

MODULE 12: PAYING FOR LONG-TERM CARE

LONG-TERM CARE INSURANCE: UNDERSTANDING THE OPTIONS

Counselor Training

Disclaimer: The information provided is intended for the sole purpose of educating consumers in regard to the choices available for financing their future long-term care needs. Particular emphasis is placed on understanding long-term care insurance. Nothing herein is intended nor should it be construed as an endorsement by the State of New York of any specific insurance product or insurer.

- Materials compiled from the resources of the following agencies:
 - New York State Office for the Aging (NYSOFA)
 - New York State Department of Financial Services (DFS)
 - New York State Department of Health (DOH)
 - New York State Partnership for Long-Term Care (NYSPLTC)
 - Centers for Medicare & Medicaid Services (CMS)
 - New York City Department for the Aging (NYCDFTA)

WHAT IS LONG-TERM CARE?

Medical and nonmedical support services needed by individuals who are unable to care for themselves because of prolonged illness or disability lasting greater than 90 days

- Care can range from personal care to skilled care
- Care can take place in a variety of settings

Care can range from:

- **Custodial care** - nonmedical care that generally includes simple help with **activities of daily living (ADLs)** such as eating, toileting, transferring, bathing, dressing, maintaining continence, provided by family, friends, or aides, to
- **Skilled nursing care**- services such as rehabilitative or restorative therapy, medical or drug therapy, dietary supervision, or professional observation that can be provided only by a health care professional, a physician, nurse, or therapist.

Long-term care services can be provided in a wide range of settings:

- **In the home** by family, friends, volunteer groups, aging organizations and agencies, and home health care agencies
- **In the community** at senior centers, adult day care programs, and adult care homes
- **In institutions** such as nursing homes, assisted living communities, or continuing care retirement communities

What Are Your Risks of Needing Long-Term Care?

- Americans are living longer due to advances in medical technology, preventive care and healthier lifestyles.

- While this increased longevity is good news, it also has a downside. As people age, the greater become their chances of living with chronic conditions, disabilities and functional limitations that require on-going care.
- In the year 2000, almost 10 million people needed some form of long-term care in the United States. Of this population, 3.6 million (37%) were under age 65 and 6 million (63%) were over age 65 (Roger & Komisar, 2003).*
- Recent research suggests that most Americans turning age 65 will need long-term care services at some point in their lives.*
- Someone turning age 65 today has almost a 70% chance of needing some type of long-term care services and supports in their remaining years.*
- The duration and level of long-term care will vary from person to person and often change over time.*
- Women need care longer (3.7 years) than men (2.2 years)*
- One-third of today's 65 year-olds may never need long-term care support, but 20 percent will need it for longer than 5 years*
 - *<https://longtermcare.acl.gov/the-basics/how-much-care-will-you-need.html>
- The average nursing home stay over the lifetime is just over a year (1.01 years). This average estimate, conditional on entering a nursing home, is for the population over the age of 50. However, the duration of stay can be longer or shorter depending on the specific circumstances of individuals who enter a nursing home all over the U.S.*
 - Institute for Social Research, University of Michigan. *Health and Retirement Study*. 1192 – 2010.
- An estimated 5.8 million Americans of all ages are living with Alzheimer's dementia in 2019. This number includes an estimated 5.6 million people age 65 and older and approximately 200,000 individuals under age 65 who have younger-onset Alzheimer's.*
 - *<https://www.alz.org/alzheimers-dementia/facts-figures>

Assessing Your Risk of Needing Long-Term Care

Risk depends on a number of factors including age, marital/partnership status, gender, lifestyle, health and family history.

- **Age**
 - The risk of needing long-term care increases as people age.
- **Marital/Partnership Status**
 - For a single individual, the risk of needing “formal” long-term care is especially high. This is because they are less likely to have informal care options available (e.g., spouse/partner, children).
- **Gender**
 - Women, who tend to outlive men, are at greater risk of needing long-term care services.
- **Lifestyle**
 - Overindulgence (especially of alcohol and fats), unhealthy habits (especially smoking), too little exercise, and high stress levels all lead to a higher risk of developing chronic health conditions which require long-term care services.
- **Health**

- Any current chronic conditions such as emphysema, diabetes, or arthritis increase risk.
- **Family History**
 - If one's family health history predisposes individuals to serious physical or mental illness, the risk is greater.
 - Those with a family history of Dementia are at a greater risk.

Why Plan Ahead for Long-Term Care Needs?

Most people neglect to think about their need for long-term care and learn about long-term care the hard way- when they or a loved one needs care. Moreover, long term care insurance is a planning tool, not something to purchase when you need the services.

Cost of Care in New York (2018)

- The median annual cost for a semi-private room in a nursing home is \$141,073 (\$387/day)*
- The median monthly cost for an assisted living facility is \$ \$4,185 or \$ \$50,220 yearly*
- The median daily rate for adult day health care is \$75/day or \$19,500/year*
- On average, home health aide services cost \$157/day. Homemaker services are averaging \$154/day*
- Costs vary by type of care and region
 - *Genworth 2018 Cost of Care Survey, conducted by CareScout, June 2018

PAYMENT OPTIONS

- Medicaid
- Long Term Care Insurance
- Self-Pay
- Medicare (for a limited time and under specific circumstances)
- Or a combination of methods

Original Medicare: Home Health Care Coverage Overview

- Must require skilled care on a part-time or intermittent basis
 - Physician must certify the need and must set up a home health care plan
 - Can be combined with personal care
 - Beneficiary must be considered to be "Homebound"
- Receive care from a Certified Home Health Agency (CHHA)

Original Medicare: Skilled Nursing Coverage Overview

- Limited with strict eligibility guidelines
 - Must follow a three day hospital stay
 - Must require skilled care
 - Typically for rehabilitation and must meet strict criteria for continued coverage

- Days 1-20: Medicare pays 100% of the cost
- Days 21-100: You owe a daily coinsurance \$170.50/day (2019)*
- No coverage after 100 days

*Your Medicare Coverage: Is my test, item, or service covered? Retrieved from

<http://www.medicare.gov/coverage/skilled-nursing-facility-care.html>

Medicare Supplement Insurance

Designed to fill in some of the major gaps in Medicare coverage, but **it does not cover most long-term care services**

Medicare

More information on Medicare and changes to the deductibles and coinsurance under Medicare is available on the Web site of the Centers for Medicare & Medicaid Services at www.cms.gov and in Modules 2, 3, and 4 of the HIICAP Notebook.

<https://aging.ny.gov/HealthBenefits/Notebook/Modules/Mod2.pdf>

<https://aging.ny.gov/HealthBenefits/Notebook/Modules/Mod3.pdf>

<https://aging.ny.gov/HealthBenefits/Notebook/Modules/Mod4.pdf>

Private Health Insurance

Other private health insurance that you might already have covers mainly acute conditions and probably does **NOT** cover custodial care.

Self-Pay Options

- Income
- Savings/Investments
- Home Equity/Reverse Mortgage
- Life Insurance
 - Combination (Life/Long Term Care) Products
 - Accelerated Death Benefits (ADB)
 - Life settlements
 - Viatical settlements
- Fixed Annuity with Long Term Care Options
- Other Housing
- Trusts
- Long-Term Care Insurance
- Income

Monthly income may not be sufficient to pay for long-term care expenses.

Savings and Investments

A savings or investment plan may help pay for long-term care services. A retirement plan such as an IRA or 401K plan may also be available to pay for care.

Home Equity/Reverse Mortgages

- If you have built up equity in your home, you could use the profit from the sale of your home to fund long-term care costs.
- Another option is a "reverse mortgage," which is a loan based on the amount of equity you have built up in your home.

Life Insurance

- A life insurance policy MAY offer one or more ways to cover the cost of long-term care:
 - Combination Life/Long Term products -- These products are relatively new and the features are changing as the product evolves. In general, the amount of the long-term care benefit is often expressed in terms of a percentage of the life insurance benefit.
 - Accelerated Death Benefits (ADB) -- A feature included in some life insurance policies that allows you to receive a **tax-free advance** on your life insurance death benefit while you are still alive. Sometimes you must **pay an extra premium** to add this feature to your life insurance policy. Accelerated payment of part or all of the value if:
 - Terminally ill
 - Chronically ill and condition requires continuous care for the remainder of life in facility or home
 - Chronically ill
 - Life Settlements -- These plans allow you to **sell your life insurance policy** for its present value to raise cash for any reason. This option is usually only available to women **age 74 and older and to men age 70 and older**.*
 - Viatical Settlement -- These plans allow you to **sell your life insurance policy** to a third party and use the money you receive to pay for long-term care. A viatical settlement is like a life settlement, but it is only possible if you are **terminally ill**. **Note:** If you use the viatical settlement option, your life insurance policy will not pay a death benefit to your heirs*
 - [*https://longtermcare.acl.gov/costs-how-to-pay/using-life-insurance-to-pay-for-long-term-care.html](https://longtermcare.acl.gov/costs-how-to-pay/using-life-insurance-to-pay-for-long-term-care.html)
- Fixed Annuity with Long Term Care Options – Some fixed annuities, a CD-like investment vehicle, can provide an income stream for long term care.

Other Housing

- Independent Housing
- Shared Housing and Supportive Housing
- Adult Homes or Enriched Housing
- Assisted Living Communities
- Continuing Care Retirement Community (CCRC)

- You may be able to buy into a CCRC where the cost includes future access to long-term care services.
- Entrance fees can range from \$100,000 to \$1 million — an upfront sum to prepay for care as well as to provide the facility money to operate. Monthly charges can range from \$3,000 to \$5,000, but may increase as needs change.
 - * AARP, (2017). *About Continuing Care Retirement Communities - Learn what they are and how they work. Retrieved from <https://www.aarp.org/caregiving/basics/info-2017/continuing-care-retirement-communities.html>*

Trusts

- Some middle class and affluent elders create living trusts to shelter their assets so that they will qualify for Medicaid if they ever require long-term care.
- There is great concern that these controversial Medicaid qualifying trusts add to the cost of the Medicaid program, a taxpayer supported program which was designed to help those who are unable to pay for their own care.
- The Deficit Reduction Act of 2005 has reduced the option of Trusts as a means of protecting money from Medicaid

Medicaid

- Most frequent payer of long-term skilled nursing home care
 - A needs-based payer of last resort for medically necessary expenses
 - Medicaid income and resource spend down rules apply
 - Ensures that everyone receives the care they need

Skilled Nursing Facility Medicaid

- A single person is allowed to retain the following assets:
 - \$15,450 in resources (2019)
 - \$1,500 for funeral fund and/or any amount in an irrevocable funeral fund
 - can retain car, house (with signed “intent to return home”)
- Income applied to the cost of care
 - Except for \$50/month
- A married couple is allowed to retain the following assets (using spousal budgeting):
 - \$15,450 maximum applicant resource allowance (2019)
 - \$126,420 maximum community spouse resource allowance (2019)
 - \$3,000 for funeral fund and/or any amount in an irrevocable funeral fund
 - can retain one car, house (for community spouse)
- Income applied to the cost of care
 - Except for \$50/month (for institutional spouse), \$3,160.50 /month (for community spouse)*
 - * 2019 Increase to Spousal Impoverishment Income and Resource Levels.

- **POLICY AND BILLING GUIDANCE*. New York State Medicaid Update: THE OFFICIAL NEWSLETTER OF THE NEW YORK STATE MEDICAID PROGRAM
- Spousal Impoverishment Protection Act applies to the community spouse.

Community (Homecare) Medicaid

- A single person is allowed to retain the following assets:
 - \$15,450 in resources (2019)
 - \$1,500 for funeral fund and/or any amount in an irrevocable funeral fund
- Income applied to the cost of care
 - Except for \$859/month and allowable deductions (Healthcare insurance, long term care insurance, court ordered support)
- A married couple is allowed to retain the following assets:
 - \$22,800 in shared resources (2019)
 - \$1,500 for funeral fund and/or any amount in an irrevocable funeral fund
 - can retain car, house
- Income applied to the cost of care
 - Except for \$1,267/month and allowable deductions (Healthcare insurance, long term care insurance, court ordered support)
- NYS Partnership policyholders have enhanced Community income allowances: \$1,580.25 for singles, \$3,160.50 for married couples (2019)
- **Assisted Living has its own income allowance: \$1,465 for each individual [through SSI reimbursement].** <http://otda.ny.gov/policy/directives/2018/INF/18-INF-15-Attachment-1.pdf>

Long-Term Care Insurance

- Insurance policy that pays for long-term care expenses
- Reasons to purchase
 - Protect resources
 - Expand care options
 - Maintain independence and financial control

Long-Term Care Insurance General Guidelines

- According to “Buyer’s Guide to Long-Term Care Insurance” published by the National Association of Insurance Commissioners in 2013:
 - **Assets:** You should NOT buy long-term care insurance if “you don’t have many assets.”
 - **Income:** “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 if the premiums will be more than 7% of your income.” This test should be used now and in the future if income is expected to decrease.
 - **You should NOT buy long-term care insurance if:**

- Your only source of income is Social Security benefit.
- Your only source of income is Supplemental Security Income (SSI).
- You often have trouble paying for utilities, food, medicine, or other important needs.
- You are on **Medicaid**.

Long-Term Care Insurance Insurability

- Long-Term Care Insurance is medically underwritten
 - May be ineligible at the time of purchase due to health status
 - Underwriting standards may vary from company to company

Individual Long-term Care Insurance Policies

- Long-term care insurance
- Nursing home and home care insurance
- Nursing home only insurance
- Home care only insurance

Policy Options to Consider When Purchasing Long-Term Care Insurance

- Daily Benefit Amount
- Elimination Period
- Benefit Trigger
- Length of Benefit
- Inflation Protection
- Premium Waiver
- Non-Forfeiture
- Tax Qualified

Daily Benefit Amount for Nursing Home

- Benefit amount per day for skilled nursing care
 - Currently *average* daily nursing home rates range from \$331 in Central NY to \$441 in Long Island
 - For a list of averages by region visit:
http://www.health.ny.gov/facilities/nursing/estimated_average_rates.htm
 - Determine the amount you can afford, then choose a policy that covers the remainder

*(2019 figures) It is important to note that this is an average nursing home rate, and nursing home rates can be higher or lower depending on the type of facility you would prefer.

Daily Benefit Amount for Home Care

- Usually between 50% and 100% of the Nursing Home Daily Benefit to cover home care

- At least 50%
- Includes care at home, adult day care, assisted residential settings
- Provides for custodial care that increasingly is needed to meet the needs of older adults

Elimination Period

- Amount of time an individual must pay out of pocket before policy begins to pay daily benefit
- Most policies offer a single elimination period for the life of the policy

Benefit Trigger

- Policies require a “trigger” before the elimination period begins.
- Usually trigger is tied to requiring help with:
 - Performing a certain number of ADLs or
 - Severe cognitive impairment

Length of Benefit

- Number of years of coverage
 - Beginning at the end of the elimination period
- New York State Insurance law regulates policy coverage period.
 - For example: Long-Term Care Insurance must cover at least 24 months of nursing home coverage.

Note: The New York State Partnership for Long-Term Care Plan 1.5/3/50 is an exception to this regulation

Inflation Protection

- In New York State, insurers must offer inflation protection
 - Two common options
 - An automatic increase in benefit per year with no increase in premium. Premium is set initially to reflect inflation protection coverage on the policy that is chosen; or
 - An increased benefit amount is offered periodically to the policy holder without requiring proof of insurability. The cost of the premium will increase if the policy holder chooses to increase the benefit amount when it is offered.
 - Inflation Protection, specific to the New York State Partnership for Long-Term Care, will be addressed during the Partnership segment

Premium Waiver

Permits the insured to stop making premium payments when receiving certain benefits

Non-Forfeiture

- A benefit designed to ensure that if an insurance policy is lapsed after a specific number of years, some of the benefits from the policy will be retained.

- A policy is considered lapsed when the insured ceases to make premium payments.

Tax Deductibility of Premiums

- Policies must be labeled as “Qualified” for the federal tax deduction.
- Policies identified as meeting federal requirements also meet requirements for the state and city tax deduction.
 - A listing of insurers that have policies that qualify for federal, state, and city income tax deduction is available from the Department of Financial Services website or upon request.

Tax Qualified Summary

- Federal Income Tax
 - Itemized deduction as a medical expense
 - Total medical expenses must exceed 7.5% of adjusted gross income to claim a deduction
 - Maximum allowable deduction according to age
- NY State Income Tax
 - Above the line tax credit: 20% of premium paid
 - (IT-249 Claim for Long-Term Care Insurance Credit)
 - Remember, not all long-term care policies qualify for favorable tax treatment.
 - Also, many older adults cease filing income tax returns and therefore may not benefit from the tax qualified status in the future.
 - Insurers who market tax-qualified policies may also market non-tax-qualified policies.

FEDERAL TAX DEDUCTIBILITY OF LONG-TERM CARE INSURANCE PREMIUMS

Age attained before the end of the taxable year	Amount allowed as a medical expense in 2019
40 or under	\$420
41-50	\$790
51-60	\$1,580
61-70	\$4,220
71 or older	\$5,270

Long-Term Care Insurance Costs

- Long-term care insurance policies cost less when purchased at a younger age.
- Premium cost is determined by the insured’s age at the time the policy is issued; it is designed to stay level as one grows older.
- Premiums may only be raised for the entire class of contracts and may be reviewed more than once in a given year.
 - Only with permission from the NYS Department of Financial Services.
- A number of insurance companies give a discount to couples who both purchase policies at the same time.
- The cost of Long-Term Care Insurance is also determined by the policy options one selects.

- Features that may make this insurance more costly include: high maximum policy benefits, inflation protection, high daily payment amounts, and short or zero day elimination periods.

What are your Long-Term Care Insurance choices?

- Employer Sponsored Long-Term Care Plan
 - Some employers now offer a group Long-Term Care Insurance policy to their employees and/or their retirees; some employers will pay part of the premiums.
 - A spouse and parents may be eligible to buy into this group plan as well.
- Association Sponsored Long-Term Care Plan
- Individual Long-Term Care Insurance Policies

What is the New York State Partnership for Long-Term Care Program?

- Combines private long-term care insurance with Medicaid Extended Coverage.
- Permits New Yorkers to protect some or all of their assets, while remaining eligible for Medicaid Extended Coverage.

Partnership State Plan Amendment Approved

- **Reciprocity** is available in the states listed on the following map (subject to change):
<https://nyspltc.health.ny.gov/reciprocitymap.htm>
- Effective June 1, 2012 New York State participates in reciprocity with all other Partnership states except the following: California, Mississippi, Vermont, Massachusetts, Alaska and Hawaii (see updates to these exceptions by using link above)
- Reciprocity will be accepted based on Dollar for Dollar rules in reciprocal states even if a Total Asset policy is purchased.

New York State

- CHAPT. 659 of the LAWS OF 1997 (Integrated Long Term Care Financing Act)
 - Officially makes the Partnership for Long-Term Care a permanent State program among other key provisions
- CHAPT. 58 of the LAWS OF 2004
 - Expands the Partnership for Long-Term Care program with new policy offerings. Increases NYS **income tax credit** for LTC premiums paid to **20%**. **Federal Deficit Reduction Act of 2005 (DRA)**
- Allows for expansion of the Partnership program, allowing all states to create Partnership programs.

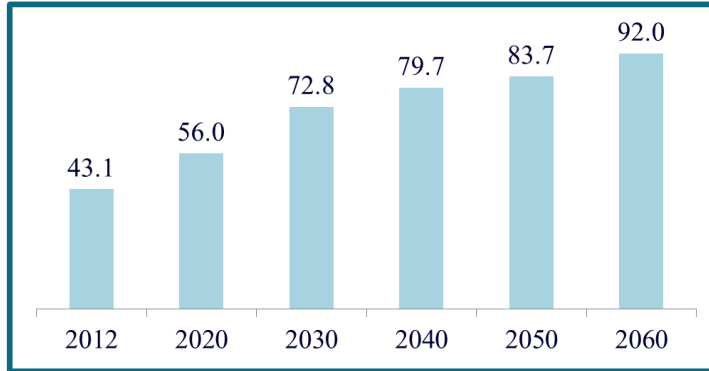
Why was the Partnership Program Created?

Shift the burden of long-term care costs from Medicaid, which is funded by NY resident tax dollars, to private insurance. Medicaid has become the primary payer of long-term care costs.

Future Outlook

The “baby boom” generation began reaching age 65 in 2011. This “generation bulge”, combined with increasing longevity over all, creates the largest over-65 population in history. This means there will be a greater need for long-term care services and consequently, a need to pay for those services

POPULATION AGED 65 AND OVER: 2012 TO 2060 (IN MILLIONS)



- Note: The reference population for these data is the resident population.
- Sources: U.S. Census Bureau, Population Division, December 2012.

NURSING FACILITY RESIDENT BY PRIMARY PAYER SOURCE

Medicaid is the primary payer source for most certified nursing facility residents, with more than six in ten (62%) residents—about 832,000 people—having Medicaid as their primary payer in 2016. States in the East, particularly the Southeast, have higher shares of residents with Medicaid as their primary payer than other states*

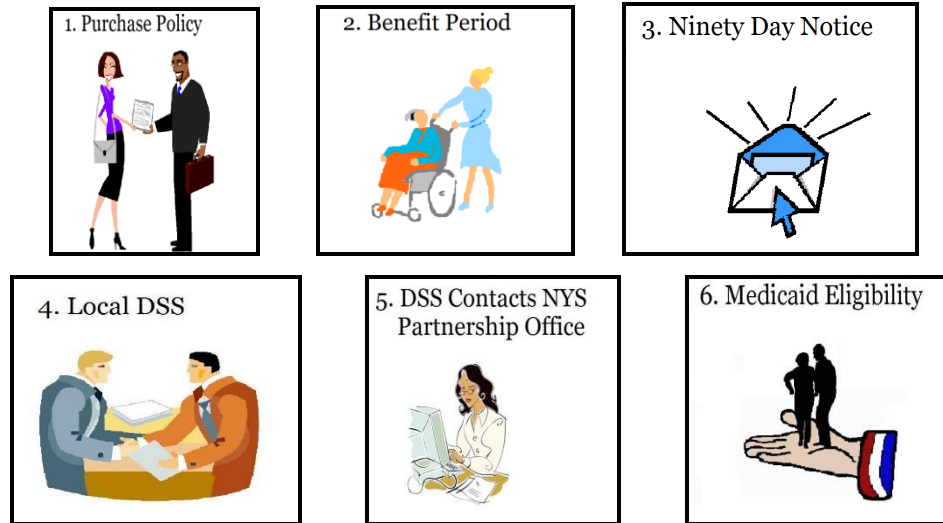
*<http://files.kff.org/attachment/REPORT-Nursing-Facilities-Staffing-Residents-and-Facility-Deficiencies-2009-2016>

- **NYS Medicaid Spending for Long-Term Care**
 - In 2015, Medicaid spent \$158 billion in state and federal funds on long term services and supports (LTSS), with expenditures on home and community-based services representing more than 55% of all Medicaid dollars spent for LTSS.
 - In FY 2016, total Medicaid spending in New York was \$62.9 billion, 24% of which was spent on LTSS (fee-for-service). Additionally, 47% of this figure was spent on Managed Care.
 - Medicaid is the largest payer of LTSS, accounting for nearly 43% of expenditures nationwide.

Source: CRS Analysis of National Health Expenditure Account (NHEA) data obtained from the Centers for Medicare & Medicaid Services (CMS), Office of the Actuary.
- **Why Buy a New York State Partnership Policy?**
 - New York State Partnership policies offer:
 - Total or Dollar for Dollar Asset Protection
 - Only LTC product endorsed by New York State

- Only way to qualify for Medicaid with asset protection
- Lifetime Coverage
- Consumer Safeguards

MEDICAID EXTENDED COVERAGE ELIGIBILITY DETERMINATION PROCESS



Key Difference When Applying for Medicaid Extended Coverage

- Total Asset Protection plans protect **ALL** assets (resources) if you apply for Medicaid Extended Coverage in New York State. In a reciprocal state it will only be dollar for dollar.
- Under Dollar for Dollar Asset protection plans, the assets protected are equal to the amount of benefits paid by the insurer.

Total Asset Protection Plans

- Assets are fully protected when you apply for Medicaid Extended Coverage
- However, you will be **required to contribute your income** to the cost of your care following Medicaid guidelines

Dollar For Dollar Asset Protection Plans

- Will provide asset protection **equal** to the amount paid out in benefits up to the policy maximum. Recommended for those with fewer assets.
- Assets in excess of asset protection and income will be subject to Medicaid rules in determining eligibility for Medicaid Extended Coverage.

- You will be required to **contribute your income** to the cost of your care following Medicaid guidelines.

The New York State Partnership for Long-Term Care

- Insurance benefit portable to any state
- Can apply for Medicaid Extended Coverage in any of the reciprocal states, once the private insurance portion of the plan has been utilized. Must return to New York State for Total Asset protection; in a reciprocal state, asset protection will be honored on a dollar-for-dollar basis.

Currently, New York State residents can purchase a qualified Partnership product directly from:

- **Genworth Life Insurance Company of New York (888-436-9678)**
- **Massachusetts Mutual Life Insurance Company (800-272-2216)**

List of Available Partnership Plans:

	Total Asset 50 2/4/50	Total Asset 50 3/6/50	Total Asset 100 4/4/100	Dollar for Dollar 50 1.5/3/50	Dollar for Dollar 100 2/2/100
<i>Nursing home coverage</i>	2 years at a minimum daily benefit amount of \$326 (2019)	3 years at a minimum daily benefit amount of \$326 (2019)	4 years at a minimum daily benefit amount of \$326 (2019)	1.5 years at a minimum daily benefit amount of \$326 (2019)	2 years at a minimum daily benefit amount of \$326 (2019)
	or				
<i>Home care coverage</i>	4 years at a minimum daily benefit amount of \$163 (2019)	6 years at a minimum daily benefit amount of \$163 (2019)	4 years at a minimum daily benefit amount of \$326 (2019)	3 years at a minimum daily benefit amount of \$163 (2019)	2 years at a minimum daily benefit amount of \$326 (2019)

TOTAL ASSET PROTECTION

- **Total Asset 50** - Two home care days equal one nursing home day
- **Total Asset 100** - Home care days and nursing home days (daily benefit) are equivalent

DOLLAR FOR DOLLAR ASSET PROTECTION

- Two home care days equal one nursing home day (Dollar for Dollar 50)
- Additional New York State Partnership for Long-Term Care Training
- Coordinators and counselors are invited to take the online Agents Training free of charge.
 - ✓ Go to <https://nyspltc.health.ny.gov/agents/index.htm> for more information.

Factors To Consider Before Purchasing Insurance Covering Long-Term Care Services

- Are you eligible for Medicaid?
- If so, Medicaid will pay your long-term care expenses.
 - How much can you afford to pay out-of-pocket for long-term care expenses?
 - How much can you comfortably afford to pay for an insurance policy covering long-term care services?

- If you are planning to retire, will your reduced income be adequate to meet the annual costs of the premium?
- How much of an additional premium could you tolerate, if your rates increased?
- All long-term care policies are medically underwritten, i.e., your physical/mental condition and health history will be evaluated
 - If you intend to purchase a policy, **don't wait until you have a medical condition that could make Long-Term Care coverage more expensive or unavailable to you.**
- In most cases, the premium for a policy will be lower when purchased at a younger age.
- What types of long-term care settings would best meet your own personal needs and preferences?
- What are the costs of care in these settings in the locality where you would be receiving them?

What Shopping Tips Should You Keep in Mind?

- Here are some points to keep in mind as you shop.
- These are adapted from *Buyer's Guide to Long-Term Care Insurance*, National Association of Insurance Commissioners, revised edition 2013, and New York State specific information from the NYS Department of Financial Services website 4/14.

Ask Questions

- If you have questions about the agent, the insurance company, or the policy contact the New York State Department of Financial Services. **Check with Several Companies and Agents.**
 - Contacting several companies (and agents) before you buy is wise.
 - Be sure to compare benefits, the types of facilities you have to be in to get coverage, the limits on your coverage, what's excluded, and, of course, the premium.

Note: Policies that have the same coverage and benefits may have different premiums

Check Out The Companies' Rate Increase Histories

Ask companies about their rate increase histories and whether they have increased rates on Long-Term Care insurance policies that they sell.

Take Your Time and Compare Outlines of Coverage

- Never let anyone pressure or scare you into making a quick decision.
- Don't buy a policy the first time you see an agent. Ask for an outline of coverage. It outlines the policy's benefits and points out important features.
- Compare outlines of coverage for several policies and make sure the outlines are similar (if not the same) when comparing premiums.

Understand the Policies

- Make sure you know what the policy covers and what it doesn't. If you have any questions, call the insurance company before you buy, or seek assistance from the New York State Department of Financial Services.

- If you receive any information that confuses you or is different from the information in the company literature, don't hesitate to call or write the company to answer 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 products through agents, and others may 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 friend or relative.
 - In New York State you may want to contact the State Department of Financial Services or Health Insurance Information Counseling and Assistance Program (HIICAP) available in your county.

Don't be Misled by Advertising

- Most celebrity endorsers are professional actors paid to advertise. They are not insurance experts.
- Medicare does not 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 cards.
 - 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.

Don't Buy More Coverage Than You Need

- You don't have to buy more than one policy to get enough coverage. One good policy is enough. Also, don't buy more insurance than you need.
- If you already own a policy and you are considering switching plans or upgrading your coverage, investigate your options thoroughly. If your health status changed, then you may not be medically underwritten under a new policy. Be certain that the replacement policy is effective before you terminate the older policy.
- Be sure to discuss any change in your coverage with your financial advisor.

Be Sure You Accurately Complete Your Application

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

Never Pay in Cash

Use a check or money order made payable to the insurance company.

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 the right to expect prompt delivery of your policy.
- When you get it, keep it somewhere that you can easily find it.
 - Tell a trusted friend or relative where it is.

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 must tell the company you don't want the policy within a certain number of days after you get it.
 - In New York State this period is 30 days.
- 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 Make Sure it Gives You the Coverage You Want

- Check the policy to see if the benefits are what you expected.
- If you have any questions, call the agent or company right away.
- Also read the application you signed. It is part of the policy. If it is 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 an illness or other situation results in a lapse of premium payments.
- If you decide not to renew your policy, be sure you tell the bank to stop the automatic withdrawals.

Selecting an Insurance Company

- When selecting an insurance policy, you are also selecting an insurance company and you may wish to know how stable that company is financially.

- Many firms rate the financial soundness of insurance companies. Some provide the ratings free while others charge a fee, ranging from a small fee for an online rating to a larger amount for quarterly reports.

Ratings are available from:

- Fitch Ratings: (800) 75-FITCH (800-753-4824)
www.fitchratings.com
- Moody's Investor's Service: (212) 553-0377
<https://www.moodys.com/>
- Standard & Poor's: (877) 772-5436
www.standardandpoors.com

Each firm has a different rating scale and firms may differ in the conclusions they reach about a specific insurance company.

Therefore, you may wish to check with more than one firm before selecting an insurance company.

Role of the Counselor

- **Providing clients with unbiased assistance in:**
 - Planning for the financing of long-term care
 - Understanding policy options, benefits, and appeal rights
 - Obtaining the coverage needed
 - Avoiding or reporting illegal billing, fraudulent practices or scams

Sources of Assistance

New York State Office for the Aging	www.aging.ny.gov/
New York State Department of Financial Services	www.dfs.ny.gov/
NYS OFA HIICAP Hotline	1-800-701-0501
1-800- Medicare	1-800-633-4227
NY CONNECTS	1-800-342-9871
Insurance Questions, Problems & Complaints: New York State Department of Financial Services Consumer Services Bureau 1 Commerce Plaza Albany, NY 12257	1-800-342-3736 www.dfs.ny.gov/
New York State Department of Financial Services Consumer Services Bureau 1 State Street New York, NY 10004-1511	1-212-480-6400 1-800-342-3736 www.dfs.ny.gov/
New York State Partnership for Long-Term Care NYS Department of Health 99 Washington Avenue, Suite 1620 Albany, NY 12210	1-866-950-7526 518-474-0662 https://nyspltc.health.ny.gov/

Additional Resources:

- *A Shopper's Guide to Long-Term Care Insurance*, National Association of Insurance Commissioners
 - http://www.naic.org/documents/prod_serv_consumer_ltc_lp.pdf