and in the future.

_____ Is your only income Social Security or Supplemental Security Income (SSI)? If it is, this is likely not an appropriate purchase for you.

_____ Is the long-term care policy premium less than 7% of your income (rule of thumb for affordability)?

_____ Could you still pay the premium if it was increased by more than 25%?

_____ If you purchase an annuity or life insurance policy, can you afford the one-time payment or periodic payments?

Cash Value of Assets Excluding Your Primary Residence

The cost of long-term care insurance is significant. If protecting assets is your reason for buying, you should have substantial assets to protect. Your home is protected from **Medicaid** as long as a spouse/domestic partner lives there. Additional resources also can be protected for a spouse/domestic partner. Check with your state insurance department, agencies on aging, **state health insurance assistance programs** (**SHIP**) or another consumer assistance agency for more information. (A list of these organizations starts on Page 44).

These suggested amounts represent individual resources. They would double for a couple.

_____ **Less than $30,000** – Over several years, you might spend as much in premium as the value of assets being protected.

_____ **$30,000 – $75,000** – Carefully review your resources to see if the amount you are protecting justifies the premium you'll pay.

_____ **$75,000 and up** – Long-term care insurance may be an appropriate way to save assets for your own security or estate.

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Long-Term Care Policy Checklist

Use this checklist when you are shopping for a policy or to evaluate a policy you already have.

	Policy A	Policy B
Types of Long-Term Care Insurance		
1. Which type of long-term care coverage is best for you?		
• Individual Policy		
• Employer Group Policy		
• Association Policy		
• **Partnership Policy*** *Partnership policies may be available as an individual policy or from an employer or association group.		
• Life Insurance or **Rider**		
• Annuity or **Rider**		
Company and Agent Information		
2. Is the insurance company financially strong?		
• Company name		
• Company address		
• Company telephone number		
• Company website		
• Insurance company rating and name of rating agency		
3. Are you working with an agent?		
• Agent's name		
• Agent's address		
• Agent's telephone number		
• Agent's email address		

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	Policy A	Policy B
4. What types of services and care are covered?		
• **Nursing home** care		
• **Assisted living**	Yes No	Yes No
• Home and **Community-based services**		
Home skilled services	Yes No	Yes No
Home personal services	Yes No	Yes No
Respite care	Yes No	Yes No
Adult day care	Yes No	Yes No
Homemaker/chore services	Yes No	Yes No
Hospice care	Yes No	Yes No
Family care	Yes No	Yes No
Informal care	Yes No	Yes No
Alternate care	Yes No	Yes No
List other benefits		
5. Are benefits determined on daily or monthly basis?		
6. How much does the policy pay per day?		
• **Nursing Home**	$_____per day	$_____per day
Same amount for all levels	Yes No	Yes No
• **Assisted living**	$_____per day	$_____per day
• Home and **community-based services**	Daily Monthly	Daily Monthly
Home skilled services	$	$
Home personal services	$	$
Respite care	$	$
Adult day care	$	$
Homemaker/chore services	$	$
Hospice care	$	$
Alternate care	$	$
Family care	Yes No	Yes No
Informal care	Yes	Yes No
Other benefits	$	$

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	Policy A	Policy B
7. Are benefits adjusted for inflation?		
Does policy have inflation adjustment?	Yes No	Yes No
• Automatic annual increase option		
Annual percentage increase	%	%
Type of increase	Compound	Compound
Additional premium	$_____	$_____
• Regular offer to buy more:		
Frequency of offer	Annual or every yrs	Annual or every yrs ☐
Amount of increase offered		
Times offer can be declined		
Age for premium calculation	Current age issue age	Current age issue age
• With the inflation benefit, what **daily benefit** would you receive for		
Nursing Home care at age 75	$	$
at age 80	$	$
at age 85	$	$
Home care at age 75	$	$
at age 80	$	$
at age 85	$	$
Do increases end after a certain period of years or a certain age?	Yes No	Yes No
If increases do end, when?	Age/Year N/A	Age/Year N/A
Does the policy maximum increase over time?	Yes No	Yes No
8. How long do benefits last?		
• Policy maximum	Yrs._____or $ _____	Yrs._____or $ _____
Is there a pool for all **benefits**?	Yes No	Yes No
Can **benefits** be shared with spouse/domestic partner?	Yes No	Yes No

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• Annual or policy maximums for individual benefits (days or $)		
Nursing home		
Assisted Living		
Home care		
Respite care		
Adult day care		
Homemaker/chore services		
Hospice care		
Family care		
Informal care		
Alternate care		
Other benefits		

How Do You Qualify for Benefits?

9. What level of need is required?		
• Functional incapacity — need help with **ADLs**	Yes No How many?_____	Yes No How many? _____
• **Cognitive impairment**	Yes No	Yes No
Medical necessity due to illness or injury	Yes No	Yes No

	Policy A	**Policy B**
10. What is a qualified place?		
List the types of facilities that are NOT covered by the policy.		
11. Who is a qualified person to give care?		
• Can a family member be paid?		
• Who is a qualified family member?		
• Does the policy pay for training?		

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12. How long is the elimination period or deductible before benefits begin?				
• **Nursing home** care				
• **Assisted living**				
• **Home care**				
• **Respite care**				
• **Adult day care**				
• **Homemaker**/chore services				
• **Hospice care**				
• Alternate care				
• Other benefits				
How is it satisfied?				
Required only once	Yes	No	Yes	No
New one for repeat stay	Yes	No	Yes	No
Days for different services added together	Yes	No	Yes	No
13. Does the policy provide care management/care coordination?	Yes	No	Yes	No
Could the insurer pay benefits based on a plan of care that neither you nor your doctor approved?	Yes	No	Yes	No

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Other Policy Features		
	Policy A	**Policy B**
14. Does the policy have a waiver of premium?	Yes No	Yes No
If your premium is prepaid but then you require use of your coverage, will you get back some of your premium?	Yes No	Yes No
Does the waiver of premium apply to home care?	Yes No	Yes No
15. Does the policy have a nonforfeiture benefit?	Yes No	Yes No
• Selected option		
How long before it's in effect?		
How does the **benefit** work?		
Premium for this **benefit**?	$	$
16. If this is a group policy, what conversion options are offered?		
17. Is the policy federally tax-qualified?		

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Annual Cost		
	Policy A	**Policy B**
18. What does the policy cost per year?		
• Basic policy	$	$
• **Rider** #	$	$
• **Rider** #	$	$
• **Rider** #	$	$
• **Rider** #	$	$
• Policy or group membership fee	$	$
• Less any spouse/domestic partner discount	less $	less $
• Less any other discount	less $	less $
Total costs per year:	**$**	**$**
Do you lose the spouse/domestic partner discount if one spouse/domestic partner dies?	Yes No	Yes No

If Buying A Stand-Alone LTC Policy, You Don't Need to Complete This Section

Other Approaches to Long-Term Care Insurance		
Life Insurance and Annuities		
Is this product a good purchase for me at this time?		
Can I add long-term care **benefits** to an existing policy?		
Does a loan against the policy affect the long-term care **benefits** available?		
How does the policy pay long-term care **benefits**?		
Who is covered by the policy long-term care **benefits**?		
Are benefits payable for long-term care available immediately or is there an **elimination period**?		
How is my premium calculated?		

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Long-Term Care Insurance Personal Worksheet

Drafting Note: Companies shall at a minimum provide all of the information shown below and in the same order. The company may include additional information related to this long-term care insurance coverage in relevant and readable language. Bracketed statements indicate the companies should choose the applicable statement, are allowed flexibility in inserting numerical ranges, etc.

Long-Term Care Insurance Personal Worksheet

This worksheet will help you understand some important information about this type of insurance. State law requires companies issuing this [policy] [certificate] [rider] to **give** you some important facts about premiums and premium increases and to **ask** you some important questions to help you and the company decide if you should buy this [policy] [certificate] [rider]. Long-term care insurance can be expensive, and it may not be right for everyone.

Premium Information

The premium for the coverage you are considering will be [$_____ per [insert payment interval] **or a total of** [$_____ per year] [a one-time single premium of $_____].

The premium quoted in this worksheet is not guaranteed and may change during the underwriting process and in the future while this [policy] [certificate] [rider] is in force.

Drafting Note: Companies will insert payment interval (monthly, quarterly, etc.) and the appropriate dollar amount.

Type of Policy and The Company's Right to Increase Premiums on the Coverage You Choose:

[Noncancellable – The company **cannot** increase your premiums on this [policy] [certificate] [rider]].

[Guaranteed renewable – The company **can** increase your premiums on this [policy] [certificate] [rider] in the future if it increases the premiums for all [policies] [certificates] [riders] like yours in this state.]

[Paid-up – This [policy] [certificate] [rider] will be paid-up after you have paid all of the premiums specified in your [policy] [certificate] [rider]].

Drafting Note: Companies will insert the appropriate policy type and the associated bracketed statement. Premium guarantees shall not be shown on this form.

Premium Increase History

[Name of company] has sold long-term care insurance since [year] and has sold this [policy] [certificate] [rider] since [year].

[The company has never increased its premiums for any long-term care [policy] [certificate] [rider] it has sold in this state or any other state.]

[The company has not increased its premiums for this [policy] [certificate] [rider] or similar [policies] [certificates] [riders] in this state or any other state in the past 10 years.]

[The company has increased its premiums on this [policy] [certificate] [rider] or similar [policies] [certificates] [riders] in the past 10 years. A summary of those premium increases follows.]

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Drafting Note: If the summary of premium increases is extensive, the company may disclose the required premium increase history via an addendum attached to this worksheet. The company may substitute the language below for the last sentence in the paragraph above and include the full summary as an attachment to this worksheet.

"Over the past 3 years, the company has increased premiums by ___%." "A summary of premium increases in the past 10 years is attached to this worksheet."

Companies that have increased premiums by 30% or more in the past 10 years must include the following statement: "There was a 30% or greater premium increase in _____[insert year]. A summary of premium increases in the past 10 years is attached to this worksheet."

Questions About Your Income

You do **not** have to answer the questions that follow. They are intended to make sure you have thought about how you'll pay premiums and the cost of care your insurance does not cover. If you do not want to answer these questions, you should understand that the company might refuse to insure you.

What resources will you use to pay your premium?
☐ Current income from employment ☐ Current income from investments ☐ Other current income ☐ Savings ☐ Sell investments ☐ Sell other assets ☐ Money from my family ☐ Other _____

If you will be paying premiums with money received only from your own income, a rule of thumb is that you may not be able to afford this [policy] [certificate] [rider] if the premiums will be more than 7% of your income.

Could you afford to keep this [policy] [certificate] [rider] if your spouse or partner dies first?
☐ Yes ☐ No ☐ Had not thought about it ☐ Do not know ☐ Does not apply

What would you do if the premiums went up, for example, by 50%?
☐ Pay the higher premium ☐ Call the company/agent ☐ Reduce benefits ☐ Drop the [policy] [certificate] [rider] ☐ Do not know]

Drafting Note: The company is not required to use the bracketed question above if the coverage is fully paid up or is noncancellable.

What is your household annual income from all sources? (check one)
☐ [Less than $10,000] ☐ $[10,000-19,999] ☐ $[20,000-29,999] ☐ $[30,000-50,000] ☐ [More than $50,000]

Drafting Note: The companies may choose the income ranges to put in the brackets to fit its suitability standards.

Do you expect your income to change over the next 10 years? (check one)
☐ No ☐ Yes, expect increase ☐ Yes, expect decrease

If you plan to pay premiums from your income, have you thought about how a change in your income would affect your ability to continue to pay the premium?
☐ Yes ☐ No ☐ Do not know

Will you buy inflation protection? (check one)
☐ Yes ☐ No

Inflation may increase the cost of long-term care in the future.

If you do not buy inflation protection, how will you pay for the difference between future costs and your daily benefit amount?

☐ From my income ☐ From savings ☐ From investments ☐ Sell other assets ☐ Money from my family ☐ Other

The national average annual cost of long-term 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. This figure should also be used when calculating the cost of long-term care in the "approximate cost $____ for that period of care" question found below. In the above statement, the second figure will equal 163% of the first figure.

What [elimination period] [waiting period] [cash deductible] are you considering?

[Number of days _____ in [elimination period] [waiting period]

Approximate cost of care for this period: $_____

($xxx per day times number of days in [elimination period] [waiting period], where "xxx" represents the most recent estimate of the national daily average cost of long-term care)]

[Cash Deductible $_____]

How do you plan to pay for your care during the [elimination period] [waiting period] [deductible period]? (check all that apply)

☐ From my income ☐ From my savings/investments ☐ My family will pay

Questions About Your Savings and Investments

Not counting your home, about how much are all of your assets (your savings and investments) worth? (check one)

☐ [Less than $20,000] ☐ [$20,000-$29,999] ☐ [$30,000-$49,999] ☐ [More than $50,000]

Drafting Note: Companies may choose the asset ranges to put in the brackets to fit its suitability standards.

Do you expect the value of your assets to change over the next 10 years? (check one)

☐ No ☐ Yes, expect to increase ☐ Yes, expect to decrease

If you're buying this [policy] [certificate] [rider] to protect your assets and your assets are less than $50,000, experts suggest you think about other ways 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 agree that the company and/or its agent (below) has reviewed this worksheet with me including the premium, premium increase history and potential for premium increases in the future. I understand the information contained in this worksheet. (This box must be checked.)

Drafting Note: For direct mail situations, the lead in sentence should be changed to "I agree that I have reviewed this worksheet including the premium…."

Signed:_____ _____
(Applicant) (Date)

[☐ I explained to the applicant the importance of answering these questions.

Signed:_____ _____
(Agent) (Date)

Agent's Printed Name:_____]

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

[My agent has advised me that this long-term care insurance [policy] [certificate] [rider] 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 sentence(s) depending on whether this is a direct mail or agent sale.

Someone from the company may contact you to discuss your answers and the suitability of this [policy] [certificate] [rider] for you.

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 (800) 433-3966 (*in-state only*) Fax: (334) 241-4192 *www.aldoi.org*	Alabama State Health Insurance Assistance Program (800) 243-5463	Department of Senior Services 770 Washington Ave. RSA Plaza, Suite 570 Montgomery, AL 36130 (800) 243-5463 (334) 242-5743 Fax: (334) 242-5594
Alaska Division of Insurance 550 W. 7th Avenue, Suite 1560 Anchorage, AK 99501-3567 (907) 269-7900 (800) 467-8725 (*in-state only*) Fax: (907) 269-7910 TTY/TDD: (800) 770-8973 *https://commerce.alaska.gov*	Alaska State Health Insurance Assistance Program (800) 478-6065 (in-state only) (907) 269-3680 Fax: (907) 269-2045 TTY: (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
Office of the Governor American Samoa Government A.P. Lutali Executive Office Building Pago Pago, American Samoa 96799 011 (684) 633-4116 Fax: 011 (684) 633-2269 *www.americansamoa.gov*		Territorial Administration on Aging American Samoa Government Pago Pago, American Samoa 96799 011 (684) 633-1251 Fax: 011 (684) 633-2533

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INSURANCE DEPARTMENTS	STATE HEALTH INSURANCE ASSISTANCE PROGRAMS	AGENCIES ON AGING
Arizona Department of Insurance 100 N. 15th Avenue, Suite 102 Phoenix, AZ 85007-2624 (602) 364-3100 Fax: (602) 364-3470 *https://insurance.az.gov*	Arizona State Health Insurance Assistance Program (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 Insurance Department 1200 West Third Street Little Rock, AR 72201-1904 (501) 371-2600 (800) 282-9134 Fax: (501) 371-2618 *http://insurance.arkansas.gov*	Arkansas Senior Health Insurance Information Program (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
California Department of Insurance 300 Capitol Mall, Suite 1700 Sacramento, CA 95814 (916) 492-3500 (800) 927-4357 (*in-state only*) Fax: (916) 445-5280 *http://insurance.ca.gov*	California Health Insurance Counseling & Advocacy Program (800) 434-0222 (916) 419-7500 Fax: (916) 928-2506 TDD: (800) 735-2929	California Department of Aging 1300 National Drive, Suite 200 Sacramento, CA 95834 (916) 419-7500 Fax: (916) 928-2267 TDD: (800) 735-2929
Colorado Division of Insurance 1560 Broadway, Suite 850 Denver, CO 80202 (303) 894-7499 (800) 930-3745 Fax: (303) 894-7455 *www.colorado.gov/dora/division-insurance*	Colorado Senior Health Insurance Assistance Program (888) 696-7213 (303) 894-7552 Fax: (303) 869-0151 TTY: (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
Connecticut Insurance Department P.O. Box 816 Hartford, CT 06142-0816 (860) 297-3800 (800) 203-3447 Fax: 860-566-7410 *www.ct.gov/cid*	Connecticut Program for Health Insurance Assistance, Outreach, Information & Referral Counseling and Eligibility Screening (800) 994-9422 (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 (866) 218-6631 Fax: (860) 424-5301

INSURANCE DEPARTMENTS	STATE HEALTH INSURANCE ASSISTANCE PROGRAMS	AGENCIES ON AGING
Delaware Department of Insurance 841 Silver Lake Boulevard Dover, DE 19904 (302) 674-7300 (800) 282-8611 Fax: (302) 739-5280 *http://insurance.delaware.gov*	Delaware ELDERinfo (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 (800) 223-9074 Fax: (302) 255-4445 TDD: 302-391-3505
Gov't of the District of Columbia Department of Insurance, Securities and Banking 1050 First Street NE, Suite 801 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 200 e. Gaines Street, Room 101A Tallahassee, FL 32399-0305 (850) 413-5914 Fax: (850) 488-334 (877) 693-3089 (*in-state only*) *www.floir.com*	SHINE (Serving Health Insurance Needs of Elders) (800) 963-5337 (850) 414-2000 Fax: (850) 414-2150 TDD: (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 West Tower, Suite 704 Atlanta, GA 30334 (404) 656-2070 (800) 656-2298 Fax: (404) 657-8542 *www.oci.ga.gov*	GeorgiaCares (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 (866) 552-4464 Fax: (404) 657-5285

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INSURANCE DEPARTMENTS	STATE HEALTH INSURANCE ASSISTANCE PROGRAMS	AGENCIES ON AGING
Guam Dept. of Revenue and Taxation Banking and Insurance Commissioner P.O. Box 23607 GMF Barrigada, GU 96921 (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 Guam Dept. of Revenue and Taxation P.O. Box 23607 GMF Barrigada, GU 96921 1240 Army Drive, Barrigada, GU 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 Honolulu, HI 96811 (808) 586-2790 or (808) 586-2790 Fax: (808) 586-2806 *www.hawaii.gov/dcca/ins*	Sage PLUS Program (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
Idaho Department of Insurance P.O. Box 83720 Boise, ID 83720-0043 (208) 334-4250 (800) 721-3272 (*in-state only*) Fax: (208) 334-4398 *www.doi.idaho.gov*	Senior Health Insurance Benefits Advisors (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: (800) 926-2588
Illinois Department of Insurance 320 W. Washington Street Springfield, IL 62767-0001 (217) 782-4515 Fax: (217) 782-5020 TDD: (866) 323-5321 *http://insurance.illinois.gov*	Senior Health Insurance Program (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 103 Indianapolis, IN 46204 (317) 232-2385 Fax: (317) 232-5251 *www.in.gov/idoi*	State Health Insurance Assistance Program (800) 452-4800 (765) 608-2318 Fax: (765) 608-2322 TDD: (866) 846-0139	Family and Social Services Administration Division of Aging 402 W. Washington St. P.O. Box 7083 Indianapolis, IN 46207-7083 (888) 673-0002 Fax: (317) 232-7867 or (317) 233-2182

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INSURANCE DEPARTMENTS	STATE HEALTH INSURANCE ASSISTANCE PROGRAMS	AGENCIES ON AGING
Iowa Insurance Division 601 Locust Street, 4th Floor Des Moines, IA 50309-3738 (515) 281-5705 (877) 955-1212 (*in-state only*) Fax: (515) 281-3059 *https://iid.iowa.gov*	Senior Health Insurance Information Program (800) 351-4664 (*in-state only*) (515) 281-5705 Fax: (515) 281-3059 TTD: (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 (800) 532-3213 TTY: (515) 725-3333
Kansas Insurance Department 420 SW 9th Street Topeka, KS 66612-1678 (785) 296-3071 (800) 432-2484 Fax: (785) 296-7805 *www.ksinsurance.org*	Senior Health Insurance Counseling for Kansas (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 (800) 860-5260 Fax: (785) 296-0256 TTY: (785) 291-3167
Kentucky Department of Insurance P.O. Box 517 Frankfort, KY 40602-0517 (502) 564-3630 (800) 595-6053 (*in-state only*) Fax: (502) 564-1453 *http://insurance.ky.gov*	State Health Insurance Assistance Program (877) 293-7447 (502) 564-6930 Fax: (502) 564-4595 TDD: (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
Louisiana Department of Insurance P.O. Box 94214 Baton Rouge, LA 70804-9214 (225) 342-5900 (800) 259-5300 Fax: (225) 342-8622 *www.ldi.la.gov*	Senior Health Insurance Information Program (800) 259-5300 (*in-state only*) (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 34 State House Station Augusta, ME 04333-0034 (207) 624-8475 (800) 300-5000 Fax: (207) 624-8599 *http://www.maine.gov/pfr/insurance*	Maine State Health Insurance Assistance Program (877) 353-3771 (*in-state only*) Fax: (207) 287-9229 TDD: (800) 606-0215	Maine Bureau of Elder & Adult Services 11 State House Station 32 Blossom Lane Augusta, Maine 04333 (207) 287-9200 Fax: (207) 287-9229

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INSURANCE DEPARTMENTS	STATE HEALTH INSURANCE ASSISTANCE PROGRAMS	AGENCIES ON AGING
Maryland Insurance Administration 200 St. Paul Place, Suite 2700 Baltimore, MD 21202-2272 (410) 468-2000 (800) 492-6116 Fax: (410) 468-2020 *http://insurance.maryland.gov*	Senior Health Insurance Assistance Program (800) 243-3425 (*in-state only*) (410) 767-1100 Fax: (410) 333-7943 TDD: (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
Massachusetts Division of Insurance 1000 Washington St., 8th Floor Boston, MA 02118-6200 (617) 521-7794 Fax: (617) 753-6830 *www.mass.gov/orgs/division-of-insurance*	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 (800) 243-4636 Fax: (617) 727-9368
Michigan Department of Insurance and Financial Services P.O. Box 30220 Lansing, MI 48909-7720 (517) 284-8800 (877) 999-6442 Fax: (517) 284-8844 *www.michigan.gov/difs*	MMAP, Inc. (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) 539-1500 Fax: (651) 539-1547 *http://mn.gov/commerce*	Minnesota State Health Insurance Assistance Program/Senior LinkAge Line (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
Mississippi Insurance Department P.O. Box 79 Jackson, MS 39205-0079 (601) 359-3569 (800)562-2957 Fax: (601) 359-2474 *www.mid.state.ms.gov*	MS State Health Insurance Assistance Program (800) 948-3090 (*in-state only*) (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 (800) 948-3090

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INSURANCE DEPARTMENTS	STATE HEALTH INSURANCE ASSISTANCE PROGRAMS	AGENCIES ON AGING
Missouri Department of Insurance, Financial Institutions and Professional Registration P.O. Box 690 Jefferson City, MO 65102-0690 (573) 751-4126 (800) 726-7390 Fax: (573) 751-1165 *http://insurance.mo.gov*	Missouri CLAIM (573) 817-8320 (800) 390-3330 (*in-state only*) 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 Office of the Commissioner of Securities and Insurance 840 Helena Avenue Helena, MT 59601 (406) 444-2040 (800) 332-6148 Fax: (406) 444-3497 *http://csimt.gov*	Montana State Health Insurance Assistance Program (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 (800) 332-2272 Fax: (406) 444-7743
Nebraska Department of Insurance P.O. Box 82089 Lincoln, NE 68501-2089 (402) 471-2201 (877) 564-7323 Fax: (402) 471-4610 *www.doi.nebraska.gov*	Nebraska Senior Health Insurance Information Program (402) 471-2201 (800) 234-7119 (*in-state only*) Fax: (402) 471-6559 TDD: (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 (888) 872-3234 Fax: (775) 687-0787 *http://doi.nv.gov*	Nevada State Health Insurance Assistance Program (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
New Hampshire Insurance Department 21 South Fruit Street, Suite 14 Concord, NH 03301 (603) 271-2261 (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: (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

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New Jersey Department of Banking and Insurance 20 West State Street P.O. Box 325 Trenton, NJ 08625-0325 (609) 292-7272 (800) 446-7467 Fax: (609) 984-5273 *www.state.nj.us/dobi*	New Jersey State Health Insurance Assistance Program (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 (800) 792-8820
New Mexico Office of Superintendent of Insurance P.O. Box 1689 Santa Fe, NM 87504-1689 (888) 427-5772 *www.nmprc.state.nm/id.htm*	New Mexico ARDC/SHIP (505) 476-4781 (800) 432-2080 (*in-state only*) Fax: (505) 476-4710	New Mexico Aging & LTC Services Department 2550 Cerrillos Road Santa Fe, NM 87505 (505) 476-4799
New York State Department of Financial Services One State Street New York, NY 10004-1511 (212) 709-3500 Fax: (212) 709-3520 *www.dfs.ny.gov*	New York Health Insurance Information Counseling and Assistance Program (HIICAP) (800) 701-0501 (518) 474-7012 Fax: (518) 486-2225	New York Office for the Aging Two Empire State Plaza Albany, NY 12223-1251 (800) 342-9871
North Carolina Department of Insurance 325 N. Salisbury Street Raleigh, North Carolina 27603-5926 (919) 807-6000 (855) 408-1212 Fax: (919) 715-8889 *www.ncdoi.gov*	North Carolina Seniors' Health Insurance Information Program (800) 443-9354 (919) 807-6900 Fax: (919) 807-6901 TDD: (800) 735-2962	North Carolina Division of Aging 2101 Mail Service Center Raleigh, NC 27699 (919) 855-3400 Fax: (919) 733-0443
North Dakota Insurance Department 600 E. Boulevard Avenue, 5th Floor Bismarck, ND 58505-0320 (701) 328-2440 Fax: (701) 328-4880 *www.nd.gov/ndins*	North Dakota State Health Insurance Counseling (888) 575-6611 (701) 328-2440 TDD: (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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INSURANCE DEPARTMENTS	STATE HEALTH INSURANCE ASSISTANCE PROGRAMS	AGENCIES ON AGING
Northern Mariana Islands Department of Commerce, Office of the Insurance Commissioner Caller Box 10007 CK Saipan, MP 96950 (670) 644-3000 Fax: (670) 664-3067 *http://commerce.gov.mp/divisions/insurance*		Northern Mariana Islands Office on Aging P.O. Box 502178 Saipan, MP 96950-2178 (671) 734-4361 Fax: (670) 233-1327
Ohio Department of Insurance 50 W. Town Street, 3rd Floor, Suite 300 Columbus, OH 43215 (614) 644-2658 (800) 686-1526 Fax: (614) 644-3743 *www.insurance.ohio.gov*	Ohio Senior Health Insurance Information Program (800) 686-1578 (614) 644-3458 TDD: (614) 644-3745 Fax: (614) 752-0740	Ohio Department of Aging 50 West Broad Street, 3rd Floor Columbus, OH 43215-3363 (614) 644-3458 (866) 266-4346 Fax: (614) 752-0740
Oklahoma Insurance Department Five Corporate Plaza 3625 NW 56th Street, Suite 100 Oklahoma City, OK 73112-4511 (405) 521-2828 (800) 522-0071 Fax: (405) 521-6635 *www.ok.gov/oid*	Oklahoma Senior Health Insurance Counseling Program (405) 521-6628 (800) 763-2828 (*in-state only*) Fax: (405) 522-4492	Oklahoma Department of Human Services Aging Services Division P.O. Box 25352 2401 N.W. 23rd St., Suite 40 Oklahoma City, OK 73107 (405) 521-2281 Fax: (405) 521-2086
Oregon Division of Financial Regulation P.O. Box 14480 Salem, OR 97309-0405 (503) 947-7980 (888) 877-4894 Fax: (503) 378-4351 *http://dfr.oregon.gov*	Oregon Senior Health Insurance Benefits Assistance (503) 947-7979 (800) 722-4134 (*in-state only*) Fax: (503) 947-7092 TDD: (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

INSURANCE DEPARTMENTS	STATE HEALTH INSURANCE ASSISTANCE PROGRAMS	AGENCIES ON AGING
	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) 787-7000 (877) 881-6388 (*in-state only*) Fax: (717) 772-1969 *www.insurance.pa.gov*	Pennsylvania APPRISE (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 Office of the Commissioner of Insurance B5 Calle Tabonuco Suite 216, PMB 356 Guaynabo, PR 00968-3029 (787) 304-8686 Fax: (787) 273-6365 *http://ocs.pr.gov/ocspr*	Puerto Rico State Health Insurance Assistance Program (877) 725-4300 (787) 721-6121 Fax: (787) 724-1152	Governor's Office for Elderly Affairs P.O. Box 191179 San Juan, PR 00919-1179 (787) 721-6121 Fax: (787) 721-6510
	REPUBLIC OF THE MARSHALL ISLANDS	State Agency on Aging Department of Social Services Republic of the Marshall Islands Marjuro, Marshall Islands 96960
Rhode Island Division of Insurance 1511 Pontiac Avenue, Building 69-2 Cranston, RI 02920 (401) 462-9520 Fax: (401) 462-9602 *www.dbr.state.ri.us/divisions/insurance*	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 P.O. Box 100105 Columbia, SC 29202-3105 (803) 737-6160 Fax: (803) 737-6205 *http://doi.sc.gov*	South Carolina (I-CARE) Insurance Counseling Assistance and Referrals for Elders (800) 868-9095 (803) 734-9900 Fax: (803) 734-9887	Dept. 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

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South Dakota Division of Insurance 124 S. Euclid Avenue, 2nd Floor Pierre, SD 57501 (605) 773-3563 Fax: (605) 773-5369 *http://dlr.sd.gov/insurance*	South Dakota Senior Health Information & Insurance Education (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 (866) 854-5465 Fax: (605) 773-4085
Tennessee Department of Commerce and Insurance Davy Crockett Tower, 12th Floor 500 James Robertson Parkway Nashville, TN 37243-0565 (615) 741-2241 *http://tn.gov/commerce*	Tennessee SHIP (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 P.O. Box 149104 Austin, TX 78714-9104 (512) 676-6000 (800) 578-4677 Fax: (512) 490-1045 *www.tdi.texas.gov*	Texas Health Information Counseling and Advocacy Program (HICAP) (800) 252-9240 (512) 438-4205 TDD: (800) 735-2989 Fax: (512) 438-4374	Texas Department of Aging & Disability Services P.O. Box 149030 Austin, TX 78714-9030 (800) 458-9858 (512) 438-3011
Utah Insurance Department 3110 State Office Building Salt Lake City, UT 84114-6901 (801) 538-3800 (800) 439-3805 Fax: (801) 538-3829 *https://insurance.utah.gov*	Utah Senior Health Insurance Information Program (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 Insurance Division 89 Main Street Montpelier, VT 05620-3101 (802) 828-3301 (800) 964-1784 Fax: (802) 828-3306 *www.dfr.vermont.gov/industry/insurance*	Vermont State Health Insurance Assistance Program (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

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INSURANCE DEPARTMENTS	STATE HEALTH INSURANCE ASSISTANCE PROGRAMS	AGENCIES ON AGING
Office of the Lieutenant Governor Division of Banking, Insurance and Financial Regulation 1131 King Street, 3rd Floor, Suite 101 Christiansted, St. Croix, VI 00820 (340) 774-6459 Fax: (340) 719-3801 *https://ltg.gov.vi/departments/banking-insurance-and-financial-regulation*	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
Virginia Bureau of Insurance P.O. Box 1157 Richmond, VA 23218 (804) 371-9741 (800) 552-7945 Fax: (804) 371-9873 *www.scc.virginia.gov/boi*	Virginia Insurance Counseling and Assistance (VICAP) (800) 552-3402 (804) 662-9333 Fax: (804) 662-9354 TDD: (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 State Office of the Insurance Commissioner P.O. Box 40256 Olympia, WA 98504-0256 (360) 725-7000 (800) 562-6900 Fax: (360) 586-3535 *www.insurance.wa.gov*	Washington Statewide Health Insurance Benefits Advisors (SHIBA) (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
West Virginia Offices of the Insurance Commissioner P.O. Box 50540 Charleston, WV 25305-0540 (304) 558-3354 (888) 879-9842 Fax: (304) 558-0412 *www.wvinsurance.gov*	West Virginia State Health Insurance Assistance Program (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 (877) 987-3646 Fax: (304) 558-5609
Wisconsin Office of the Commissioner of Insurance P.O. Box 7873 Madison, WI 53703-7873 (608) 266-3585 (800) 236-8517 Fax: (608) 266-9935 *https://oci.wi.gov*	Wisconsin SHIP (608) 266-1865 (800) 242-1060 Fax: (608) 267-3203 TTY: 888-701-1251	Wisconsin Bureau of Aging & LTC Resources Dept. of Health and Family Services 1402 Pankratz Street, Ste. 111 Madison, WI 53704-4001 (800) 815-0015 Fax: 608-246-7001

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Wyoming Insurance Department 106 East 6th Avenue Cheyenne, WY 82002-0440 (307) 777-7401 (800) 438-5768 Fax: (307) 777-2446 *http://doi.wyo.gov*	Wyoming State Health Insurance Information Program (800) 856-4398 Fax: (307) 777-2446	Wyoming Aging Division Department of Health 6101 Yellowstone Road, Room 259B Cheyenne, WY 82002 (307) 777-7986 (800) 442-2766 Fax: (307) 777-5340

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