

A Long-Term Care Insurance Policy Comparison Tool

This tool is designed to help you compare up to three different long-term care insurance policies. You can get most of the information directly from the outlines of coverage which you should have received. Additional information can be gathered from the agent or can be calculated.

| | | Policy 1 | Policy 2 | Policy 3 | | | |
|------------------------------------|--|------------|------------|------------|--|--|--|
| Overview of the Company and Policy | | | | | | | |
| 1 | Name of the Insurance Company | | | | | | |
| 2 | Agent's Name | | | | | | |
| 3 | Is the company licensed in Illinois? | 🗆 yes 🛛 no | 🗆 yes 🛛 no | 🗆 yes 🛛 no | | | |
| 4 | What is the company's insurance rating? (Ratings are unique to the rating firm and are not comparable across rating agencies.) | | | | | | |
| | Moody's | | | | | | |
| | Standard and Poor's | | | | | | |
| | A.M. Best | | | | | | |
| | Weiss | | | | | | |
| | Fitch | | | | | | |
| 5 | Is the policy tax-qualified? | 🗆 yes 🛛 no | 🗆 yes 🛛 no | 🗆 yes 🛛 no | | | |
| 6 | What is the premium for this policy? | | | | | | |
| | Monthly? | | | | | | |
| | Yearly? | | | | | | |
| Wait | Waiting Periods | | | | | | |
| 7 | What are the waiting periods for this policy? | | | | | | |
| | Assisted living facility care? | days | days | days | | | |
| | Nursing home care? | days | days | days | | | |
| | Home health care? | days | days | days | | | |

continued

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| | | Policy 1 | Policy 2 | Policy 3 |
|-----|---|------------|------------|------------|
| 8 | Is the waiting period in service days or calendar days? | | | |
| | Is the waiting period cumulative or consecutive? | | | |
| | How long is the wait for pre-existing conditions? | | | |
| Wha | at Does the Policy Cover? | | | |
| 9 | Covers care received in any licensed facility? | □yes □no | 🗆 yes 🛛 no | 🗌 yes 🗌 no |
| | If no, what is not covered? | | | |
| 10 | Care sites covered | | | |
| | Adult day care centers? | 🗆 yes 🛛 no | 🗆 yes 🛛 no | 🗆 yes 🛛 no |
| | Assisted living facilities? | 🗆 yes 🛛 no | 🗆 yes 🛛 no | 🗌 yes 🗌 no |
| | Other care sites? | 🗆 yes 🛛 no | 🗆 yes 🛛 no | 🗌 yes 🗌 no |
| 11 | Home health care benefits | | | |
| | Skilled nursing care delivered in the home? | 🗆 yes 🛛 no | 🗆 yes 🛛 no | □yes □no |
| | Personal care delivered by home health aides? | □yes □no | 🗆 yes 🛛 no | □yes □no |
| | Homemaker services? | 🗆 yes 🛛 no | 🗆 yes 🛛 no | 🗆 yes 🛛 no |
| | Any other covered home care benefits? (list) | | | |
| Len | gth of Benefit Periods and Amount Cover | red | | |
| 12 | Per day coverage amounts (daily benefit) | | | |
| | Nursing home care? | \$ | \$ | \$ |
| | Assisted living facility care? | \$ | \$ | \$ |
| | Home care? | \$ | \$ | \$ |
| | Home care delivered by a family member or friend? | \$ | \$ | \$ |
| 13 | Benefit period | | | |
| | Length of benefit period | years | years | years |
| 14 | Limits on the days per year or visits per year? | □yes □no | 🗆 yes 🗆 no | □ yes □ no |
| | Home health care (days or visits) limits? | | | |
| | Nursing home care limits? | | | |
| | Assisted living facility care limits? | | | |

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|-------|---|------------|------------|------------|
| 15 | Is there a lifetime limit on the benefits the policy will pay? | 🗆 yes 🗌 no | □yes □no | 🗆 yes 🗌 no |
| | Nursing home care limits? | \$ | \$ | \$ |
| | Assisted living facility care limits? | \$ | \$ | \$ |
| | Home health care limits? | \$ | \$ | \$ |
| Poli | cy Triggers or Qualifying Conditions | | | |
| 16 | How does the policy qualify you to be eligible to receive benefits? | | | |
| | Activity of Daily Living (ADL) limitations | 🗆 yes 🛛 no | 🗆 yes 🛛 no | 🗆 yes 🛛 no |
| | Physician certification or letter (your physician) | 🗆 yes 🛛 no | 🗆 yes 🛛 no | 🗆 yes 🛛 no |
| | Another health care provider or physician | 🗆 yes 🛛 no | 🗆 yes 🛛 no | 🗆 yes 🛛 no |
| | Prior hospital stay | 🗆 yes 🛛 no | 🗆 yes 🛛 no | 🗆 yes 🛛 no |
| | Alzheimer's or cognitive impairment | 🗆 yes 🛛 no | 🗆 yes 🛛 no | 🗆 yes 🛛 no |
| Infla | tion Protection | | | |
| 17 | Does the policy include inflation protection? | 🗆 yes 🛛 no | □ yes □ no | □yes □no |
| | Is the inflation protection simple or compound? | | | |
| | What is the rate of increase? | | | |
| | When do increases stop? | | | |
| Oth | er Policy Features | | | |
| 18 | Is there a discount if your spouse purchases a policy? | □yes □no | □yes □no | □ yes □ no |
| | How much? | | | |
| 19 | Does the policy offer a non-forfeiture benefit? | □yes □no | □yes □no | 🗆 yes 🛛 no |
| Add | itional Notes | | | |
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