

ALASKA

LONG-TERM CARE INSURANCE CONSUMER GUIDE 2012



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As growth in the number of seniors continues to rise, the challenges of funding both the building infrastructure and costs of care becomes greater.

Some seniors fear that they will be depleted of their assets, life savings and resources. Deciding how to obtain the services can post a significant challenge in the future. Long-term care insurance is one way to plan for those needs.

¹ Alaska Population Projection 2010-2035 by Alaska Department of Labor & Workforce Development

This is an Alaska-specific guide to long-term care. To put the information in a broader context, you will want to refer to the National Association of Insurance Commissioners *A Shopper's Guide to Long-Term Care Insurance*.

The Alaska Division of Insurance prepared this guide with Alaskans in view. The guide answers questions, familiarizes you with long-term care terms and definitions and, more importantly, assists you in planning for your long-term care needs. This guide contains references to the National Association of Insurance Commissioners (NAIC) *A Shopper's Guide to Long-Term Care Insurance*. To get the full benefit of the guide, you should have a copy of the National Association of Insurance Commissioners (NAIC) *A Shopper's Guide to Long-Term Care Insurance*. Copies of the NAIC guide are available to the public free of charge from the Division of Insurance and Division of Senior Services (see page 27).



Alaska is a member of the NAIC, a national association of state insurance regulators. The *Shoppers Guide to Long-Term Care Insurance* developed by the NAIC is a

comprehensive publication on the subject. The NAIC guide contains four worksheets. Worksheet 2 was developed to help individuals comparison shop for long-term care insurance and can be found toward the end of the guide. The Alaska specific information presented in this guide is intended to help you make the most of worksheet 2. (Refer to pages 45-54 of the NAIC guide)

The decision to purchase long-term care insurance coverage is a very important step towards planning for future long-term care needs. The Division of Insurance hopes this guide is helpful to you in your search for a policy. Long-term care insurance can help maintain the independence we all desire and can provide options when long-term care services are actually needed.

Remember, long-term care is not only for seniors. When you are done with this guide, please pass it on to a friend or a relative. If you need additional copies, please call the Division of Insurance, the Division of Senior Services, or go to the Division of Insurance website listed on the first page.

Compare Long-Term Care Insurance Policies

Different policies can vary widely in benefits, eligibility requirements and cost. The various policy features and options that are illustrated in the boxes in the guide are currently available in Alaska as of July 2012. In addition to reviewing the information in this guide, the NAIC guide, and inspecting the company's product outline of coverage (available from the insurance company or the agent), you may want to consult a professional, such as an accountant or a lawyer, to help you select a policy that best meets your needs.

LONG-TERM CARE DEFINED

Long-Term Care (LTC) - Refers to the broad range of medical and personal services for individuals who need assistance with daily activities for an extended period of time. This includes day-to-day care that a patient receives in a nursing facility or in his or her residence following an illness or injury, or in old age, such that the patient can no longer perform at least two of the five basic activities of daily living: walking, eating, dressing, toileting, bathing, and mobility from one place to another.

LONG-TERM CARE COSTS¹

A survey released by an insurance company as of 2012 comparing state median costs across the United States showed that Alaska has the highest average rates in the nation.²

- Licensed homemaker services:
#1, \$55,484 versus \$41,184 nationally
- Licensed home health aide services:
#3, \$56,628 versus \$43,472 nationally
- Adult day care:
#2, \$27,040 versus \$15,860 nationally

1 Alaska State-Specific Data from the Genworth 2012 Cost of Care Survey

2 Genworth 2012 Cost of Care Survey

- Assisted living, one bedroom single occupancy:
#2, \$66,000 versus \$73,000 annually
- Nursing home, semi-private room:
#1, \$273,750 versus \$73,000 nationally
- Nursing home, private room:
#1, \$232,505 versus \$81,030 nationally

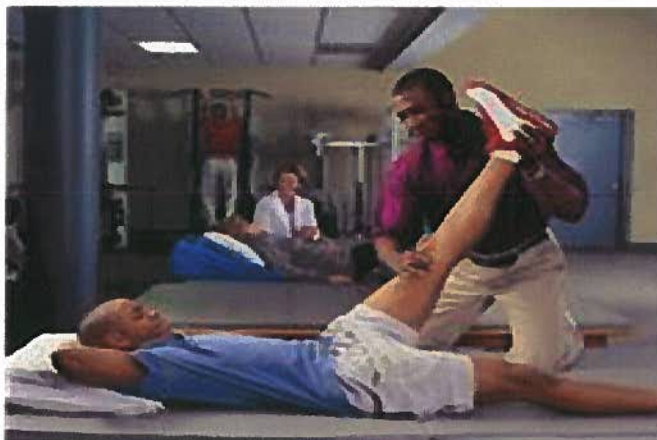
A 2012 Cost of Care: Another long-term care survey released by an insurance company comparing state median costs across the United States also showed that Alaska has the highest rates in the nation. Rates per day are as follows:

Nursing Home	
Private Room	\$750
Semi-Private Room	\$637
Home Care (Licensed Hourly Rate)	
Homemaker Services	\$152
Home Health Aide	\$155
Adult Day Health Care	
Adult Day Health Care	\$104
Assisted Living Facility	
Private, One Bedroom	\$181

For more information, please follow the link:
http://www.genworth.com/content/etc/medialib/genworth_v2/pdf/ltc_cost_of_care.Par.80664.File.dat/Alaska_gnw.pdf



MEDICARE AND MEDICAID PAYMENT



Medicare isn't long-term care nor does it pay for most long-term care. Only limited amounts of long-term care benefits are paid by Medicare only if certain conditions are met. It is not recommended that you rely on Medicare to pay for care.

Medicaid will generally pay for long-term care if you have little income and few assets. This is a governmental program that is currently the major source of funding for long-term care services.

Many people become eligible for Medicaid after exhausting their own financial resources by paying for long-term care services. When Medicaid pays for your spouse's nursing home bills, you are allowed to keep your house and furniture, a living allowance, and some of your joint assets.

Your choice of long-term care services may be limited if you are receiving Medicaid.

For information on Alaska's ranking nationwide with respect to Medicaid spending on nursing facility services, nursing facility resources, need for long-term care, home and community-based services, please refer to the AARP Website:

http://assets.aarp.org/rgcenter/il/d19105_2008_atc.pdf

Please note that Alaska does not participate in partnership programs. Definition of partnership can be found at the glossary of terms on page 33.

LONG-TERM CARE POLICY PAYMENT

Long-term care policies generally do not cover all costs associated with long-term care incurred during the period of coverage. Carefully review all policy and rider limitations.

The following will affect how much the policy will pay:

Riders - Check for any rider availability, e.g., inflation protection and waiver of premium. Check if the rider is guaranteed renewable, which means that companies cannot change the terms of the rider, including reducing or canceling benefits or changing the benefit limit.

Deductible - Check for choices and lengths of waiting, deductible or elimination periods. Understand when the policy is going to start paying benefits. Plan to pay for your care during the waiting, deductible, or elimination period.

Daily Benefit - The policy will generally limit daily benefits. The amount of daily benefit will depend on the amount of the premium paid and the maximum benefit selected.

Exclusions - Every policy has an exclusion section. Some examples of exclusions are mental and nervous disorder or diseases, alcoholism and drug addiction, illnesses caused by an act of war, treatment already paid for by the government, attempted suicide or self-inflicted injury.

Funding Sources for Long-Term Care Services

(Refer to pages 4-5 of the NAIC guide)

- Medicaid is the largest single source of payment for long-term care, accounting for 42 percent of total spending nationwide¹
- Medicare (25 percent), out-of-pocket spending (22 percent)
- Private insurance and other sources (11 percent)²

¹ & ² Terence Ng, Charlene Harrington, and Martin Kitchener, "Medicare and Medicaid in Long-Term Care," Health Affairs, January 2010, Vol. 29, No. 1

**Levels of Care
Covered by the
Policy**

(Refer to page 16 of the NAIC guide)

Levels of care that a policy may provide

Skilled nursing care - Three levels of care are commonly provided to patients needing long-term care services: skilled care, intermediate care, and unskilled or personal/custodial care. It is important not to confuse levels of care with care settings. Care settings are locations where care services are provided. Some examples of care settings are nursing homes, assisted living facilities, adult day care centers, and private residences. Any level of care can be provided in any one of the care settings. For instance, a visiting nurse coming to your home is an example of skilled nursing care provided in a home setting.

Personal/custodial care - State law does not allow companies to provide long-term care coverage only for skilled nursing care, or provide substantially more coverage for skilled care in a facility than for lower levels of care such as personal/custodial care.

*Does the policy pay for any **nursing home stay**, no matter what level of care you receive?*

Policies that provide benefits for nursing home stays will pay for your stay, no matter what level of care you may require as long as it is appropriate for your condition.



Where you can receive care covered under the policy

You must meet the requirements set out in the policy for nursing home stays in order to receive benefits from the policy.

(Refer to pages 16-17 of the NAIC guide)

Licensed Facility - Facilities include nursing homes, assisted living and hospice facilities are not nursing homes.

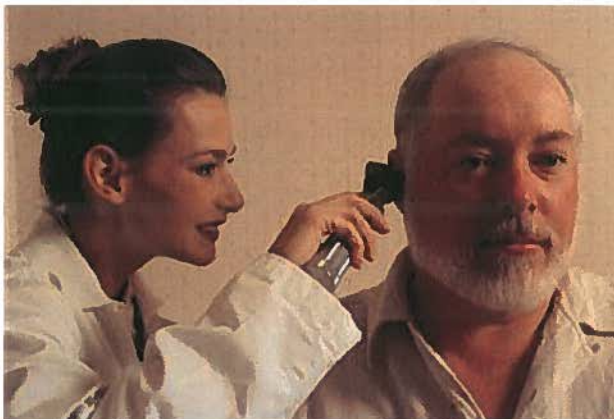
Each policy's definition of a licensed facility may be different. It is possible that a particular licensed facility in Alaska may not meet an insurance contract's definition because of the facility's staff size or its capacity (number of beds or number of patients). Also, volunteer hospice facilities may not meet the policy's definition of licensed facility, therefore benefits may not be paid.

Comprehensive policies generally cover all care settings such as nursing facilities, community-based united, assisted living facilities, adult day care centers, and home care. Limited policies may cover services provided in facilities only, skilled nursing homes only, assisted living facilities only, or some combination of these community-based care only, or home health care only.

Does the policy provide home care benefits for:

skilled nursing care?

Skilled nursing care services provided in the home are normally provided through licensed home health agencies. Home health agencies that provide skilled services in Alaska are required to be licensed by the state.



Personal Care Assistant (PCA) Program

These services enable functionally disabled Alaskans of all ages, and frail elderly Alaskans, to live in their own home or community, instead of being placed in a more costly and restrictive long-term care institution. The program provides services which help recipients with physical difficulties in performing activities of daily living (ADLs), including bathing, dressing and grooming; problems with instrumental activities of daily living (IADLs), such as shopping and meal preparation; and with other problems that require semi-skilled and/or, in some cases, skilled care.

All comprehensive policies and some limited policies that are currently marketed in Alaska provide benefits for personal care services provided by home health aides.

Note that some companies will only pay benefits for services such as home health aides if the service is provided through a licensed home health agency. Some home health agencies in Alaska may not have home health aide services available.

homemaker services?

Respite

Respite services provide substitute care for disabled adults to provide intermittent or temporary relief to a primary caregiver, usually a family member. Both the primary caregiver and the care recipient are considered clients of the program and benefit from the services. Services may be provided on either a planned or emergency basis in a variety of settings such as in the family or caregiver's home, the respite worker's home, a licensed adult foster home, residential care facility, hospital or nursing facility.

**OTHER BENEFIT
FEATURES**

Chore

These services are for the provision of completing heavy household chores such as snow shoveling, house cleaning, wood hauling, etc.

A policy may only pay for homemaker services if provided through a licensed home health agency.

Care Coordination

Care coordination is deliberate organization of patient care activities between two or more participants (including the patient) involved in a patient's care to facilitate the appropriate delivery of health care services. Organizing care involves the marshalling of personnel and other resources needed to carry out all required patient care activities, and is often managed by the exchange of information among participants responsible for different aspects of care.

Other benefit features under home care coverage include care coordination or management, equipment and home modification, adult day care, respite and hospice care, emergency alert system, caregiver training, informal care from any person not residing in the home, and options for care given by family members (such as your spouse or children).

Commonly, the maximum benefits payable under some of the above benefit features are based on your selection of the daily benefit amount for nursing care. If the daily benefit amount selected for nursing care is \$200 and the maximum benefit amount for informal caregiver training is 5 times the daily benefit amount for nursing care, the maximum benefit amount allowed for informal caregiver training would be 5 times \$200, or \$1,000. The multipliers for some of the common benefits are 20 for bed reservation, 5 for informal caregiver training, 28 for respite care, and 20 for care coordination.

Homemaker Services Hourly Rates (Licensed)¹

Hourly rate multiplied by 44 hours per week, multiplied by 52 weeks

Region	Minimum	Rate Range		Median Annual Rate
		Median	Maximum	
USA	\$10	\$18	\$32	\$41,184
Alaska - Whole State	\$24	\$24	\$27	\$55,484
Anchorage	\$24	\$24	\$27	\$54,912
Fairbanks	\$24	\$24	\$24	\$54,912
Alaska - Rest of State	\$25	\$26	\$27	\$58,344

Home Health Aide Services Hourly Rates (Licensed)

Hourly rate multiplied by 44 hours per week, multiplied by 52 weeks

Region	Minimum	Rate Range		Median Annual Rate
		Median	Maximum	
USA	\$11	\$19	\$35	\$43,472
Alaska - Whole State	\$24	\$25	\$30	\$56,628
Anchorage	\$24	\$25	\$30	\$57,200
Fairbanks	\$24	\$24	\$24	\$54,912
Alaska - Rest of State	\$24	\$25	\$30	\$56,628

Adult Day Health Care Daily Rates

Daily rate multiplied by 5 days per week, multiplied by 52 weeks

Region	Minimum	Rate Range		Median Annual Rate
		Median	Maximum	
USA	\$15	\$61	\$165	\$15,860
Alaska - Whole State	\$91	\$104	\$128	\$27,040
Anchorage	\$97	\$100	\$100	\$26,000
Fairbanks	\$108	\$108	\$108	\$28,080
Alaska - Rest of State	\$25	\$26	\$27	\$58,344

1 Genworth 2012 Cost of Care Survey

Assisted Living Facility Monthly Rates (One Bedroom - Single Occupancy)

Monthly rate multiplied by 12 months

Region	Minimum	Rate Range		Median Annual Rate
		Median	Maximum	
USA	\$625	\$3,300	\$9,750	\$39,600
Alaska - Whole State	\$3,285	\$5,500	\$8,775	\$66,000
Anchorage	\$3,285	\$5,350	\$6,750	\$64,200
Fairbanks	\$3,375	\$6,813	\$8,775	\$81,750
Alaska - Rest of State	\$3,900	\$5,646	\$7,000	\$67,755

Nursing Home Daily Rates (Semi-Private Room)

Daily rate multiplied by 365 days

Region	Minimum	Rate Range		Median Annual Rate
		Median	Maximum	
USA	\$80	\$200	\$950	\$73,000
Alaska - Whole State	\$452	\$750	\$950	\$273,750
Anchorage	\$452	\$452	\$452	\$164,980
Fairbanks	\$630	\$630	\$630	\$229,950
Alaska - Rest of State	\$505	\$760	\$950	\$277,400

Nursing Home Care Daily Rates (Private Room)

Region	Minimum	Rate Range		Median Annual Rate
		Median	Maximum	
USA	\$100	\$222	\$950	\$81,030
Alaska - Whole State	\$452	\$637	\$950	\$232,505
Anchorage	\$452	\$452	\$452	\$164,980
Fairbanks	N/A	N/A	N/A	N/A
Alaska - Rest of State	\$505	\$783	\$950	\$285,613

*Does the policy pay for care received in:
adult day care centers?*

Adult day care is the provision of an organized program of services during the day in a community group setting for the purpose of supporting an adult's personal independence, and promoting his or her social, physical and emotional well-being. Adult day services provide a variety of program activities designed to meet the individual needs and interests of the participants, and referral to and assistance in using appropriate community resources. Adult day services help clients remain in their communities and allows families and other caregivers to continue caring for them at home.

Currently, Alaska has no licensing requirements for adult day care centers.

assisted living facilities? - Cost per day excludes room and board. The charge could increase to around \$335.42 per day plus room and board depending on how independent you are and the level of care you require.

other settings? (list) - *Alternate policies of care may pay benefits for additional care settings such as hospice facilities, Alzheimer's facilities, and your home. If a new type of setting is developed in the future and*



**Length of Benefits,
Payments and
Amounts Covered**

becomes available, the policy may or may not cover your expenses for care received in such a new setting. Future improvements and changes are likely for both insurance coverage and care settings. Look for flexibility in the benefit provisions of the insurance contract.

(Refer to pages 14-17 of the NAIC guide)

How much will they pay per day for:

nursing home care?

The amount of benefit paid depends upon the benefit option you have selected. Policy options available in Alaska for the daily benefit amount range from \$40 to \$1,000. Restrictions may apply to people over age 80. For the higher ages, the daily benefit amount may be limited.

The daily rate for stays in a private room in nursing homes in Alaska, in 2012, averaged \$783 per day (\$285,613 per annum). Personal and transportation services are not included in the daily rate for nursing home stays.

home care?

If selected, daily benefit amount options available in the market for home care range from \$40 to \$667, or 50% to 100% of the selected daily benefit amount for nursing home benefits. Be aware that home care may be just as expensive as institutional (nursing homes and assisted living facilities) care, if not more.

Limits on the number of days or visits per year for which benefits will be paid

Some policies sold in Alaska do not have limits on the number of days or visits per year for nursing home care or home care. However, certain limits may be imposed on hospice care, respite care, adult day care, or other benefits.

Length of benefit period to be considered

The benefit periods that are currently available in Alaska range from 1 to 9 years, and lifetime (unlimited benefits).

Long-term care insurance policies are guaranteed renewable and will remain in effect for life, provided premiums are paid and the lifetime maximum benefit limit has not been depleted.

The maximum benefit limit is sometimes expressed as the number of days or a factor (such as 365, 730, 1,000, or 1,460) multiplied by the selected daily benefit amount. For example, a selected daily benefit amount of \$200 multiplied by a factor of 730 yields a lifetime maximum benefit limit amount of \$146,000.

The maximum benefit limit may also be expressed as a “pool of money” or a total dollar amount, such as \$25,000 or \$500,000.

While the policy is still in effect, a long-term care policy may provide that the lifetime available benefits be restored back to the maximum lifetime benefit limit level after a specified period, such as 180 days during which no qualified long-term care expenses were incurred. Such restoration of benefits is limited. A policy may only allow one or two restorations during the life of the policy and the total amount of the restored benefits may not exceed a certain dollar amount.

Start of Eligibility

(Refer to page 19-20 in the NAIC Guide)

Which of the “benefit triggers” does the policy use to decide your eligibility for benefits? (It may have more than one.)

All policies use activities of daily living (ADLs) and cognitive impairment as benefit triggers.

Activities of daily living include: bathing, continence, dressing, eating, toileting, and transferring. The policy definitions for these terms are similar to the definitions below.

Bathing means washing oneself by sponge bath; or in either a tub or shower, including the task of getting into or out of the tub or shower.

Continence means the ability to maintain control of bowel and bladder function; or, when unable to maintain control of bowel or bladder function, the ability to perform associated personal hygiene (including caring for catheter or colostomy bag).

Dressing means putting on and taking off all items of clothing and any necessary braces, fasteners, or artificial limbs.

Eating means feeding oneself by getting food into the body from a receptacle (such as a plate, cup, or table) or by a feeding tube or intravenously.

Toileting means getting to and from the toilet, getting on and off the toilet, and performing associated personal hygiene.

Transferring means moving into or out of a bed, chair, or wheelchair.

- *cognitive impairment (older policies may discriminate against Alzheimer's; newer ones do not)*

In the policy, cognitive impairment should mean a deficiency in a person's short- or long-term memory, orientation as to person, place and time, deductive or abstract reasoning, or judgment as it relates to safety awareness.

By law, Alzheimer's disease and other dementia that develop after a policy is issued must be covered under a tax qualified long-term care policy.



**Period when
payment of
benefits start**

- *doctor certification of medical necessity*

There are a few policies sold in Alaska that still require a doctor to certify that the long-term care service is necessary for a medical necessity before a benefit will be paid under the policy. These contracts are not tax-qualified.

- *prior hospital stay*

Alaska law does not allow long-term care insurance contracts to require prior hospitalization to be eligible for benefits.

(Refer to page 20 of the NAIC guide)

Check for choices and lengths of waiting period. This term also means deductible period or elimination period. Benefits start after the satisfaction of the waiting period. Therefore, you should plan to pay for your care during the waiting period.

Length of waiting period before benefits begin for:

- *nursing home care?*

A waiting period is also called an elimination period. It is a type of deductible. The options that are available in the market range from 0 to 365 days. If you have selected a waiting period of 60 days, the policy will not pay your covered services for the first 60 days of meeting the requirements to receive benefits. The expenses incurred by you during that 60 days are your responsibility.

Some companies offer a single elimination period, but the waiting period must be satisfied within a specified period. For example, if a 365-day waiting period is selected for the policy, benefits will not start until the 366th day of confinement in a nursing home. The long-term care expenses that you have incurred during the first 365 days of your confinement are your responsibility. If the policy has a single elimination period feature, subsequent confinements will not require any additional waiting time before benefits start. Otherwise, another complete waiting period must be satisfied before the policy pays any benefits for additional confinements.

- *home health care?*

Waiting periods for home health care options are similar to the options available for nursing home care discussed on previous page. Certain restrictions may apply for the higher age groups.



Some policies will waive the waiting period for home health care, if care coordination is used. Additional benefits may also be available if the patient uses the company recommended care coordinator. Care coordination is a service that evaluates the patient's long-term care needs and prescribes care services that are to be provided. Expenses for the initial evaluation by a care coordinator are usually paid by the company and not charged against your lifetime benefit maximum.

**Choice of
cumulative or
consecutive
waiting period**

In most policies, the waiting period for home care is cumulative. If the policy's waiting period is cumulative, every day that you have received qualified home care services (whether or not there are any periods in between when services are not required) will be credited towards satisfying the waiting period. If the policy's waiting period is consecutive, you must continuously require qualified home care services during the entire waiting period before the policy starts paying benefits. Any break before the waiting period is satisfied will result in the waiting period starting over again.

Although many waiting periods are cumulative, the policy may require that the waiting period be satisfied within a certain time period, such as 365 days.

Length of time before one is covered for a pre-existing condition

A pre-existing condition is an illness or a disability for which you were treated or advised of within a certain time period, usually 6 months, before applying for the insurance policy. You are required to answer all questions in the insurance application completely and honestly. Any pre-existing condition that you have must be disclosed. Many companies will cover your pre-existing conditions without additional waiting period even if these conditions are disclosed in the application.

Pre-existing condition medical history look back

Most companies don't look back. Others look back six months in determining whether they will insure you.

(Refer to pages 21-23 in the NAIC guide)

Check if benefits are adjusted for inflation

Inflation protection on policies

The daily benefit amount that you may have selected to meet today's costs may not be enough for the future when you actually need the long-term care services. Some policies include benefits that are adjusted for inflation. Most other policies will offer this feature as an option for an additional premium charge. These options may be purchased at the time of application through benefit riders that commonly offer automatic simple or compound 5% annual inflation for life. One company also offers simple 1%, 2%, 3%, 4%, and 6% annual inflation for life.

Many of the companies that offer optional riders also have periodic benefit increase offers available for purchase for those insureds who did not elect the inflation protection riders at the time of purchase. These benefit increase offers are generally based on the consumer price index and are available on certain policy anniversaries (such as every 2 or 3 years). The policyholder may accept or decline to purchase additional benefits when offered. However, in some cases if you decline the offer one or more times, depending on the policy, you will no longer be eligible to purchase additional benefit amounts in the future to cover increased cost of care.

Additional coverage

Most policies will allow you to buy additional coverage, but you may need to provide proof of insurability. The premium charged for the additional coverage will be based on your age at that time.

If your policy allows you to buy more coverage:

- *When can you buy more coverage?*

Usually, you may buy more coverage at anytime or at certain policy anniversaries (such as every 2 or 3 years) or ONLY if future purchase option rider is added to the policy. Others are dependent on underwriting and insurability.

- *How much can you buy?*

The amount of additional coverage you may be able to buy will differ by policy. Some examples of amounts include a daily maximum, policy maximum, \$10 increments, 15% of the benefit bank, dependent on dividend amount, or up to a defined amount monthly benefit maximum, or equivalent to 5% of the previous year's daily benefit level, or 15% of the previous year's daily benefit level if the company only offers increase options once every 3 years. A few companies will base the increase offers on the consumer price index.

- *When can you no longer buy more coverage?*

You will no longer be permitted to buy additional coverage when the maximum daily benefit amount allowable under the policy form is reached, or a certain number of periodic increase offers (such as 2 or 3 offers) have been declined, or you have reached a certain age (such as age 80).

Some policies will have the inflation protection feature built into the base policy. If inflation protection is included in the policy, benefits will increase automatically as defined in the policy. However, inflation protection is usually available only as a separate optional rider to the policy.

**Automatic Benefit
Increases**

If your policy contains an inflation protection feature:

- *What is the rate of increase?*

Five percent is a common rate of inflation used in the policies. Lower rates (such as 3% and 4%) are offered by some companies.

- *Is it a simple or compound increase?*

Usually, you have the option to select either the simple or compound method. Under the simple interest rate method, each annual increase is calculated using the original benefit amount. For an initial \$100 benefit amount, each annual increase will be \$5 if 5% simple interest is selected. Under the compound method, the annual increase is calculated using the previous year benefit amount level. For example, an initial \$100 benefit amount would increase to \$105 in the second year and to \$110.25 (105×1.05) in the third year. Currently, Alaska allows both the simple and compound increase methods. Be aware that the simple interest method may not provide you with a sufficient benefit level when you need long-term care services in the future, especially if you are buying the insurance coverage at a young age.

For example, if the maximum daily benefit amount selected for nursing home care is \$100.00, then the benefit amount 5 years and 10 years from now will be the corresponding amount for the inflation option chosen in the chart below:

Inflation Option	Amount In 5 Years	Amount In 10 Years
Not Selected	\$100.00	\$100.00
5% Compound	\$127.63	\$162.89
1% Simple	\$105.00	\$110.00
2% Simple	\$110.00	\$120.00
3% Simple	\$115.00	\$130.00
4% Simple	\$120.00	\$140.00
5% Simple	\$125.00	\$150.00
6% Simple	\$130.00	\$160.00

The actual increase in 5 years or 10 years from now will depend on the percentage, the frequency with which offers are made, and whether or not each offer is accepted.

- *When do automatic increases stop?*

Most policies will continue the automatic increases as long as the policy is in effect. Other policies set limits for when the increase stops, such as when the policy reaches its 20th anniversary, or the insured reaches a certain age (such as age 76). One company stops the simple automatic increases if the total increase has doubled the original benefit amount level. Another company stops the automatic increases once benefit payments begin.

Home health care:

- *5 years from now?*
- *10 years from now?*

Home health care benefits are sometimes expressed as a percentage (50% to 100%) of the daily benefit amount for nursing home care. In this case, the benefit amount for home health care 5 years or 10 years from now is simply the stated percentage of the nursing home benefit amount 5 or 10 years from now.



Other benefits covered under the policy

If the home health care is expressed as a dollar amount, the benefit amount 5 years or 10 years from now depends on the daily benefit amount for home health care and the inflation protection option chosen.

Is there a waiver of premium benefit? (Refer to page 24 in the NAIC guide)

A waiver of premium benefit is available for all policies currently marketed in Alaska.

- *How long do you have to be in a nursing home before it begins?*

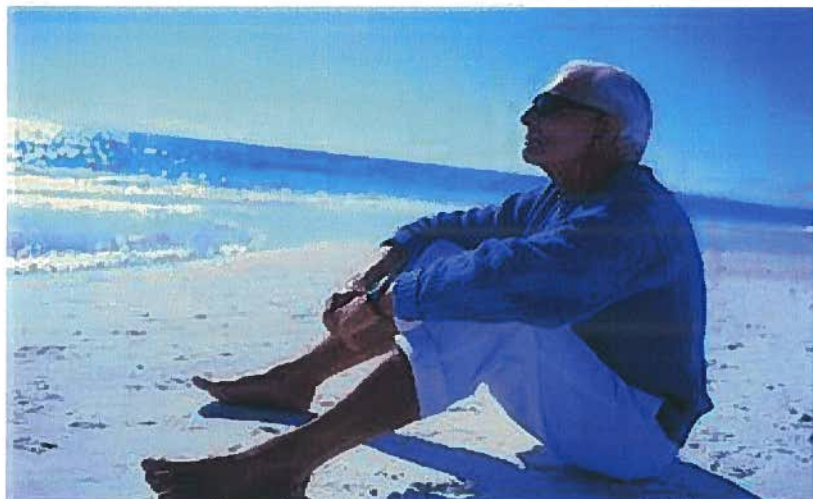
Most policies require the patient to be in a nursing home for 60 or 90 days before the company starts waiving the premium payments. Other policies will waive the premiums once the policy elimination period is satisfied and the company starts paying benefits.

- *Does the waiver apply when you receive home care?*

The waiver of premium benefit does not apply to home care benefits in many policies. However, some companies offer waiver of premium for home care as an option.

Does the policy have a nonforfeiture benefit? If yes, what kind? (Refer to page 25 in the NAIC guide)

A nonforfeiture benefit is usually offered as an option for an additional premium charge.



The most common types of nonforfeiture benefit are:

Benefit bank—An account called a benefit bank is set up and portions of premiums paid are added to the account. Upon policy termination, the daily benefit defined in the policy is paid until there are no more funds in the benefit bank account.

Reduced paid-up—a reduced daily benefit amount is paid over the benefit period defined in the policy.

Shortened benefit period—the daily benefit defined in the policy is paid over a shorter benefit period. The length of this shortened benefit period depends upon how long the policy had been in force. For benefits to be payable, your policy has to be in force for at least 3 years. The minimum benefit payable is at least 30 times the daily benefit amount. This type of nonforfeiture benefit is the most common one offered by insurance companies.

Does the policy have a return of premium benefit?

A return of premium benefit is normally available only as an option. Tax-qualified policies are not allowed to provide this option.

A return of premium benefit is a form of nonforfeiture protection in which a portion of the total premiums paid is returned if the policy is terminated. The amount returned depends upon the number of years premiums have been paid in. Typically, at least five years of premiums must be paid before any return of premium benefit is available.

Does the policy have a death benefit? If yes, are there any restrictions before the benefit is paid? (Refer to page 10 in the NAIC guide)

Some long-term care policies currently marketed in Alaska provide death benefit. Other companies offer death benefit riders in which the policy must remain in force for at least five years before either premiums are waived for your surviving spouse or a percentage of the premiums paid are refunded upon death.

Will the policy cover one person or two?

Most all long-term care policies marketed in Alaska will not cover two individuals. However, at least one company in the market will cover two unrelated individuals who live in the same household under one policy.

(Refer to page 15 in the NAIC guide)

**Tax-qualified
status**

Is the policy tax-qualified?

Many policies are intended to be tax-qualified, but non-tax-qualified policies are available. The policy should clearly state whether it is tax-qualified or not. To determine which type of policy is best for your situation, you may want to consult a tax expert, such as an accountant. For more information on this topic, refer to pages 8–10 in the NAIC guide.

Policy Cost

(Refer to pages 28 in the NAIC guide)

Because long-term care policies vary significantly by benefits provided and by company, premium rates vary greatly. Beware of any company that offers unusually low rates initially because the company could raise the rates later to a level which may no longer be affordable, which may force you to cancel your policy. If you are no longer healthy when you cancel your policy, you may not be able to purchase another policy. Ask your agent to give you the company's prior rate history and any information regarding the company's rating practices.



The Division of Insurance does not have premium information for long-term care products that are sold in this state. Please call the insurance company or its agent for their rates.

Is there any discount if you and your spouse both buy policies?

Companies generally offer discounts to couples if both spouses buy their long-term care policies from the same company. Some companies will offer a certain percentage, such as 15% off each spouse's premium; others may apply the discount to only one of the spouses' premiums, but with a larger percentage, such as 50%.

**DETERMINE
CORRECT CHOICE
OF INSURANCE
COMPANY**

All but two companies listed in the following page have been rated as Excellent (A- or A) or Superior (A+ or A++) rating by the rating service, A.M. Best Company. One company has been rated Good (B+) from A.M. Best.

Check with one or more rating companies to determine the insurance company's financial stability. Below are the different rating bureaus. They may or may not charge fees and may have differing rating scales and analysis of each insurance company.

A.M. Best Company	(900) 424-2378	http://www.ambest.com
Standard & Poor's	(877) 438-7230	http://www.standardandpoors.com
Weiss Ratings, Inc.	(877) 934-7778	http://www.WeissRatings.com
Moody's Investor's Service	(212) 553-1653	http://www.moody's.com
Fitch IBCA, Duff & Phelps, Inc.	(800) 89-fitch	http://www.fitchrating.com



PURCHASING TIPS

- If you are considering replacing an older policy, do not cancel the old policy until you have been issued the new policy and have decided to keep it.
- There are several ways to locate an agent in Alaska. You can call insurance companies at the numbers listed on page 29. You can look under “Insurance” in the yellow pages of various telephone books in Alaska. Some agents have provide their names, addresses, and telephone numbers to the Alaska Division of Senior Services. The telephone number for the Division of Senior Services in Anchorage is (907) 269-3666. Their toll-free number outside of the Anchorage area is (800) 478-9996.
- Agents that sell long-term care insurance are usually life and health insurance agents. All agents and brokers should be appropriately licensed in Alaska by the Division of Insurance to sell long-term care products.
- Note that if your employer offers long-term care coverage, you should contact your employer’s benefit administrator for more information on the long-term care coverage that your employer provides, and include it in your comparison shopping.
- Long-term care policies offered by an insurance company must be approved by the Division of Insurance. However, this approval does not necessarily mean that the product is a good product for you. The division’s approval only means that the product met the required contract provisions and is not in violation of Alaska’s insurance laws.

INFORMATIONAL LINKS & CONTACTS

- Genworth 2012 Cost of Care Survey

http://www.genworth.com/content/etc/medialib/genworth_v2/pdf/ltc_cost_of_care.Par.40001.File.dat/2012%20Cost%20of%20Care%20Survey%20Full%20Report.pdf

- Profile of Older Americans 2011

http://www.aoa.gov/aoaroot/aging_statistics/Profile/2011/docs/2011profile.pdf

- New Realities of an Older America: Challenges, Changes and Questions

http://www.hcbs.org/files/199/9941/New_Realities_of_an_Older_America.pdf

- For more information on other senior service assistant, contact:

Senior Assistance:

Alaska Division of Senior Services
& Disability Services
3601 C Street, Suite 310
Anchorage, AK 99503
1-800-478-6065
<http://hss.state.ak.us/dsds/medicare>

350 Main Street, Room 404
Juneau, AK 99801
(907) 465-3030
1-866-465-3165

Company or Agent Complaint:

Division of Insurance
Consumer Services Section
(907) 269-7900
(800) INSURAK
(800) 467-8725 areas outside of Anchorage but within Alaska

HELPFUL HINTS

30-Day Right to Examine Period - This gives you time to review the policy provisions, terms and conditions of the contract. This period would allow you to make a determination and final decision to keep the policy or return the policy at no cost to you. The company should return the premium on its return.

Accurate Information - Be careful in completing the application form. Companies may deny benefits if answers to questions on your application are incorrect.

In Case of Complaint - Do not hesitate to contact the Division of Insurance, Consumer Services Section. Contact number is listed on page 27.

Daily Benefits - Know what daily benefits are provided by the policy. This may affect the amount of premium you pay.

Licenses - check if the company is licensed in Alaska. The companies listed on the following page are all licensed to sell long-term care products in Alaska as of the publication date. Note that agents also need to be licensed.

Out of Coverage - Carefully check and do not rely on other sales promotional materials or the agent's presentation alone.

Premiums - You should not buy the insurance policy unless you can afford to pay the premiums every year into the future. The company may increase the premiums in the future, provided it raises rates for all policies in the same class in the state.

Do not be pressured into buying a contract. Tell your agent if you need more time to think.

APPENDIX A - INSURANCE COMPANIES CURRENTLY SELLING IN ALASKA

COMPANY	PHONE	PLANS ARE ISSUED TO							LTC SERVICES																	
		Individual	Groups	Associations	Other	Personal Care	Homemaker Services	Chore	Adult Care Service	Assisted Living Homes																
Medicaid payment rates as of July 12, 2012 (Chart of Personal Care Attendant and Waiver Service Rates as published by the Alaska Department of Health & Social Services)																										
American General Life Insurance Co.	877-399-7747	X		X											X										X	
Bankers Life & Casualty Co.	800-231-9150	X													X										X	
Country Life Insurance Company	866-268-6879	X													X										X	
Genworth Life Assurance Co.	877-399-7747	X	x												X										X	
John Hancock Life Ins. Co. (U.S.A.)	800-377-7311	X	x												X										X	
LifeSecure Insurance Company	866-582-7702	X																								X
Massachusetts Mutual Life Ins. Co.	800-272-2216	X													X											X
MedAmerica Ins. Co.	800-544-0327	X	X																							O
Mutual of Omaha Ins. Co.	800-693-6083	X													X											X
New York Life Insurance Company	800-224-4582	X													X											X
Northwestern Long Term Care Ins. Co.	800-890-6704	X													X											X
Prudential Ins. Co. of America	800-732-0418	X	X												X											X
State Farm Mutual Automobile Ins. Co.	866-855-1212	X													X											X
Transamerica Life Insurance Co.	800-338-0257	X													X											X
United of Omaha Ins. Co.	800-693-6083	X													X											X

The above companies that are actively selling long-term care insurance in Alaska were identified through a May 2012 survey conducted by the Division of Insurance. This list may not include all companies offering long-term care insurance in Alaska and it does not represent an endorsement of a particular company by the division.

GLOSSARY

Activities of Daily Living (ADLs) – Most companies determine eligibility of benefits depending on insured's inability to perform a number of the ADLs. These are the routine activities that people tend to do everyday without needing assistance. There are six basic ADLs: eating, bathing, dressing, toileting, transferring (walking) and continence. An individual's ability to perform ADLs is important for determining what type of long-term care (e.g. nursing-home care or home care) and coverage the individual needs.

Acute Care – Medical care that is required for a short period of time to cure a certain illness and/or condition.

Adult Day Care – Group supervision for elderly persons, including social and recreational services and in some cases health services, in a community facility.

Assisted Living – Services provided to support an individual in the performance of activities of daily living (ADLs) or severe cognitive impairment, usually in a community-based residence.

Assisted Living Facility – Provides care for seniors who need some help with activities of daily living yet wish to remain as independent as possible. A middle ground between independent living and nursing homes.

Care Management – Consultation and planning services provided by a professional, typically a licensed nurse or social worker, to assess, coordinate and monitor the overall medical, personal and social services needed by an individual requiring long term care.

Chronically Ill Individual – A person who is unable to perform without substantial assistance from another individual at least 2 ADLs (Activities of Daily Living) for a period of at least 90 days due to a loss of functional capacity, or a person requiring substantial supervision to protect the person from threats to health and safety due to severe cognitive impairment.

Cognitive Impairment – Deterioration of mental capability such as forgetfulness, concentration difficulty, confusion, disorientation, dementia, delirium, impaired thinking, disorganization due to e.g. Alzheimer's disease, stroke, multiple sclerosis, Parkinson's disease, head trauma.

GLOSSARY

Copayment or Coinsurance – A cost-sharing arrangement under which the insurance company insures only part of the potential loss, and the policy owners pay the other part. The part insured pays for each medical service, outpatient hospital service or hospital stay.

Custodial Care – Level of health or medical care given to meet daily personal needs, such as dressing, bathing, getting out of bed, etc. Although custodial care does not need to be provided by trained health care professionals, it must be administered under a physician's order.

Daily Benefit Amount – Most of the policies covering long-term care services do not cover the full charge for a nursing facility or home health agency. Insured pay charges above the daily benefit amount. Each indemnity policy limits payment to a daily benefit amount, which is the dollar amount payable per day based on the type of care being provided. Many indemnity policy cover provider charges up to the daily benefit amount.

Deductible – A specified amount of expense to be paid by the insured before a health insurance policy starts paying benefits.

Dementia – Impairment of intellectual faculties due to a disorder of the brain.

Elimination or Waiting Period – This is a form of deductible representing the number of days the insured has to wait before benefits will be paid under the policy after he receives the long-term care services. Usually, a new elimination period restarts for each period of care. The longer the elimination period of the policy, the lower the premium.

Free Look Period – The right insured has to examine the insurance policy, and if not satisfied, to return it to the company for a full refund of the initial premium.

Guaranteed Renewable – The right of the insured to continue the policy at his option for as long as the premiums are paid on time. The insurer cannot terminate the policy if the insured's health declines. The insurer cannot make any changes in the policy while the insurance is in force without the insured's

GLOSSARY

agreement. An insurer cannot change the premium charged for the policy unless change of rate applies to all members of a class covered by the policy.

Home Care Services – A wide range of long term health care services, from skilled care and physical therapy to personal care delivered at home or in a residential setting.

Home Health Care – Skilled or unskilled care provided in an individual's home, usually on a part-time basis.

Hospice Care – A program of care and treatment for persons who are terminally ill and have a life expectancy of six months or less.

Inflation Protection Benefit Rider – This inflation protection benefit can help keep pace with inflation and increased expenses. Policy benefits may be adequate now but not later. This can be simple or compounded and increases automatically either unlimited, lifetime or until policy terminates. Most insurers offer a rate of at least 5%/annum.

Informal Supports – Unpaid care and support provided to the consumer by family, friends, neighbors and others in the community.

Long-Term Care Insurance – Insurance available through private insurance companies as a means for individuals to pay for needed care and protect themselves against the high costs of long-term care. An insurance policy designed to provide coverage for long-term care expenses that are not covered by general insurance policies or by government programs.

Medicaid – A means-tested program supported by federal, state and local funds, and administered by each state to provide health care for eligible individuals.

Medicare – A federal government insurance program to assist those 65 and older and the disabled with medical and hospital expenses. Medicare covers only skilled care in a skilled nursing facility and limited nursing care at home. It does not usually provide benefits for personal or custodial care, and for this reason provides limited assistance in a program of long-term care. Medicare requires co-payments and deductibles.

GLOSSARY

Medicare Supplement “Medigap” – Private insurance policies that supplement Medicare benefits by covering co-payments and deductibles for medical and hospital expenses. Similar to Medicare, these policies do not provide coverage for personal or custodial care, and for this reason provide limited assistance in long-term care situations.

Non-Forfeiture Benefit – In case a policy lapses because of non-payment of premium after certain number of years, insured gets back a portion of the premiums paid or benefits paid either through a reduced paid-up benefit or shortened benefit period.

Nursing Home – A type of long-term care facility providing professional medical care on a 24-hour basis to people who can no longer care for themselves due to physical, emotional, or mental conditions. Nursing homes provide different levels of care, including skilled, intermediate and custodial care. A licensed physician supervises each patient’s care and a nurse or other medical professional is almost always on the premises.

Partnership for Long-Term Care – A public-private partnership which provides that if a long-term care policy qualifying under the partnership program is purchased, the insured will qualify for Medicaid coverage without “spending down their assets” once the benefits under the policy are exhausted.

Period of Care – A specified number of days of care either in a nursing home or while receiving home care services without a break in the services for a specified number of days.

Personal Care – Assistance provided by another person to help with walking, bathing, eating and other routine activities of daily living. It is provided by individuals qualified to help with these tasks.

Pre-existing Condition Limitation – A condition where the insured was treated or advised was given or treatment was recommended by, or received from, a licensed health care provider within a stipulated time period before making application for a long-term care policy. This limitation is the period of time after you buy the policy that benefits will not be payable for care related to the preexisting condition.

GLOSSARY

Provider – Individual, organization or group rendering long-term care services for a fee.

Reduced Paid-Up Benefit – Insured will continue to get the daily benefit at reduced amounts when the policy lapses or premiums are discontinued.

Rider – Any supplemental agreement attached to, and made part of, an insurance policy that modifies the conditions of the policy by expanding or restricting its benefits or excluding certain conditions from coverage. This normally costs extra premium depending on the kind and amount of additional coverage.

Severe Cognitive Impairment – The loss or deterioration of intellectual capacity in people suffering from conditions, such as Alzheimer’s disease or similar forms of irreversible dementia. Severe cognitive impairment must be measured by clinical evidence and standardized tests that reliably measure impairment in the individual’s short-term or long-term memory, orientation as to people, places or time, and deductive or abstract reasoning.

Shortened Benefit Period or Extended Term Benefit Insured will continue to get the full daily benefit amount at a reduced period when the policy lapses or premiums are discontinued.

Skilled Nursing Care – Nursing and rehabilitative care provided by, or under the direction of skilled medical personnel.

Waiver of Premium – Action by an insurer canceling the premium payments by an insured who has been chronically ill for a certain time period usually after the elimination period is satisfied or after 90 days. The policy remains in force and insured continues to receive the benefits with no further premiums until insured leaves the nursing home.

Waiting Period – see Elimination Period

APPENDIX C

OTHER DIVISION OF INSURANCE PUBLICATIONS

The Division of Insurance publishes each year several guides and an annual report that you may find helpful. The following is a list and short description of each of these publications. Copies of these guides and the annual report are available on the Division of Insurance website at: www.commerce.state.ak.us/insurance/ and by contacting the Division of Insurance directly at the numbers and addresses on page 34 of this guide:

1. The *Insurance Consumer Guide* is designed to provide the consumer with a general overview helpful for anyone wishing to purchase auto insurance, homeowners insurance, life insurance, or health insurance. It is also designed to help consumers better understand their insurance rights. It explains some of the insurance basics that will be useful in determining what types of coverage may be needed periodically. This brochure is distributed to consumers as a newspaper supplement. Additional copies of this guide are available by contacting the Division of Insurance in Juneau or Anchorage.
2. The *Annual Insurance Report* is published every year. This report is a summary of all the insurance business written in the state, premium taxes collected, license statistics, consumer complaints, and disciplinary actions.
3. The *Homeowners Insurance Guide* booklet explains homeowners coverage and compares the rates from various companies.
4. The *Medicare Supplement Insurance Rate Guide* explains the different types of Medicare supplement insurance and compares the rates from various companies.
5. The *Private Passenger Auto Insurance Rating Examples* booklet explains auto insurance coverage and compares the rates from various companies.

The Division of Insurance hopes that you will find these publications helpful and encourages you to call with any questions, concerns, or ideas on how to improve future issues.

APPENDIX D

After you have selected the policy you want to buy, try to answer each of the following questions to see how well you understand the policy.

1. The Policy:
 - Is it a long-term care rider to a life insurance policy or an annuity contract?
 - Is it a limited policy for home or community based care only?
 - Is it a limited policy for care received in facilities only?
 - Is it a comprehensive long-term care policy?

2. Tax Status:
 - Is the policy intended to be tax-qualified or non-tax-qualified?
 - Can I later change from tax-qualified to non-tax-qualified or vice versa?
 - Will the company amend the policy provisions in the future to maintain the tax-qualified status?

3. Exclusions and Limitations:
 - What is the longest I have to wait after the policy effective date before all of my pre-existing conditions are covered?
 - How are my benefits affected if I am eligible for Medicare benefits?
 - How are my benefits affected if I have another policy that also provides long-term care benefits?
 - Are the definitions of the various care settings in the policy consistent with the care centers or facilities actually available in Alaska, so that benefits will be paid if needed in the future?

4. Benefit Triggers:
 - Which activities of daily living (ADLs) are used in this policy?
 - Who must certify that I need long-term care?
 - What must be certified before benefits will be paid?

5. Care Coordination:
 - Is care coordination required before any benefit will be payable?
 - Who pays for the initial care coordination consultation?
 - Who pays for the subsequent care coordination consultations?
 - Are there any additional benefits available if you use the company's recommended care coordination service?

6. Elimination Period:
 - What options are available under this policy?
 - When does the company start paying benefits?
 - Do I need to satisfy a new elimination period if there is a break in my need for long-term care services?

7. Benefit Amount:
 - What options are available under this policy?
 - Is my selection reasonable for the actual benefit I want to receive?

-
8. Care in Skilled Nursing Facilities:
 - Is this coverage optional or included in the policy?
 - What are the daily benefit amount options available under this policy?
 - What nursing home charges does the daily benefit amount cover?
 - What types of charges are not covered?
 - How are benefits calculated?

 9. Care in Assisted Living Facilities:
 - Is this benefit optional or included in the policy?
 - What are the daily benefit amount options available under this policy?
 - What assisted living facility charges does the daily benefit amount cover?
 - What types of charges are not covered?
 - How are benefits calculated?

 10. Care through Home Health Care Agencies:
 - Is this benefit optional or included in the policy?
 - What are the daily benefit amount options available under this policy?
 - What types of services are covered as home health care benefits?
 - What types of services are not covered?
 - Are benefits for homemaker services included in the policy?
 - Will the policy pay benefits for unskilled services, such as homemaker service, that may not be available through the home health care agencies in Alaska?
 - How are benefits calculated?

 11. Care in Adult Day Care Centers:
 - Is this benefit optional or included in the policy?
 - What are the daily benefit amount options available under this policy?
 - Will the policy pay my benefits for services received in adult day care centers, even if these centers are not required to be licensed by the state?

 12. Hospice Care:
 - Is this benefit optional or included in the policy?
 - What are the daily benefit amount options available under this policy?
 - Will the policy pay for hospice care services received in a volunteer hospice facility, even if the facility is not required to be licensed by the state?

 13. Respite Care:
 - Is this benefit optional or included in the policy?
 - What are the daily benefit amount options available under this policy?
 - How long will this benefit last?
 - How often may I use this benefit?
 - Where may I receive respite care?

-
14. Caregiver Training:
- Is this benefit optional or included in the policy?
 - What is the benefit amount for caregiver training offered under this policy?
 - How many times may I use this benefit?
 - What other restrictions are in the policy for this benefit?
15. Inflation Protection:
- Does this policy have an unlimited lifetime benefit amount?
 - Is the inflation protection optional for an additional premium charge?
 - What are the options available under the policy?
 - If the automatic benefit increase option is selected, how often are the offers available?
 - How many times can I decline benefit increase offers before they are no longer available to me?
 - Will the option that I am considering keep up with the future costs of long-term care services?
16. Nonforfeiture:
- Is this benefit optional or included in the base policy?
 - How does it work?
17. Reinstatement:
- Can I reactivate the policy after I have failed to pay premiums?
 - What must I do to reactivate the policy?
18. Premium Payments:
- Will my premiums go up as I grow older?
 - How long do I have to continue making payments?
 - What happens if I fail to pay my premiums on time?
19. Disputes:
- Can I appeal to the company if my policy benefits are not paid as expected?
 - What are my rights under the policy?
20. Your Decision:
- Will this policy help pay some of my long-term care expenses when I need long-term care?
 - Will this policy allow me to have the choices I want for my long-term care?
 - Will I be able to afford the premiums for this policy and other health related expenses, including Medicare and Medicare Supplement Insurance premiums?
 - IS THIS LONG-TERM CARE INSURANCE POLICY RIGHT FOR ME?