More and more Americans are aware of the steadily growing costs of long-term care. A lifetime of retirement savings can be wiped out by an unexpected need for nursing home, assisted living, or at-home care.

LONG-TERM CARE INSURANCE

Protection for Your Future

About 70 percent of Americans age 65 and older will need long-term care services at some point in their lives. The cost for these services—both nursing home stays and care at home—is expensive.

Today, the median annual cost for a nursing home stay is $87,600. In thirty years, the same stay will cost nearly $319,000.

Most Americans cannot save enough to cover these high costs on their own. But long-term care insurance can cover the costs of long-term care services and protect lifetime savings.

This guide, prepared by the American Council of Life Insurers, answers commonly asked questions about long-term care insurance and provides tips and a checklist for selecting a policy.
WHAT IS LONG-TERM CARE?
Long-term care is the everyday assistance needed when a person suffers from a cognitive impairment—such as Alzheimer’s disease—or can no longer perform activities of daily living. For example, when a person has trouble with simple functions such as bathing, dressing, or eating, he or she may require some kind of assistance. This care can involve someone coming into the home to help with household chores, cooking, shopping, or assistance with hygiene. Or it can involve care in a nursing home. Long-term care differs from the medical care received in a hospital or health care provider’s office, which usually is covered by private health insurance or Medicare.

What are the chances I will need long-term care?
The longer a person lives, the greater the chance he or she will need some type of long-term care. And people are living much longer today. A 65-year-old man can expect to live to age 84; while a 65-year-old woman can expect to live to age 86.

Retirement savings can be wiped out by an unexpected need for long-term care services

How much do long-term care services cost?
Long-term care services are expensive. While the median cost of a one-year stay in a nursing home is $87,600, the cost can be considerably higher in certain parts of the country. Home care is less expensive, but still costly. A visit by a full-time home health aide to help with bathing, dressing, and household chores can cost more than $3,000 a month. If skilled help is needed, such as physical therapy, the expense is greater.

Does health insurance, Medicare, or Medicaid cover long-term care?
Health insurance plans generally do not pay for long-term care services. Many Americans mistakenly believe Medicare will cover their long-term care needs. However, Medicare provides skilled nursing home care only for a short time following hospitalization. It also limits help at home to those who need skilled nursing care and rehabilitative therapy.

Medicaid is the federal-state health insurance program for low-income individuals. Middle-income individuals may qualify for long-term care under Medicaid, but only after spending down their savings. To be eligible, Americans must meet strict Medicaid rules regarding income, assets, and depletion of life savings. In states with long-term care partnership programs, benefits paid to long-term care insurance policyholders are eligible as an “asset disregard” under Medicaid’s eligibility requirements. For example, if you have used long-term care benefits totaling $150,000 and must apply for Medicaid, you will be allowed to keep $150,000 of your assets and not have to “spend down” the $150,000 to be eligible for Medicaid.

When and how does long-term care insurance pay?
After a waiting period before benefits begin—known as the “elimination period”—most long-term care insurance policies pay a fixed dollar amount per day, week, or month. Policyholders choose a benefit amount, length of waiting period, and length of time the policy will cover. For example, policies can provide coverage for one year, three years, or longer. Benefits can begin immediately or follow a 30-day, 90-day, or even a six month elimination period. These choices will affect the cost of the policy: a 90-day waiting period is less costly than a 30-day waiting period.

The younger you are when you purchase long-term care insurance, the lower its cost
What services are covered by long-term care insurance?

Long-term care insurance covers a range of services that help people live at home or receive care outside the home. Services range from assistance with daily living activities—bathing, eating, using the bathroom, moving from place to place, and dressing—to 24-hour skilled nursing care. Services can be provided at home, in a nursing home or community-based care facility, such as adult day care, or in an assisted living setting.

Policies may include reimbursement for respite care (temporary care to help relieve the primary caregiver), medical equipment, care coordination services, and even home modifications. Some policies pay family caregivers, and some pay for services such as assisted living.

What is the cost of long-term care insurance?

The cost of premiums vary by:

- Types of services covered (care at home or in a facility).
- Amount of daily, weekly, or monthly benefit.
- Length of waiting (elimination) period for benefits to begin.
- Duration of coverage.

Other factors may affect the price of a policy, such as whether it has inflation protection or a nonforfeiture benefit that provides some level of benefits for a period of time if you cancel your policy.

The age at which you purchase a policy also affects its cost: The younger you are, the lower the cost. A 45-year-old pays about half of what a 60-year-old pays for long-term care insurance. Once a policy is purchased, premiums cannot be increased because of age. Premiums can only be raised if the increase applies to a whole group of insureds, such as all 70-year-olds who live in a particular state.

How can I purchase long-term care insurance?

Long-term care insurance is sold to individuals or through a group plan offered by an employer. Employees covered under qualified group plans can continue their coverage when they leave their employer, as long as they continue to pay the premium.

Individuals also can obtain long-term care coverage through an accelerated death benefit added to a life insurance policy. This benefit allows policyholders to collect a percentage or all of their policy's death benefit to finance specific long-term care needs. Upon the policyholder's death, the benefit that the beneficiary receives is reduced by the amount accelerated to pay for long-term care.

Another option for individuals is to obtain long-term care coverage through a long-term care benefit added to a life insurance policy or annuity contract. This benefit allows policyholders to access the policy or contract values to finance specific long-term care needs.

Are long-term care insurance premiums tax-deductible?

Qualified long-term care insurance policies and qualified long-term care services are treated the same as health insurance for federal tax purposes. Both premiums for long-term care insurance and out-of-pocket expenses can be deducted from federal income taxes if the costs exceed the tax code's 7.5 percent base for medical expense deductions. In addition, insurance benefits from qualified long-term care policies are not taxable as long as the benefits received do not exceed certain limits.

Most long-term care policies purchased today are considered qualified for federal tax purposes.
How are consumers protected under long-term care insurance policies?

All long-term care insurance policies must meet consumer protection standards set by the state in which they are sold. In addition, any long-term care policy that qualifies for federal tax deductions must meet consumer protections set by the federal government. For example, qualified policies:

- May not limit or exclude coverage for certain illnesses, such as Alzheimer’s disease.
- Cannot increase premiums due to advancing age.
- Cannot be canceled because of advancing age or deteriorating health.
- Must offer a nonforfeiture benefit. If purchased, this feature ensures that if you cancel your policy or let it lapse, some portion of your benefits will still be available for a certain period of time.
- Must offer an inflation protection benefit. If purchased, this feature helps benefits keep pace with inflation—particularly important for those who plan for the future by purchasing a policy at a younger age.

Tips on Buying Long-Term Care Insurance

Look for an insurance company licensed in your state that is reputable, consumer-oriented, and financially strong. Several services rate the financial strength of insurance companies: A.M. Best Company, Standard & Poor’s Insurance Ratings Services, Fitch Ratings, and Moody’s Investors Service, Inc. More about ratings can be obtained from your agent, the Internet, and public or business libraries.

- Get the name, address, and telephone number of the agent and insurance company.
- Ask for outlines of coverage so you can compare the features of several policies. Take your time when making a purchase.
- Make sure you understand what the policy covers and does not cover. Note when the insurance becomes effective.
- When filling out applications, always answer questions about your medical history and health truthfully.
- Verify the information in your application. Promptly notify your agent or insurance company of errors or missing information.
- Pay with a check or money order made out to the insurance company, not with cash. Get a receipt.
- To ensure continuous coverage, consider having your premium automatically deducted from your bank account.
- You have a 30-day “free-look” period after receiving the policy during which you can change your mind. If you decide not to keep the policy, the company will cancel it and give you an appropriate refund.
- Contact your agent or the insurance company if you don’t receive your policy within 60 days.
- Check with your accountant, attorney, or state tax department to find out if your state offers tax credits or deductions as incentives to purchase long-term care insurance.
- If you have a complaint about your insurance agent or company, contact the customer services division of your insurance company. If you are still dissatisfied, contact your state insurance department.
Long-term care insurance can make sure your lifetime savings and your family’s financial security are protected from the costs of long-term care. Before purchasing a policy, make sure you understand what is covered and what is not. Evaluate the policy’s premiums, benefits, eligibility criteria, elimination period, duration of benefits, and types of services and facilities covered. Compare two or more policies before making a final decision.

Because policies differ in the range of services they cover, a policy that provides benefits to meet your lifestyle and financial goals is best.

This checklist will help you compare policies offered by different companies, or different policies offered by the same company. Duplicate this form and fill out a separate checklist for each policy.

________________________Company name
________________________Type of policy
________________________Telephone

**Do services under this policy include:**
- [ ] Home and community-based support, such as personal care, home modifications, caregiver training, adult day care services, or assisted living?
- [ ] Nursing home care?

**Receiving benefits** Policies differ in the way they pay for long-term care services. Are benefits paid:
- [ ] As a fixed daily payment?
- [ ] As reimbursement for the cost of care, up to the policy’s daily maximum for a specific setting (for example, $100 per day for nursing home care or $50 per day for care at home)?

**Benefit protection** Many policies protect against inflation, which can threaten a policy’s long-term value. Does this policy offer:
- [ ] Automatic inflation protection?
- [ ] The opportunity to purchase additional coverage at periodic intervals?

**Nonforfeiture benefit** This provision ensures that some portion of benefits will still be available if you cancel your policy or let it lapse. Does this policy offer:
- [ ] Automatic nonforfeiture?
- [ ] The opportunity to purchase nonforfeiture as an additional benefit?

**Discounts** If you are married and you and your spouse both buy policies, you may receive a discount. Does this policy offer a discount?
- [ ] Yes
- [ ] No

**Waiver of premiums** After you have received long-term care services for a certain period of time, most policies waive premiums while you receive benefits. Does this policy include a waiver of premiums?
- [ ] Yes
- [ ] No

**Tax deductions** For policies that are federally tax-qualified, benefits are not taxed as income up to certain limits. Is this policy tax-qualified at the federal level?
- [ ] Yes
- [ ] No

**Tax treatment** Your state also may offer tax deductions or credits for long-term care insurance premiums. Is this policy tax-qualified at the state level?
- [ ] Yes
- [ ] No

**Length of benefit period** Policies can provide benefits for different lengths of time (i.e., one year to lifetime). How long does this policy pay benefits for:
- [ ] Home and community-based care?
- [ ] Nursing home care?
**Total dollar amount of benefit** In some policies, the maximum benefit limit is a total dollar amount. If this policy has a total dollar amount for the following services, what is the limit for:

_______ Home and community-based care?
_______ Nursing home care?

**Elimination period** Policies differ in the amount of time you must wait before the policy begins to pay. The longer the elimination period, the lower the cost of the policy. What is the elimination period for:

_______ Home and community-based care?
_______ Nursing home care?

**Benefit amount** The amount the insurer will pay for daily, weekly, or monthly benefits varies among policies. What is the daily benefit amount for:

_______ Home and community-based care?
_______ Nursing home care?

**Reimbursement** Policies may include reimbursement for certain services. Does this policy offer reimbursement for:

- ☐ Respite care (temporary care to help relieve the primary caregiver)
- ☐ Medical equipment
- ☐ Care coordination services
- ☐ Home modifications
- ☐ Other________________________
The American Council of Life Insurers (ACLI) is a Washington, D.C.-based trade association with approximately 300 member companies operating in the United States and abroad. ACLI advocates in federal, state, and international forums for public policy that supports the industry marketplace and the 75 million American families that rely on life insurers’ products for financial and retirement security. ACLI members offer life insurance, annuities, retirement plans, long-term care and disability income insurance, and reinsurance, representing more than 90 percent of industry assets and premiums. www.acli.com.

Circular 230 disclosure: This document was not intended or written to be used, and cannot be used, to: (1) avoid tax penalties, or (2) promote, market or recommend any tax plan or arrangement.

© 2014 American Council of Life Insurers

AMERICAN COUNCIL OF LIFE INSURERS
101 Constitution Avenue, NW, Suite 700
Washington, DC 20001–2133

www.acli.com

April 2014