Give Your Long-Term-Care Coverage a Quick Checkup

Take a Moment to Ensure That the Policy Meets Your Needs

The average cost for nursing-home care is $250 a day or $91,200 a year.¹ Does your current policy provide adequate coverage for the potential costs of home care or nursing-home care? By filling out this simple survey and returning it in the enclosed envelope, you will help us assess whether your coverage offers the level of protection you may need.

Source: 1) SkilledNursingFacilities.org

What services are covered?
(Check all that apply)
- Skilled care
- Intermediate care
- Custodial care
- Home health care
- Other: _____________________

How much does the policy pay per day for:
- Skilled care? $ _________
- Intermediate care? $ _________
- Custodial care? $ _________

How long will the benefits last for:
- Skilled care? _______ days
- Intermediate care? _______ days
- Custodial care? _______ days

What is the maximum lifetime benefit for:
- Nursing-home care? $ _______________
- Home health care? $ _______________

Does the policy have a maximum length of coverage for each period of confinement?
If so, what is it for:
- Nursing-home care? _______ days
- Home health care? _______ days
How many days must you wait before pre-existing conditions are covered?

_______ days

How many days must you wait before benefits begin for:
- Nursing-home care? _______ days
- Home health care? _______ days

Are Alzheimer’s disease and other organic mental and nervous disorders covered?
- Yes □ No □

Does the policy require the following:
- Physician certification of need? Yes □ No □
- An assessment of activities of daily living? Yes □ No □
- A prior hospital stay for nursing-home care? Yes □ No □
- A prior hospital stay for home health care? Yes □ No □
- A prior nursing-home stay for home health care? Yes □ No □

Is the policy guaranteed renewable?
- Yes □ No □

What is the age range for enrollment?

_____________________

Is there a waiver of premium provision for:
Nursing-home care? Yes □ No □
Home health care? Yes □ No □

How long must you be confined before premiums are waived?

_______ days

Does the policy offer an inflation adjustment feature?
- Yes □ No □

What does the policy cost:
Per year (with inflation feature)? $___________
Per year (without inflation)? $___________

Do you have other questions or concerns related to long-term-care insurance?

________________________________________

________________________________________

Your name _______________________________

Phone number ___________________________

Email ________________________________

A complete statement of coverage, including exclusions, exceptions, and limitations, can be found only in the policy. It should be noted that carriers have the discretion to raise their rates and remove their products from the marketplace.

Thank you for taking the time to complete this survey.