Ohio | Department of Insurance

This Guide:

- Explains how LTC coverage works.
- Helps determine your personal risks.

Guide to Long-Term Care Insurance

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Disclaimer Notice:

The information included in this publication is meant to serve as a guide and is not a substitute for legal or professional advice. Please be certain to check with a professional if you have questions. May

The Ohio Senior Health Insurance Information Program (OSHIIP)

Since 1992, OSHIIP has provided people on Medicare with free and objective health insurance information and one-on-one insurance counseling. A program under the Ohio Department of Insurance, OSHIIP is funded by the state and a grant from the federal Centers for Medicare and Medicaid Services (CMS).

OSHIIP staff — along with trained volunteers who live in all parts of our state — educate consumers about Medicare, Medicare supplement insurance policies, Medicare Advantage plans, Medicare prescription drug plans, certain Medicaid issues, long-term care insurance (LTC) and other health insurance matters. In regard to LTC, OSHIIP can also help you to:

- Understand how long-term care insurance policies work.
- Make sense of terms and phrases used in long-term care insurance,
- Explain other options you may have to pay for long-term care.
- Provide counseling and information on health insurance issues for people on Medicare.

Contact OSHIIP toll-free at 800-686-1578 Monday - Friday, 7:30am - 5:00pm, by email at oshiipmail@insurance.ohio.gov, or visit the ODI website at insurance.ohio.gov.

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What is Long-Term Care?

Long-term care (LTC) is the help you may need if you are no longer able to care for yourself. You may need long-term care if you have a prolonged physical illness, a disability or a cognitive impairment such as Alzheimer's disease.

You may think long-term care is given only in nursing homes, but the term now applies to services that can be provided in a variety of settings. LTC services may include help with activities of daily living, home health care, respite care, hospice care, adult day care, nursing home care and assisted living facility care.

LTC is different from traditional medical care. It helps one live as he or she is now and may not help to improve or correct medical problems.

The way long-term care services are provided is changing. Skilled care and personal care are the terms used most often to describe LTC and the type or level of care you may need. Long-term care insurance policies specify triggers that must be present before benefits can start (see page 20.)

People usually need skilled care for serious medical conditions that require attention by medical personnel such as registered nurses or professional therapists. This care is usually needed 24 hours per day, a physician must order it and the care must follow a plan.

Skilled care can be given in a nursing home but you may also receive it in other places. For example, you might get skilled care in your home with the help of visiting nurses or therapists.

Examples of skilled care include physical therapy, caring for a wound or supervising the administration of intravenous medication.

Personal care helps you with the activities of daily living. These activities include bathing, eating, dressing, toileting and transferring. Personal care is less involved than skilled care and may be given in a variety of settings. Sometimes personal care is called custodial care.

Who May Need Long-Term Care?

It is hard to know if and when you will need long-term care, but some statistics may help.

Life expectancy after age 65 has now increased to 17.9 years, up from 1940 when life expectancy after age 65 was only 13 extra years. The longer people live, the greater the chances they will need assistance due to chronic conditions.

In Ohio in 2005, five percent of all people age 65 and older resided in a nursing home.

If you are now 65 years old, the chance of your entering a nursing home and staying for more than five years is four percent for men and 13 percent for women. Other factors may increase or decrease the chance that you might need long-term care. See pages 6-7.

Important Note:

Neither Medicare nor traditional health insurance plans cover moste costs of long-term care.

How Much Does Long-Term Care Cost & Who

The Cost of Long-Term Care

Cost depends on the level of care you need, where you receive it, and for how long.

At home - paying a professional for custodial care in your home could easily cost up to $50 per hour.

In a nursing home- it depends on the facility and its location, but a nursing home in Ohio can cost more than $200 /day. That's $73,000 or more for a full year. Costs will probably keep going up.

- Call a sampling of nursing homes in your area to get an idea of the local cost of care.

Recent federal figures show:

- Medicaid pays about one-half of all nursing home costs.
- Patients pay out-of-pocket for about 40 percent.
- Medicare pays about 10 percent.

Medicare May Pay for a Short Stay

You cannot depend on Medicare to pay your long-term care bills. Medicare pays about 10 percent of the nation's total nursing home bills.

- Medicare will fully cover a stay of 20 days only when you need skilled nursing care after at least three days in a hospital (not counting the day of discharge)
- After paying for the first 20 days, Medicare pays only a small part of the skilled nursing bill for another 80 days — after that, Medicare pays nothing
- Medicare never pays for custodial or intermediate care, which is the level of care you will most likely need

Medicare's Hospice Care

Medicare Hospice care provides services for patients with terminal illness. It covers counseling, pain relief, and symptom management, but will not pay for hospice room & board.

Buying LTC Insurance Through an Employer

Some organizations contract with insurance companies to offer LTC insurance to employees, members and other eligible people. For example, such coverage is available to state employees and teachers through the Public Employee and State Teacher Retirement Systems (PERS and STRS). Insurance companies negotiate premiums and coverage with each organization. Check with your employer or group.

LTC Policies Cover Specific Care

LTC insurance pays someone to take care of you if you are not able. You still need Medicare and/or private health insurance - LTC insurance generally will not pay other medical or hospital bills.

Who Pays the Bills for Care?

- **You and your family**
- **Or Medicaid**
- **Or LTC insurance**
- **Or all of the above!**

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What's New is Long-Term

Ohio's Long-Term Care Partnership Program

Ohio's long-term care insurance companies can offer policies that allow you to keep more of your assets if you ever need to apply for Medicaid long-term care services. See page 14 for details.

Help with Long-Term Care Issues

Ohio government agencies may help answer your questions, provide information and — in certain situations — act as your advocate regarding LTC issues.

Ohio Department of Aging

The Office of the State Long-term Care Ombudsman is located at the Ohio Department of Aging.

The Ombudsman advocates for the rights of people receiving long-term care in all settings, including the patient's own home, skilled nursing facilities and assisted living facilities.

Through local Area Agency on Aging offices, the Department of Aging can also:

- Help you identify the level of care needed.
- Help you identify appropriate long-term care facilities.
- Provide information regarding a facility's quality of care.

To contact the Ohio Department of Aging, visit aging.ohio.gov or call the Office of the State Long-Term Care Ombudsman at 800-282-1206.

Ohio Department of Medicaid

The Long-term Care Partnership Program lead agency, the Ohio Department of Medicaid administers Medicaid in Ohio and determines Medicaid eligibility for those who apply. Since Medicaid pays about half of all costs associated with long-term care, Ohio Medicaid Services may be a necessary resource for you.

The Ohio Department of Medicaid has an office in every Ohio county. Look in your local phone book for contact information on your county Ohio Medicaid Services.

You can also visit medicaid.ohio.gov or call 800-324-8680, the Ohio Medicaid hotline.

Ohio Department of Insurance

The Ohio Department of Insurance regulates insurance companies, agencies and agents licensed to do business in Ohio.

Through its Ohio Senior Health Insurance Information Program (OSHIIP), the Ohio Department of Insurance assists consumers who have questions about long-term care insurance.

OSHIIP offers unbiased information on which companies market LTC insurance in the state, how and where policies provide benefits, what policy terms mean, and more. You can reach OSHIIP at 800-686-1578.

The Consumer Services Division at the Ohio Department of Insurance can help if you have an insurance complaint. Consumer Services investigates complaints and helps consumers resolve their insurance complaints. Call Consumer Services at 800-686-1526. Visit the Ohio Department of Insurance at insurance.ohio.gov.

Do You Need Long-Term Care Insurance?

Some people need long-term care (LTC) insurance, but it may not be a good buy for everyone! LTC policies pay for medical care given in a nursing home or your own home to treat chronic (ongoing) health problems.

It's very expensive to live for a year or more in a nursing home, but most people never face that situation. Long-term care insurance can also be expensive, particularly if you never have to use it.

Should you buy LTC insurance? Only you can say. Your decision should depend on personal health and wealth matters. Start by asking yourself the questions below, then read the next two pages.

As you read this guide, remember an important fact, even the best LTC insurance policy money can buy will not cover all your expenses. Refer to pages 28-29 for common meanings of LTC words.

Military veterans - the VA may pay all of part of your LT costs. See page 15 for more information.

About Your Health

Are you a good candidate for a long stay in a nursing home during your lifetime?

- How healthy are you?
- Do you have healthy habits?
- What is your family's health history?

About Your Wealth

What type of resources do you own? (Include income, savings, property and investments.)

- Can you afford the policy, now & later?
- Can you afford extended nursing care?
- Do you want to leave any resources for your family?

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Self-Check of Health & Wealth

Will You Need Long-Term Care to Protect Your Health?

Upon reaching age 65, about 33% of men and 52% of women will spend some time in a nursing home. But the typical stay for those who need to enter a nursing home might be shorter than you think (see the bottom of this page). While it's not guaranteed, if you answer YES to any of the statements below, your chances of needing long-term care may be higher than the average person's.

How Long is Long-Term?

- Two of every three people entering a nursing home stay three months or less
- Only 7% of all nursing home patients stay a full year
- About 10% stay in a nursing home as long as three years

	YES	NO
Life Expectancy Your parents, grandparents, and other family members have generally lived into their 80s or older. There's a good chance you'll do the same. And the longer you live, the more likely it is you'll need long-term care.	☐	☐
Gender You are female. One fact of American life is that women live longer than men. As a result, women have a greater chance of being alone and needing long-term care.	☐	☐
Health & Habits You've been a heavy smoker, have high blood pressure or diabetes, or other health habits or conditions that could result in more serious problems in the future. Anyone can have a disabling accident, develop Alzheimer's, or have a stroke. The chances are greater if you've had a history of health problems.	☐	☐
Family History Your parents, grandparents, or other relatives have suffered from senility or Alzheimer's in their old age. There's no guarantee the same thing will happen to you, but your chances may be greater.	☐	☐

Should You Buy Long-Term Care Insurance to Protect Your Wealth?

Can you depend on having a monthly income of at least $4,500 at the same time your health requires long-term care? If YES, you might not need LTC insurance. You would be able to pay the average cost of care out of your own pocket— at today's prices.

	YES	NO
Medicaid		
Do you now receive Medicaid or Supplemental Security Income (SSI)? If YES, you do not need LTC insurance. See pages 10-12 for more about Medicaid.	☐	☐
If you were eligible for Medicaid, would you be willing to have Medicaid pay your long-term care bills? If NO, you will need a supportive family or a good insurance policy.	☐	☐
Family Support		
Would relatives or friends be willing and able to take care of you if you needed continual help with such things as eating, dressing, bathing, etc.? If NO, you might have to pay someone to help you.	☐	☐
Income		
Many people who need long-term care may not need long-term care insurance. This page should help you decide where you fit financially.	☐	☐
Savings		
Can you afford to pay $100-200 (and more, the older you are) from your income or savings every month for insurance premiums?	☐	☐

If NO, you might not be able to afford LTC insurance. Premiums will probably be higher in the future.

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How Can I Buy LTC Insurance?

Depending on your situation, you may have many options to buy a long-term care policy.

Individual Policies

Today, most LTC plans are sold as individual policies. Policies may vary from one company to the next. Each company may also offer policies with different benefit combinations.

Take your time and study various policies and companies to get the coverage that best fits your needs. You may want to seek a financial advisor to assist with your decision.

Through a Private Employer

Your employer may offer a group plan or offer individual plans at a group discount.

As an active employee, you may not have to submit to medical underwriting to qualify for an employer group policy. Employers may also allow retirees, spouses and parents to apply, although medical screening may be required for relatives.

Generally, insurance companies must let you keep your coverage after your employment ends or your employer cancels the group plan. In most cases, you will be able to continue your coverage or convert it to another long-term care insurance policy. However, your premiums and benefits may change.

Through a Public Employer

State Government

If you or a member of your family is employed by the State of Ohio, you may be eligible to buy long-term care insurance under a state government program. Information is available in the State of Ohio Employee Benefits Handbook.

Federal Government

Federal and U.S. Postal Service employees and annuitants, members and retired members of the uniformed services, as well as qualified relatives, are eligible to apply for long-term care insurance coverage under the Federal Long-Term Care Insurance Program.

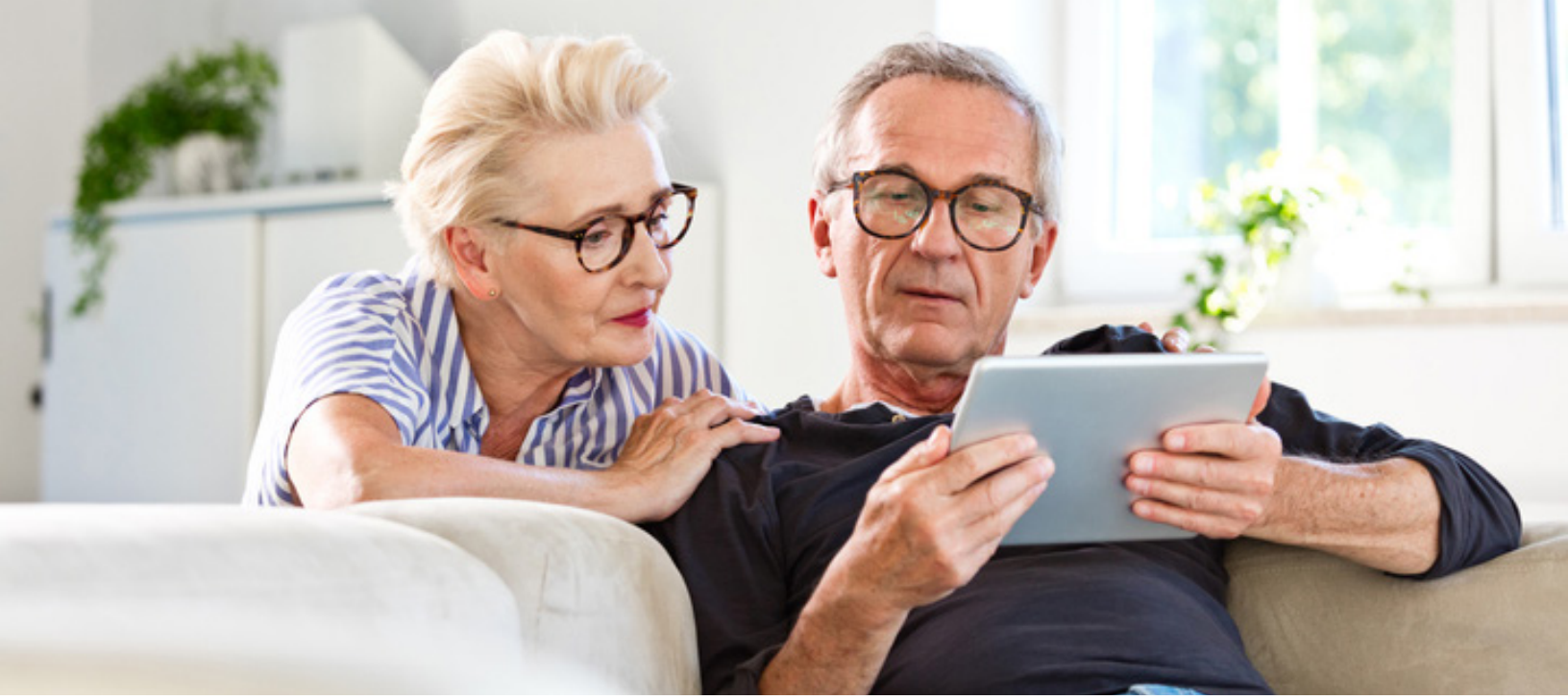
Private companies underwrite the insurance and you pay the premiums. Be sure to compare the group plans to individual plans.

Through association membership:
These policies are like other types of long-term care insurance and typically require medical underwriting.

Association policies usually give members a choice of benefit options. In most cases, policies sold through associations must allow members to keep or convert their coverage after leaving the association.

Through a continuing care retirement community:
Continuing Care Retirement Communities (CCRCs) are retirement complexes that offer a broad range of services and levels of care. Many CCRCs offer or require you to buy long-term care insurance.

You must be a resident or on the CCRC's waiting list and meet the insurance company's medical requirements to buy its long-term care insurance policy.



Buying is Not an Easy Decision

The Sales Pitch Can Be Emotional

You must be extra careful not to let your emotions run away with your checkbook:

- You should not make a purchase based only on a two-hour sales pitch or reading the company's sales brochure.
- Take time to consider all of your options. If you consider buying, make sure you need and can afford a long-term care policy.
- If you decide to buy, use this guide to help you identify the coverage you want and the company you want to buy it from.

Every Policy is Different

Long-term care insurance is a relatively new product. Companies are still experimenting, looking for the best way to design and market these plans.

That makes it impossible to give you a set of hard and fast shopping rules. And that's why this guide is full of words like some, most, could and might.

High Incidence of Lapse

Over time, people who buy LTC insurance often decide they can no longer afford it. Up to 25 percent of LTC policy buyers give up their policies within the first two years. In such cases, the premiums are wasted unless the insured filed claims.

Remember: you buy LTC insurance for the future. Make sure you can afford the premiums today and tomorrow.

Policies are Expensive

Long-term care insurance could be one of the most expensive policies you will ever buy.

- If you're age 65 or older, expect your premium to be more than $1,000 per year and it will probably increase in the future
- If you're blessed with good health as you grow older, you might never have to use the policy

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Medicaid & Long-Term Care

Medicaid Eligibility

Medicaid will pay for long-term care when you no longer have the resources to pay your own bills. Medicaid pays about one-half of America's bills for long-term care.

Many people spend-down to Medicaid eligibility. That means they pay their own bills until they run out of money. Then Medicaid begins paying their bills.

At some point in their stay, almost two-thirds of Ohio's nursing home patients are covered by Medicaid.

Medicaid pays your LTC bills if you:

- Didn't have much money starting ou
- Entered a nursing home with some savings that are wiped out by the high bills

Medicaid rules appy if:

- You are over age 6, or
- You are blind, or
- You have a disability.

Medicaid & Assets

- Medicaid looks at your assets — from money in the bank to your car and house.
- Some assets (such as your wedding ring, household goods and one car) aren't counted and your house isn't counted as long as you, a spouse or dependent live in it.
- You are eligible when your countable assets fall below $1,500 and your monthly income is less than your nursing home bill.
- Medicaid pays the difference between your income and the actual bill.

Medicaid & Your House

Spouse in a nursing home
Even if Medicaid pays your spouse's bills for years, you don't have to sell the house as long as you live in it. If the spouse in the nursing home dies, the house may be yours to keep or sell, depending on how you own it. Read about estate recovery on page 13.

Single homeowner in a nursing home
If you enter a nursing home and leave no spouse or dependent living in your home, your home will be safe for at least 13 months.

After you've been in the nursing home for that 13 month period, you may have to sell the house and use the proceeds to pay your nursing home bills until you qualify again.

Where Will Medicaid Cover Care?

- In any Medicaid-approved nursing home that provides the level of care you need.
- Under some circumstances, Medicaid will pay for home health care.
- Call your local Area Agency on Aging for information on Ohio's PASSPORT program.

Can I Qualify for Medicaid if I Give All My Assets to My Children?

Assets must be transferred at least 60 months before you apply for Medicaid. It's tricky, and there are a lot of exceptions.

Be sure to see a trusted attorney or financial advisor before making such arrangements.

Medicaid & Estate Recovery

Your estate is the property (your land, jewelry, clothes, furniture, etc.) available to your family or heirs after you die. Although assets such as your car and home can be protected from Medicaid while you are alive, the state may file a claim against your estate after you die.

Ohio's Estate Recovery program requires the Ohio Attorney General's Office and the Ohio Department of Medicaid to recover payments from the estate of anyone who was 55 or older when receiving Medicaid.

Medicaid will have a claim against your estate when:

- You and your spouse have both died and you have no dependent children, and
- All taxes, funeral expenses, and other administrative expenses have been paid,

Medicaid will NOT have a claim against your estate when:

- Your heirs can persuade probate court that Medicaid recovery would create an undue hardship on them. Example: your estate is a family business or family farm and Medicaid recovery would put the survivors out of work.

Medicaid has a legal claim against your estate for the total amount of payments made on your behalf for all long-term care and medical expenses under the Medicare program.

Most married couples share home ownership with a deed that describes them as joint tenants with right of survivorship. Other kinds of property (including bank accounts) can also be owned in joint tenancy.

With a deed like this, your house would not become part of your estate when you die. Instead, full ownership passes to your spouse.

Ohio's LTC Partnership Program

What is Ohio's Long-Term Care Partnership Program?

The program is a way for people to buy LTC insurance, receive policy benefits and protect a matching amount of assets if they need to apply for Medicaid.

Ohio encourages those at risk who can afford long-term care insurance to buy a policy. Shoppers can choose a policy under the state's Long-term Care Partnership Program.

How Do These Policies Work?

You pay premiums just as you would with any insurance contract. If needed, you use policy benefits to pay for covered care. You receive benefits as long as you need care and have not exhausted the coverage your premiums bought.

If you use the coverage (that is, receive benefits from the policy) a partnership policy will let you protect some of your assets should you apply for Medicaid.

To qualify, companies' policies must meet several requirements, including:

- The policy must have been issued after Sept. 10, 2007
- The insured must be a resident of Ohio when coverage first becomes effective
- The policy must be a federally tax-qualified plan based on the Internal Revenue Service Code (see page 21)
- The policy must meet strict consumer protection standards
- The policy must include certain protection against inflation

How Much Can I Protect?

You can protect assets up to the amount of the coverage you buy. For every dollar you use in benefits, you can protect a dollar of your assets if you later apply for Medicaid.

Here's an example. You buy an Ohio LTC Partnership policy and receive benefits totalling $50,000. Medicaid will let you keep $50,000 of your assets should you require further care and apply for Medicaid.

By purchasing the partnership policy, you take personal responsibility for paying for your care, while protecting a portion of your assets in the event you get coverage from Medicaid.

Please note: buying and using a partnership policy does not guarantee you will be otherwise eligible for Medicaid.

Will the Policy Protect Me Better than Standard LTC Insurance?

With any insurance policy, it is important to choose the type of coverage that fits your needs. Properly purchased, LTC insurance will pay most of the costs associated with skilled nursing care.

If you exhaust the benefits of a standard policy and still need care, you would become eligible for Medicaid only after spending down your assets to Medicaid levels. Your bills for care would then be paid by Medicaid.

A partnership policy protects your assets from Medicaid spend-down. You keep assets that match the amount of coverage you received. You may need to spend assets which are over and above the protected amount before Medicaid starts its coverage.

Who Benefits?

Everyone benefits from these new plans

- You benefit by protecting assets
- Medicaid benefits because, by taking responsibility for paying for your own care, you delay applying for Medicaid
- Ohio citizens benefit because Medicaid is a public program funded by taxes. Medicaid resources will be better used for those who truly need the financial assistance

LTC Benefits: What's Covered?

Coverage Can Vary Significantly

Long-term care policies are not standardized like Medicare supplement insurance. Companies sell policies that combine benefits and coverage in different ways.

Understand the benefits your policy provides. Policies may cover some or all of these services:

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

Where Services are Covered

Make sure you know what types of facilities your long-term care insurance policy covers. If you choose a type of facility not included in the coverage, the insurance company will not pay for eligible services.

What Services are Not Covered - Exclusions & Limitations

Most long-term care insurance policies usually do not 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
- Attempted suicide or intentionally self-inflicted injuries

In Ohio, insurance companies must pay for covered services for Alzheimer's disease that may develop after a policy is issued. Nearly all policies say they will cover Alzheimer's disease.

See page 19 for more about common exclusions.

Are You a Military Veteran?

Veterans can receive various levels of nursing home benefits, depending on the nature of the disability or illness.

- Those with service-connected disabilities or illnesses get first priority and the care is free. Care can be received in a Veterans Affairs (VA) facility or a private nursing home at VA expense.
- Veterans with disabilities or illnesses which are not connected to armed service can receive care in a VA facility if space and resources permit. Those with a specific income level must pay a deductible and a copayment.

Veterans' health benefits are subject to change. For more information, contact your local VA office or medical center by calling 1-800-827-1000.

What Factors Affect Your Premium?

Age & Premiums

Age is an important factor in long-term care insurance premiums. The older you are when you buy the policy, the higher your premiums will be.

- Once you buy the policy, the premiums on most policies do not automatically increase because you get older
- But it's likely the company will raise the rates for all customers as costs increase

Daily Benefit: How Much Will the Policy Pay?

Most policies define benefits in terms of the maximum daily benefit and offer numerous choices (e.g. $50, $90, or $120 per day).

- You'll pay a higher rate for higher benefits
- A policy that pays $90 per day could pay the actual bill (up to the $90 limit), or pay a flat per diem of $90 — read the policy to know exactly how the daily benefit is paid

Benefit Period: How Long Will the Policy Pay?

The benefit period tells you how long the policy will pay daily benefits.

- The benefit period can be as short as one year or as long as lifetime (unlimited)
- Increasing a policy's benefit period will also increase its price

Elimination (Deductible) Period: How Long Before the Policy Pays?

- Policies call it either the elimination period or the deductible period. You'll have certain options as to its length.his period is the number of days you must pay your own nursing home or home care bills before insurance payments start
- A 100-day elimination or deductible period means you will pay for the first 100 days out of your own pocket

Elimination Period & Premiums

The premium for a company's policy with a 100-day elimination period is more affordable than the same policy with a shorter period.

Of course, that 100-day elimination period means you'll be paying for the first 100 days of care yourself. At today's LTC prices, that could cost you more than $15,000. And if you leave the nursing home within 100 days, such a policy pays nothing

Protecting Your Benefits

Inflation Protection: Will the Policy You Buy Today Be Enough to Cover the Cost of Care 10 Years from Now?

The average cost for one day in an Ohio nursing home is $200. But you buy LTC insurance for the future, not the present. And long-term care costs could be a lot higher in the future.

That's why Ohio law requires companies to offer you inflation protection.

- The most common inflation protection automatically increases benefits each year by 5% (compounded interest)
- Many companies build the cost of inflation protection into your policy premium so your payments are the same every year
- Inflation protection could increase your premium by as much as 100%

Guaranteed Purchase Option

A few policies offer a guaranteed purchase option (GPO). Instead of adding benefits automatically, your benefits increase at specific intervals (e.g., every five years).

Protection By Rider

To keep prices low, the company's basic policy may not include inflation protection. You pay more for the extra protection.

Consider This: to beat inflation, you'll pay either a higher premium today, or higher LTC costs in the future for benefits your policy doesn't cover.

Nonforfeiture: What if You Stop Paying Premiums?

Long-term care insurance is term insurance. That means you have the protection only as long as you continue paying the premiums. It is not an investment or savings account of any kind, no matter how many years you have had the policy or how much you have paid into it. The coverage disappears when your payments stop.

But you can keep some benefits if you bought a policy rider called nonforfeiture. If you stop paying premiums for any reason, nonforfeiture may help you still get some benefits. Your new level of benefits will be equal to the premiums you paid.

- Since August 12, 2002, policies sold in Ohio must offer a nonforfeiture option, and, if the offer is declined, a notice explaining your right to contingent benefit upon lapse (see page 23)

Note: a common feature in many long-term care policies is waiver of premium which allows you to stop paying premiums once you start using the policy.

Accidental Lapse Protection

Ohio law requires companies to include protection against the possibility that your deteriorating mental condition will result in missed payments and a cancelled policy.

Third party notice: You can designate in advance another person (e.g., a relative) to receive a copy of all cancellation notices.

Reinstatement: If the policy is cancelled for late payment, you can reinstate within five months if your doctor certifies that you had a mental disability.

Bells & Whistles: Additional Features

Death or Survivor Benefit

Some LTC policies double as life insurance. If you die, the company may pay your beneficiary part or all of the premiums you paid, minus any benefits the company has paid.

Hospice Care

Hospice care is continuous care for the terminally ill. It may be provided in a hospice facility or by professionals in your home. Remember: most hospice services are covered by Medicare, but it does not pay hospice room & board charges.

Restoration of Benefits

Some policies let you restore benefits you used. Example:

- Your two-year policy is used up after it has paid your nursing home bills for two years
- You go home and resume paying premiums
- After six months out of the nursing home, your benefits are restored and the policy is now good for another two years
- Note: although it's possible, you're not likely to be checking in and out of a nursing home very often

Ambulance

Some policies pay a limited amount to cover an ambulance ride to or from a nursing home or hospital.

Bed Reservation

If you have to leave the nursing home and go to a hospital, you can make sure you have a nursing home bed if you return within a short period (e.g., 10 days).

Prescription Drugs

Some policies will pay part or all of your drug expenses while you're in a nursing home.

Respite Care

Respite care gives an in-home caregiver a short break. It pays for a temporary substitute (a health care professional) for your spouse or others who regularly take care of you at home.

Medical Equipment

The policy may pay for equipment that relieves your need for physical assistance. Some policies require that this would help you remain at home.

Alternative Care

If your health qualifies you for nursing home care, the policy may agree to pay for care somewhere else as well.

Discounts

- You may get a discount if you and your spouse both buy — of course, you'll still pay more to insure two people than one
- Nonsmokers will generally pay less for any kind of health insurance

The Variety can be Confusing!

In addition to promising to pay your nursing care bills, companies offer various features to make their policies more attractive than the competition.

Each company has its own labels and definitions. Read the policy carefully to be sure of what you're buying.

Your life insurance policy could help with your medical bills
An Accelerated Death Benefit may be part of a life insurance policy. It generally lets you use part of your death benefit before you die to pay personal health care bills. But beware: by using it, you reduce the death benefit amount paid to your family.

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Exclusions: Pre Existing Conditions

Every insurance policy has a long list of things it doesn't cover. Check any policy you consider for exclusions. Here are some to look for in an LTC policy.

Pre-Existing Conditions

Health problems that were diagnosed or treated within six months before you bought the policy may not be covered if you need care beginning in the first six months after you buy the policy.

- If a pre-existing condition causes a nursing home stay within the first six months, the policy may pay nothing
- Some policies will cover any pre-existing condition that you disclosed on your application, but chances are your application won't be approved if you have a serious health problem

Caregivers (Family Members)

Some LTC insurance policies will pay to train a family member to take care of you.

Other Insurance

LTC policies will not pay any expenses that are covered by other insurance policies, Medicare, or other government programs.

Prior Stay Conditions

Many older policies did not pay benefits unless you spent at least three days in the hospital first.

- Nursing home: policies sold today cannot have a prior stay restriction for nursing home care.
- Home health: some policies might require a prior stay in a hospital or nursing home before paying for home health care or adult day care. Note: a prior stay exclusion reduces your chances of actually collecting for home health care or adult day care

Exclusions: Other Conditions

Every insurance policy has a long list of things it doesn't cover. Check any policy you consider for exclusions. Here are a few more to look for in an LTC policy.

Mental Diseases or Disorders

Ohio law requires all policies to pay for care due to Alzheimer's or senility, but policies do not have to pay for care resulting from other kinds of mental or nervous disorders, such as insanity or a breakdown.

Alcoholism or Drug Addiction

Policies won't pay if your condition was caused by either alcoholism or addiction to drugs. They may pay if the condition is the result of medications prescribed by your doctor.

Attempted Suicide or Self-Inflicted Injuries

Most policies that provide health insurance coverage won't pay claims when it's clear that you were hurt by your own hand.

Illness Caused by an Act of War

The majority of insurance policies rule out paying claims for problems that result due to acts of war.

Benefit Triggers: When Benefits Start

Each policy has its own triggers for determining when your physical or mental condition has reached a point that you are entitled to benefits from the policy. The examples on this page use language from a national model for a nonqualified plan.

Physical Impairment

Below are examples of custodial care, and common reasons for entering a nursing home.

If you cannot perform a certain number (usually three) of the activities of daily living — known as ADLs — without the hands-on assistance of another person, you qualify for custodial care. ADLs are described below:

Bathing ..... Wash yourself either by sponge bath, or in the tub or shower; get in or out of the shower.

Dressing..... Put on and take off all items of clothing and any necessary braces, fasteners or artificial limbs.

Toileting..... Get to and from, on and off the toilet; perform associated personal hygiene.

Continence ..... Maintain bowel and bladder control or perform personal hygiene associated with a catheter or colostomy bag.

Transferring.... Move in and out of a chair, bed, or wheelchair.

Eating..... Feed yourself by getting food into your body from a plate, cup, or table, or by using feeding tubes or intravenous tubes.

Example of an ADL Impairment

You have rheumatoid arthritis and need help to get in or out of the tub or shower, and you can't hold your soap or washcloth.

Note: Medical experts agree that bathing is the activity most likely to give physically impaired people trouble.

Cognitive (Mental) Impairment

- You have been diagnosed as having a condition such as Alzheimer's Disease or senile dementia (senility), and
- The deterioration or loss of your cognitive (mental) ability requires verbal cueing by another person to protect yourself and others, and
- Your condition has been verified by tests that are approved by the insurance company to reliably measure your impairment in the following areas:
  - Your memory, or
  - Your orientation as to person (such as who you are), place (where you are), and time (day, date, year), or
  - Your deductive or abstract reasoning.

Custodial Care Must be Included

Ohio-approved policies sold since 1993 must cover at least two levels of care, including custodial care.

Tax-Qualified Policies: Stricter Benefit Triggers

Starting Benefits is More Difficult

LTC policies provide benefits based on benefit triggers — levels of physical and mental health conditions defined in the policy.

Qualified plans can lower your federal taxes, but they have benefit triggers that are less flexible than those required by nonqualified plans.

Comparing Benefit Triggers

- Physical health benefit triggers use the basic tasks of self-care known as activities of daily living or ADLs:
  - Nonqualified policies start benefits if your doctor certifies you are unable to perform a certain number of ADLs (usually three out of six) without help, at any time.
  - Tax-qualified plans start benefits only if the doctor certifies you cannot perform at least two ADLs out of five or six, without help for at least 90 days.

- Mental health benefit triggers:
  - Nonqualified plans start benefits when your doctor certifies that cognitive impairment requires a level of care that is necessary and appropriate.
  - Tax-qualified plans start benefits when the doctor certifies that you need substantial supervision as protection for your health and safety due to cognitive impairment.

Tax Treatment Examples

If you own a qualified LTC insurance policy:

- Your age limits the amount of expenses you may deduct (see chart, this page)
- You can deduct insurance premiums as medical expenses only if you qualify for medical deductions and you itemize your deductions
- You can deduct costs not covered by your insurance if you qualify for medical deductions and you itemize your deductions
- Insurance benefits you receive are not treated as income, up to an annual limit
- Employer-paid premiums are not treated as income, but employers can deduct premiums as a business expense
- Only the buyer can claim special tax treatment when the insured and the buyer are not the same person

Note: only 29% of taxpayers actually itemize deductions. Unreimbursed medical expenses must exceed 7.5% of your adjusted gross income before you are eligible to deduct them.

Saving Taxes vs. Getting Benefits

As you decide between policy types, figure out how much you would actually save in taxes with a qualified plan. The dollar amounts shown below apply to tax year 2012. These amounts may change annually.

Age	Limit on deduction
40 or younger	$ 350
41-50	$ 660
51-60	$ 1,310
61-70	$ 3,500
71 or older	$ 4,370

Replacing an Older LTC Policy

Shop Before You Replace

If you've owned a long-term care policy for several years, you may have good reasons to consider shopping for a new model. Below are some things that could have changed since you bought that older policy.

- Many policies sold today include such benefits as home health care and adult day care, which may not be in your older policy.
- If your current policy has no inflation protection, the benefit level may have fallen behind increased health care costs.
- Older policies included some limitations that now have been outlawed.
- For example, many older policies would not pay for long-term care unless you spent at least three days in a hospital before going into a nursing home, but that's not allowed in policies sold today.

The Replacement Form Helps Protect You

If you buy a policy to replace your existing long-term care insurance, the sales agent must complete a replacement form that explains the risks of changing policies.

Note: If you complete a 6-month waiting period for pre-existing conditions and move directly from one LTC policy to another, you wil not have a new waiting period!

Will You Be Able to Switch?

If you are no longer in good health, there may be no point in shopping for a new policy. It's likely you won't be able to find a company willing to sell you a new long-term care policy.

Since most companies charge premiums based on your age when you buy, you may also discover that you have passed the age when you can afford to switch!

Use a checklist:

To see how your policy stacks up against modern policy standards, check it carefully for the following items.

A good policy should:

Provide equal coverage for skilled, intermediate, and custodial care

- Include some form of inflation protection
- Include any of the modern features that you feel you need — home health care, adult day care, respite care, etc.

A good policy should NOT:

Require prior hospitalization before paying for nursing home care

- Exclude care for Alzheimer's, Parkinson's, or similar nervous disorders

Attention:

Compulsive replacers

Some unscrupulous insurance agents would love to sell you a new policy every year. Why? The first year of the policy often pays the highest commissions.

So, if you're satisfied with the policy you have, it's a good idea to keep it.

Consumer Protections

Ohio law requires LTC insurance companies to provide information to help you protect yourself. The company must give you all the information described below.

A Shopper's Guide to Long-Term Care Insurance

Written by the National Association of Insurance Commissioners (NAIC), this booklet has a lot of good information about long-term care insurance.

An outline of coverage: A summary of the policy that explains what the policy will do, and what it will not do.

Notice of your 30 day free-look period: Even if you sign a contract and write a check, once you receive the policy you have 30 days to look it over and, if you change your mind, get a full refund.

Company history of rate increases: When you apply or enroll, the company must disclose its past premium increases and:

- Show rate hikes for the policy you are considering, and for similar plans
- Show these increases for policies sold in Ohio and in other states
- Show the increases for the last 10 years
- Explain your options if the premium goes up
  - Note: If you buy, the company must give you 45 days notice of any future rate increases

Suitability standards: State law requires a standard form to be part of your application. The Personal Worksheet can help determine your ability to pay premiums and your reasons for buying.

- What is the Personal Worksheet? When you apply for insurance, the agent must fill out the parts of the worksheet that describe the policy. You will be asked to complete the sections about your finances.

To tell or not to tell is your decision. Telling the company about money matters may be uncomfortable, but the worksheet's purpose is to help protect you from buying insurance you don't need, can't afford or both. After reviewing your application:

- The company will sell you the policy if it appears to fit your financial situation, or
- If it appears the insurance does not fit with your finances, or you have chosen not to provide financial information, your application may be delayed or denied

Disclosure: "Things you should know before you buy long-term care insurance" is a State of Ohio form. The company must give you a copy when you consider buying.

Nonforfeiture option: This optional coverage may increase your premium; it must be offered. The option allows you to collect partial benefits if you stop paying premiums for any reason. It adjusts benefit limits based on the total premium amount you actually paid.

Contingent benefit upon lapse: If you do not buy nonforfeiture, a provision in state law called contingent benefit upon lapse can still protect you from large premium increases. If the increases exceed a certain percentage of the original premium, the company must:

- Either reduce benefits to keep your premium the same or convert your policy to paid-up status (the policy would pay benefits up to the amount you paid in premiums — the "paid-up" option is automatic if you don't choose).

The company must give you advance written notice of this provision, along with a standard schedule of percentage increase limits based on your age at purchase. If premiums increase more than the schedule allows, your policy can be adjusted as described above.

LTC Insurance Shopping Tips

Always Do These Things

- Tell the whole truth: if your answers are wrong or incomplete, the company might sell you a policy but refuse to pay claims.
- Do your homework: get a realistic idea of what you need and how much you can afford to pay.
- Make sure you can pay the premiums and still have enough money for basic needs such as housing, food, medicines, etc.
- Ask a trusted friend to join you when an agent visits your home.
- Shop around — LTC policies can have big differences in price and benefits.
- Read the outline of coverage very carefully and ask for a specimen policy.
- Ask questions about everything you don't understand.
- Ask your lawyer, a friend, or a relative to review the policy to see what you may have missed.
- Use your free-look option (see page 23).
- Call OSHIIP for information or individual counseling: 1-800-686-1578.

Questions to Ask the Agent

- What type of insurance is it, and what coverage does it provide? Is the policy considered a long-term-care, nursing home only or home health care only policy?
- What types of facilities or providers are eligible to provide the care covered by the policy? Are these facilities and providers available in my community?
- How long will the benefits last?
- Does the policy have elimination periods before benefits begin? How long are they?
- What happens if you don't pay your premium?
- What is the cost of nonforfeiture benefits? Inflation protection? Waiver of premium?
- What conditions are not covered by the policy?
- What number of ADLs (activities of daily living) must be deficient?
- Is the policy considered a "tax-qualified" policy?
- Whom do you contact if you have questions about coverage or if you need help filing a claim?

Never Do These Things!

- Don't buy on the first sales visit.
- Don't sign a blank application.
- Don't pay in cash.
- Don't write checks payable to an agent — always make them payable to the insurance company.
- Don't buy until you are sure you understand exactly what you are getting.
- Don't buy unless you are sure you can afford to make the payments every year.

Self-Assessment: A Financial Inventory

When you buy a long-term care policy, you make a commitment to pay the insurance company a lot of money every year. The premium this year may be $1,200 — but there's a good chance it will go up in years to come.

Even if you have enough income to pay the annual premiums, you might not want to buy LTC insurance unless you have significant assets and would not want to sell them to qualify for Medicaid.

This page can help you get a better idea of whether you should buy a policy by giving you a better picture of your income and assets. Start by answering the question below.

Do you now receive SSI (Supplemental Security Income) or Medicaid?

☐ **YES** ☐ **NO**

If you checked YES you should not buy a long-term care policy.
If you checked NO use the steps below to figure your monthly budget.

Monthly income

Wages	$_____
Social Security	$_____
Pension	$_____
Annuities	$_____
Interest/dividends	$_____
Other income	$_____
Total income	$_____

Monthly Expenses

Mortgage or rent	$_____
Utilities (phone, electric, heat, etc.)	$_____
Groceries	$_____
Auto (loan, gas, insurance, etc.)	$_____
Medical & health insurance	$_____
Taxes (estimated income & property)	$_____
Entertainment	$_____
Other	$_____
Total expenses	$_____

Total income	$_____
(minus)	
Total expenses	$_____
(equals)	$_____

The bottom line: this is how much you might be able to spend on premiums for LTC insurance.

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Sample Policy Checklist

This checklist will be the first page of your coverage outline. Use it to understand the policy and to compare policies.

Long-Term Care Insurance Summary of Benefits & Limitations

Location of Care: This policy will pay for care only when medically necessary in the following locations.

- Company-approved nursing home
- Other nursing homes
- Your own home
- Adult day care center
- Assisted living facility

Deductible or Elimination Period: This policy will not pay for benefits until you have paid your own long-term care bills for the following number of days.

- Nursing home care: ____ days
- Home health care: ____ days
- Assisted living: ____ days

Daily Benefits: After the deductible or elimination period, this policy will pay (up to) these amounts for each day of care.

- Nursing home: $____
- Home health: $____
- Adult day: $____
- Assisted living: $____

Benefit Period: The policy will not pay for benefits longer than these periods of time.

- Nursing home care: _____ years
- Home health care: _____ years

Benefit Triggers: Before it starts paying, this policy requires the following proof that you need long-term care.

- Certification by your doctors
- Certification by the company's doctor
- Confirmation you cannot perform specific "activities of daily living"

Inflation protection: This policy's benefits [will/will not] increase to keep up with the cost of long-term care.

- Benefits increase automatically
- You will be offered periodic benefit increases

Policy Cost: Annual premium if you buy at age _____ is $ _____.

- Premiums will increase as benefits increase and only if rates go up for all policyholders

Sample Policy Checklist - Additional Info

Long-Term Care Insurance Summary of Benefits & Limitations - Additional Information

Caution

The policy has other benefits and limitations. Read the rest of this outline as well as the policy itself for all the details. The agent or the company must provide you with a copy of a National Association of Insurance Commissioners' booklet, "A Shopper's Guide to Long-Term Care Insurance."

Right to Return Policy

If you are not satisfied with your policy, you may return it to the company for a refund. If you send it back to us (the insurance company) within thirty days after you receive it, we will treat the policy as if it had never been issued and return all your payments.

Insurance Counseling is Available

The State of Ohio provides free insurance counseling for senior citizens. Call 800-686-1578.

Planning for Long-Term Care Costs: Other

Why Should Anyone Plan to Pay for LTC?

Planning now can help you and your loved ones if you should need LTC in the future.

For example, you will likely have more care options if you plan on how to pay for care than if you never plan.

Other ways you and your family would benefit from your ability to pay for your own long-term care might include one or more of the reasons shown below:

- You may prefer getting care at home and other less restrictive settings
- You can protect and preserve finances for other uses
- Family members may better maintain emotional and financial quality of life

LTC planning does not necessarily take the place of having family members care for their loved ones. It helps ensure that individuals and their families have other choices.

Financing Options

Depending on your situation, financing methods other than LTC insurance may be both available and appropriate.

Each of the following financing options includes a general description of a person who may want to consider it:

- A reverse mortgage is a special loan based on the equity of a home. People age 62 or older can qualify. Reverse mortgages are available from a variety of lenders and may be appropriate for people with poor health because no health screening is needed.
- An accelerated death benefit in a life insurance policy pays the benefit in advance to a person who qualifies. People may become eligible for this benefit due to poor health.
- A life insurance settlement can be appropriate for older people who may no longer need life insurance. People age 70 and older can generally sell their policies for their current value. Both healthy and unhealthy people may find a life settlement helpful, whether or not the cash is used to pay for long-term care.
- A viatical settlement from a life insurance policy may be the choice of one who is terminally ill. A viatical settlement is a way to sell a life insurance policy for cash. It can pay a percentage of the death benefit for funds that can be used right away.
- Long-term care annuities can be of two types: immediate and deferred. The type specifies when benefits are paid. The contract creates two separate funds; one fund covers LTC expenses and the other is a regular cash fund. Deferred LTC annuities can be appropriate for people who are older and in good health. People who cannot buy insurance due to poor health might wish to consider an immediate LTC annuity if they have a ready source to fund it.

Remember:

Each of these methods require some form of equity, and each has potential benefits as well as drawbacks.

Glossary

This glossary gives the most common meanings for LTC words and phrases. Your insurance company may define the terms differently. Read the policy's definitions section and ask questions about anything you don't understand.

Accelerated death benefit
A feature of some life insurance policies which permits you to use the money before you die to pay for long-term care expenses.

Activities of daily living (ADL)
Many LTC policies start paying benefits when you are no longer able to perform basic actions without help. These actions are called activities of daily living.

Adult day care
Care that is typically provided during daytime hours in a local senior or community center.

Benefit period
The length of time a policy will pay for services. It is usually described in years (one year, two years, etc.). A policy with a "lifetime" benefit period does not limit the number of years it will pay, but it may limit the total amount of dollars it will pay.

Benefit trigger
The medical condition that qualifies you to begin receiving benefits from the policy.

Care management
Most insurance companies will have a system for reviewing your medical records and verifying what kind of care you need. The company may contract with a separate "care management" organization.

Cognitive impairment
An inability to take care of yourself as a result of loss of memory or some other mental deterioration. This includes such diseases as Alzheimer's and Parkinson's.

Contingent benefit upon lapse
Ohio law requires this provision to be included in every LTC policy for which the policy owner has declined the nonforfeiture benefit offer. The provision protects the owner in the event of very large increases in premium over the life of the contract.

Daily benefit
The maximum amount the policy will pay for each day of care.

Elimination (deductible) period
The number of days you have to pay nursing home bills from your own pocket before the LTC policy starts to pay. Some policies call this the "elimination" period. Others call it the "deductible" period.

Free-look period
The first 30 days after you receive a new policy. During this period you can cancel for any reason and receive a full refund.

Guaranteed renewable
You have the right to renew your LTC policy for life, as long as you pay the premiums. The company cannot change the benefits. It can, however, increase premiums for all policies at the same time. Also see **noncancellable**.

Inflation protection
A provision in a long-term care policy that permits benefits to increase in the future. There are different kinds and levels of inflation protection.

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Glossary

Level of care
Long-term care is divided into three levels, determined by how much assistance you need.

- **Skilled Care**
  Daily care provided by a nurse or therapist under a doctor's supervision. Skilled care usually lasts for relatively short periods.
- **Intermediate Care**
  Occasional nursing & rehabilitative care, supervised by medical professionals. It is less specialized than skilled care and often continues much longer.
- **Custodial Care**
  Help with your daily activities (eating, dressing, bathing, etc.). Custodial care does not require medical personnel. Much of nursing home care is custodial. If you need care, this is the most likely level.

Noncancellable
You have the right to renew your LTC policy for life, as long as you pay the premiums. The company cannot change the benefits or increase premiums. Also see guaranteed renewable.

Nonforfeiture
Nonforfeiture guarantees you will receive something (such as limited benefits or a return of premium) if you cancel the policy or the company cancels because your payments stop. This feature usually increases the policy premium. Ohio requires every company selling long-term care insurance to offer the nonforfeiture option.

Outline of coverage
A summary of a policy's benefits and limitations which is intended to make it easier to understand the policy and compare it with other policies.

Pre-existing condition
A medical condition which was treated or diagnosed in the six months before you bought the policy. If you need care due to a pre-existing condition, and the care begins during the waiting period, some policies will not pay the claim.

Reinstatement
A provision to protect you against unintentional (accidental) lapse. Required by Ohio law, reinstatement lets you save your policy from cancellation if you miss payments because of mental impairment (such as Alzheimer's, senility, etc.).

Spend-down
A process by which you become eligible for Medicaid by using your own money to pay medical bills until you reach the eligible income limits. Your total assets must already qualify under Medicaid rules for spend-down to apply.

Waiver of premium
A "waiver of premium" lets you stop paying premiums once you're receiving long-term care. It may not take effect until the policy has paid your bills for as long as three months. This is a common, built-in feature of LTC policies.

Please note: your premium is likely to go up!

Unless the policy is labeled "noncancellable," the insurance company may raise your premium in the future. Ohio law requires the Department of Insurance to approve any rate increase as long as the company can show that more premiums are needed to pay claims.

Ohio | Department of Insurance

To request consumer publications or ask questions about insurance, please call the Ohio Department of Insurance consumer lines:

Medicare issues 800-686-1578
Other types of insurance. . . . 800-686-1526

TDD/TTY phone users, please call Ohio Relay Service 9+711

For many department services and publication updates, please visit our website
insurance.ohio.gov

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