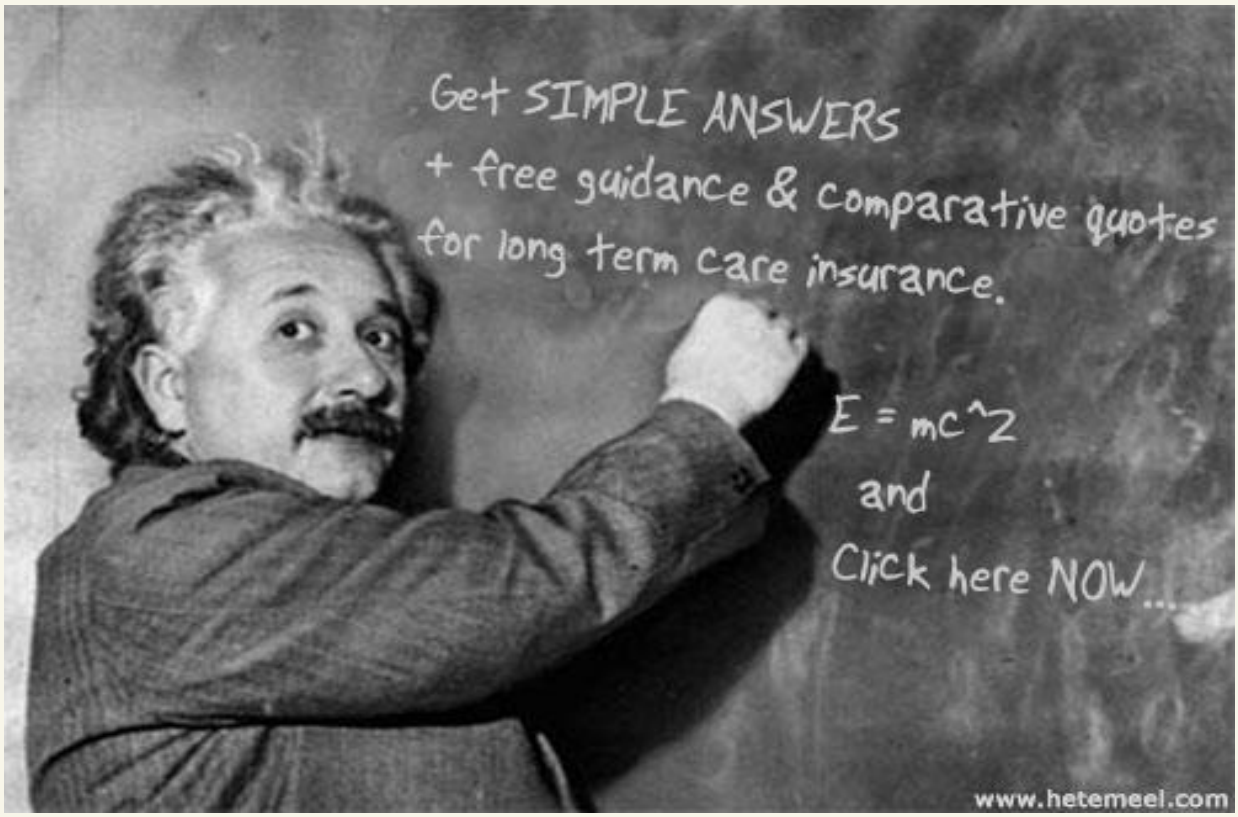
Area Agency on Aging 1-B Advisory Council

AD HOC STUDY COMMITTEE ON LONG TERM CARE INSURANCE

November, 2012



Findings and Recommendations for Education on Retirement Planning, Protections for Long Term Care Consumers, and Long Term Care Insurance Policy Development

INTRODUCTION

The Area Agency on Aging 1-B (AAA 1-B) was established in 1974 under a federal mandate of the Older Americans Act and the state Older Michiganians Act to serve the needs of over 546,000 older adults who reside in the southeast Michigan counties of Livingston, Macomb, Monroe, Oakland, St. Clair, and Washtenaw. The AAA 1-B is dedicated to: 1) educating and advocating on issues of concern to older persons; 2) allocating federal and state funding for social and nutritional services; 3) developing new older adult service delivery systems; 4) planning and coordinating activities with other public and private organizations; and 5) assessing the needs of disabled adults and older persons and ensuring unbiased access to needed community-based long term care services. The AAA 1-B depends upon a strong network of direct service providers to achieve its mission of preserving the independence, dignity, and quality of life of older adults, family caregivers, and adults with disabilities.

The AAA 1-B Advisory Council helps achieve the agency mission by identifying needs and concerns of Region 1-B residents, and planning and recommending appropriate actions that help assure older persons have access to high quality, efficient and effective services. Each summer, the AAA 1-B Advisory Council establishes an ad hoc study committee to explore a selected issue of concern to older adults. For 2012, the Advisory Council chose to investigate recent long term care (LTC) insurance premium increases that seem excessively high, the role of long term care insurance in retirement planning, and options for policy holders to ensure affordable premium increases. Despite rate oversight by the Michigan Office of Financial and Insurance regulation, Chrysler retirees were given a 45% LTC insurance premium increase for 2011.To study this issue, the AAA 1-B Ad Hoc Study Committee called on several experts and regulators from the financial and retirement planning industry. This report is an outcome of the study and contains significant findings and policy recommendations to advocate for change.

Area Agency on Aging 1-B

Theresa Monsour, Ad Hoc Study Committee Co-Chair

Mark Swanson, Ad Hoc Study Committee Co-Chair

Jim McGuire, Director of Research, Policy Development and Advocacy, Author/Editor

Tina Abbate Marzolf, CEO

Long Term Care Insurance

What it is and How it is Regulated in Michigan

Long-Term Care insurance (LTCI) is an insurance policy designed to provide coverage for a prolonged period of at least 12 consecutive months. LTCI covers care generally not covered by health insurance or Medicare, but that is required due to the individual's inability to perform necessary activities of daily living such as dressing, bathing, eating, toileting, transferring, and walking. Newer LTCI policies typically cover care provided in the home as well as adult day care, skilled nursing facilities, and licensed assisted living. Most policies offer a daily cash benefit, which varies depending on the level of coverage purchased, for a specified number of years and require an "elimination period" of some length, which is the number of days the beneficiary will need long term care services before the LTCI benefit will take effect. Like most health insurances, there are typically disqualifying pre-existing conditions, premiums, wait periods, benefit limitations, variable pricing, and no guarantee that premiums will not change. Some older policies may only cover services provided in a nursing home.

Average Long Term Care Costs for Detroit Market

Home Health Aid	$19/hour
Assisted Living	$3,250/month
Skilled Nursing Facility	$185/day (semi-private)

Newly Opened Long Term Care Insurance Claims That Paid For

Home Care	56.0%
Assisted Living	19.0%
Nursing Home	31.0%

The Michigan Office of Financial and Insurance Regulation (OFIR) is responsible for reviewing and approving all LTCI policies offered for sale in Michigan, and for reviewing and approving proposed rate increases for existing policies sold to groups and individuals. The Michigan Insurance Code was amended in 2006 to provide a series of consumer-friendly protections knows as "rate stabilization provisions", which were intended to reduce the potential for future rate increases for LTCI policies issued after June 1, 2007. OFIR reports that in 2011 there were 115 companies doing LTCI business in Michigan, which may include selling new policies or servicing previously sold policies. A total of 218,012 separate individuals were covered by LTCI policies, through policies that were individually purchased, or that were purchased through a group policy such as offered through an employer. Many companies have stopped selling LTCI policies in Michigan due to high loss ratios, and as of October 2012, Genworth is the only company selling new group policies in Michigan.

"More than two-thirds of individuals over age 65 will require LTC services at some point in their lives."

- Inquiry, Winter, 2005 - 2006

Vital Statistics on Long Term Care insurance

According to the American Association for Long-Term Care Insurance, 2012 LTC Sourcebook:

- 8.1 Million Americans have long-term care insurance
- 337,000 new Americans obtained LTCI coverage in 2011
- $6.6 Billion in LTCI claims were paid (2011)
- Over 200,000 individuals received LTCI benefits (2011)

Ages When People Apply For Long-Term Care Insurance (2011)	
Under35	3,5%
35-44	8.0%
45-54	26.5%
55-64	46.5%
65-74	15.5
75 or Older	0.0%

Daily Benefit Amount - New Individual Policies (2011)	
Less than $99	12.0%
$100 - $149	36.0%
$150 - $199	35.5%
$200 - $249	14.5%
$200+	2.0%

Benefit Period - New Individual Policies (2011)	
Less than 3 Years	8.0%
3 Years	39.0%
4 Years	20.5%
5 Years	23.5%
6-10 Years	7.0%
Lifetime	2.0%

Age of Claimant For New Claims Opened In 2011	
Under Age 50	0.3%
Age 50 - 59	1.7%
Age 60 - 69	8.4%
Age 70 - 79	24.1%
Age 80+	65.5%

Challenges facing the Long Term Care Industry and Consumers

Long term care insurance is a relatively new insurance product for which there is limited actuarial history upon which to base pricing and benefit design. While the product benefits have improved significantly over time, and rate stabilization policies to better protect consumer interests have proliferated, the industry has not matured to the point where companies can confidently price policies at rates that assure their financial security and profitability, and that are guaranteed to remain stable during the time for which individuals will pay premiums, which could be for decades. This has been illustrated by the situation of Chrysler retirees, who were assessed a 45% increase in 2012 for their group MetLife LTCI policies. MetLife no longer offers new LTCI policies in Michigan. The table below of data on insurer loss ratios provided by the Michigan OFIR shows that pricing has been a persistent problem in the industry.

Michigan Long Term Care Market Data as Reported on FIS 0322

Year	Group Carriers	Individual Carriers	Highest Reported Loss Ratio - Group	Highest Reported Loss Ratio - Individual
2000	30	99	2498%	972%
2001	33	94	792%	1734%
2002	33	102	2169%	407%
2003	34	103	840%	1078%
2004	32	98	361%	2823%
2005	35	108	492%	2221%
2006	35	107	880%	40728%
2007	32	84	6538769%*	3484%
2008	34	82	370%	2967%
2009	35	82	338%	11452%
2010	32	91	393%	8067%

*This is an anomaly due to the low number of policies in force and in claim status.

A myriad of factors have contributed to the actuarial errors of insurers in pricing LTCI policies, including, but not limited to:

- Insurance companies underestimated the cost of long-term care
  - Amount of healthcare and how long care is needed is unpredictable
  - The cost of LTC in Michigan can go as high as $87,600 for a private room in a nursing home per year
- People are living longer
  - According to the World Bank, last updated July 13 2012, the life expectancy is now around 78 years. From 1980 to 2010 it has increased from 73 to 78 years

- Insurers are receiving lower returns in the financial markets
  - Between 40% and 60% of the dollars an insurer accumulates to pay future claims comes from investment returns
- Number of new buyers have dropped
  - The number of new individual buyers dropped by 43% between 2004 and 2009 has recovered only slightly since
  - Even as the number of buyers dropped 2% to 230,000, premiums collected for policies sold in 2011 increased 4% from 2010
- Fewer people have dropped their LTCI policies than expected, which means insurers will be liable for paying more claims than expected

Consequently, this turmoil in the marketplace has been making news headlines:

Long Term Care Premiums Soar – Wall Street Journal October 16, 2010

- "In recent months, companies including American Insurance Group Inc. (AIG), MetLife Inc., and Lincoln National Corp. have… rate rises ranging from 10% to 40%."
- "LTCI has historically been subject to price increases. But the latest round is hitting even policies issued after many states adopted 'rate stabilization' laws in the past decade."
- "'It's fair to say in hindsight that actuaries missed the mark,' says Thomas Considine, New Jersey's commissioner of banking and insurance."

Is Long Term Care Insurance Worth the Price? – CNN Money, January 24, 2011

- "The average new policy costs 25% to 30% more than five years ago, says Jesse Slome of the American Association for Long-Term Care Insurance."

Long-Term Care-Less: An Insurance Nightmare as Premiums Nearly Double – MoneyShow.com March 20, 2012

- "John Hancock…increased premiums on some policies a shocking 90%... with President Marianne Harrison saying 'We… are investing in product development, and are undertaking this rate action rather than getting out of the business.'"
- "The state insurance commissioner is not duty-bound to protect consumers, at least in a direct way. They're supposed to give insurers rate increases to keep them solvent."
- "In each case, according to Hancock, the policyholder can lower the inflation protection and/or benefit period to maintain coverage without a premium increase."

State Regulators are Limited in their Ability to Impact Rate Increases

Michigan's LTCI rate review policies prescribe that when rate requests meet certain actuarially sound criteria, the increases must be approved. While OFIR rate reviewers are very sympathetic to the plight of beneficiaries who face double digit rate increases, they must maintain a balance between protecting the interests of consumers by maintaining low or stable rates, and protecting the interests of the state against bankrupting insurers. Therefore when high rate increases are needed to keep an insurer's plan fiscally solvent, they are always approved. If regulators were to allow a plan to 'go bankrupt', ultimately the state (and taxpayers) would be liable for paying out benefits through its guaranty fund.

Significant care is taken by regulators to accurately assess insurer solvency and rate increase necessity. In cases where regulators suspect an insurer's rate calculations may be over or under inflated, and in all cases where a rate increase exceeds 40%, a second opinion from an external actuarial review firm is also secured. The frequency of rate request denials is not reported by OFIR, but does happen when deemed appropriate.

With leadership provided by the National Association of Insurance Commissioners, most states, including Michigan, have adopted rate stabilization policies in an attempt to prevent excessive and frequent LTCI rate increases. State policies in Michigan act to protect consumers in the following ways:

- When filing for rate increases insurers are required to provide a certification that proposed rates and insurer reserves are sufficient to cover anticipated costs over the life of the policy without unanticipated premium increases, except for planned increases scheduled due to advancing age).
- Policy holders are guaranteed renewal of their policies if they pay the premiums on time.
- When a new policy is bought, the purchaser may decide to cancel their policy within 30 days and receive a full refund.
- Insurers cannot deny payment of claims for the following reasons:
    - Type of provider
    - Territorial limitations
    - Treatment
    - Medical condition
    - Accident other than a motor vehicle accident
- Requires clear summary description of coverage.
- When a premium increase is imposed by an insurer, the policy holder must be given the option of purchasing a lesser level of coverage for a premium that is lower than the proposed increase. The new coverage may include a lower amount of benefit, or a reduced length of time that the benefit may be paid.

Information on all rate filings is made available for public review at the searchable OFIR web site at http://www.michigan.gov/lara/0,4601,7-154-35299_10555_13047_34537-265512--,00.html

A LTC Alternative:

Universal Life Insurance Policies with a Long Term Care Rider

The need for insurance options to help individuals pay for long term care, coupled with pricing and affordability problems with long term care insurance products, has fostered interest in a new derivation of universal life insurance products called universal life insurance policies with a long term care rider. These are life insurance policies that allow part of the benefit to be drawn down if the individual needs long term care during their lifetime. Typically the policies are purchased with a single upfront payment (minimum of $25,000), and have several advantages over long term care insurance for certain policy holders, most notably that if the long term care benefit is never used, there is still some benefit returned to the individual's estate upon death. However, these policies typically do not provide a long term care cash benefit that is as substantial as what can be purchased through LTCI, when a comparable amount of money is invested over the course of a normal lifespan and the benefit is drawn upon.

As described above, universal life insurance policies may include long term care benefits. As this market is growing, insurers are offering life insurance products that include long term care benefits in one of three ways; by adding a long term care rider, by the acceleration of the life insurance benefits to cover long term care costs, or by including long term care benefits as an integrated part of the life insurance policy. No matter the method, these hybrid products are subject to the review and approval by either the state insurance commissioner or by a multi-state commission, called the Interstate Insurance Product Regulation Commission (IIPRC). When the products are reviewed by state reviewers, these products must be in compliance with Michigan law; when the products are reviewed by the IIPRC, the products must be in compliance with the standards that have been set forth by the Compact Commission. Consumers must be aware that the acceleration of long term care benefits through a life insurance policy can affect the cash value and the death benefit of the life insurance policy. Therefore it is important that purchasers talk to an insurance professional to gain an understanding of the advantages and disadvantages of these options before the purchase, to make sure it is a suitable product for an individual's needs and financial goals.

Benefits can be difficult to access for End of Life Care

One Long Term Care insurance policy holder shared a story about the many difficulties encountered when trying to access benefits to pay for help in caring for a dying spouse. While LTCI is designed for long term care needs related to chronic conditions, many individuals with end of life care needs also qualify. However, this individual "got the run around" when trying to submit claims and encountered insurance staff who were unfamiliar with the nuances of end of life care issues. Among the problems encountered:

- Disqualification of care provided by a spouse
- 90 day qualification period which rendered benefit useless (spouse died week before becoming eligible for benefit)
- Insurer required home care aid to acquire certification

Conclusion

Retirement is not for sissies. In previous decades, pubic programs generally provided older adults with a range of protective income and health programs in a secure and stable manner that required minimal management or thought. This tranquil retirement scenario is no longer a reality for most Americans. Medicare and Social Security solvency is debated regularly. Defined benefit pension plans are being replaced with defined contribution plans that require active management and place the risk solely on the consumer. The nation's health care system has grown increasingly complex and often features insurers and health care providers sparring over individual treatment decisions, forcing consumers to be active and educated advocates on their own behalf. Person centered approaches to care and patient activation strategies require vigorous involvement in managing ones care. There is a proliferation of health care insurance choices, highlighted by the increasing defections of Medicare beneficiaries to Medicare Advantage plans and the numerous Part D prescription drug plan options that should be reviewed and reconsidered annually. And as documented in this report, a range of long term care insurance options that also place financial risk squarely on consumers. Retirement today requires individuals to be educated and vigilant about managing their retirement, through a continual evaluation and reconsideration of their benefits and planning decisions.

Protecting consumer access to long term care insurance benefits requires a range of activities that include:

- Education of individuals about the role of LTCI in retirement planning, including its risks and benefits
- A competitive marketplace with fiscally sound products and insurers
- Affordable insurance options that remain affordable during the policyholder's lifetime
- Protection for policyholders against deceptive pricing and inappropriate denial of benefits

Recommendations

As an advocate for older adults and a stakeholder in making Michigan a Retirement Destination of Choice, the AAA 1-B believes that there are a number of activities needed to encourage more educated retirement planning and management decisions, more stable and accessible long term care insurance products, and greater protections for long term care consumers. The following recommendations, and the accompanying comments on their implementation, were developed by the Area Agency on Aging 1-B's Advisory Council Long Term Care Insurance Committee investigation, which included reviews of news events and industry literature, interviews with LTCI industry professionals, and the experiences of LTCI consumers. The report and recommendations will be shared with state administrators, legislators, and other stakeholders to ensure successful action.

CONSUMER EDUCATION

1) The AAA 1-B shall develop an educational toolkit that Medicare Medicaid Assistance Program counselors and other stakeholders can use to facilitate the education of older adults and those preparing for retirement on long term care insurance options.

Comment

Long term care insurance holds many potential benefits and risks for policy holders, and the benefit payments can help many individuals afford to pay privately for long term care while preserving their assets. Many economists and gerontologists believe that the level of public benefits available to today's retirees will not be as generous for future generations. Therefore it is imperative that future retirees plan well for their retirement, and consider LTCI options at an early age before their health and age make LTCI unaffordable or themselves uninsurable due to pre-existing conditions. As a neutral and unbiased source of information, the AAA 1-B would be a logical organization to convene the broad range of professional advisors and organizations to collaborate in a developing a comprehensive retirement community education campaign and toolkit.

2) As part of the toolkit the AAA 1-B shall develop a guide to Frequently Asked Questions about long term care insurance that educates consumers about the benefits and risks of purchasing LTCI, and the rights of consumers under Michigan law.

Comment

Potential LTCI consumers and professionals who counsel them need to understand the benefits and risks of private LTCI, and know about alternatives such as universal life insurance policies with long term care riders. While the insurance industry invests considerable resources in educating consumers about their specific products, many agents do not sell both products and are not in a position to provide a comparative analysis that is essential for consumers to judge which product may best address their needs and concerns. The National Association of Insurance Commissioners' Shopping Guide for Long Term Care provides excellent information, but can only be accessed online and requires consumers to provide personal information which exposes their identity, and takes between three and four weeks for delivery. There is a need for educational information from a neutral and trusted source on the options, cautionary considerations and rights for long term care insurance consumers.

CONSUMER ADVOCACY/PROTECTION

1) Advocate that the State of Michigan evaluate the benefits of participating in the Medicaid State Partnership Program that allows LTCI purchasers to earn asset protection if they apply for Medicaid.

The partnership long term care insurance program allows individuals who have purchased a LTCI policy and have exhausted the policy benefits, to protect some of their assets from Medicaid spend down requirements. States are using the program to encourage the sale of private Long Term Care insurance in order to decrease the pressure on state Medicaid budgets. Due to the success of the program in the initial four pilot states, the Deficit Reduction Act of 2005 (DRA) expanded the program so that all states are allowed to provide Partnership policies. LTCI policies must meet certain standards to qualify for Medicaid asset protection, such as a minimum daily benefit amount, a minimum benefit period (usually three years), and inflation protection for policies purchased by younger individuals. An industry task force was convened in the past year to address the possibility of Michigan participation in the program, but the group has not concluded their work. Reportedly nine states are offering partnership policies. (Source: www.longtermcare.gov)

2) Advocate for state legislative action that promotes consumer purchases of long term care insurance by offering tax incentives.

Research conducted by Wayne State University found that first-time purchasers were more likely to purchase LTCI if they were able to receive an income tax deduction from total health care costs, including LTCI premiums, exceeding 7.5% of their income. Current federal law allows LTCI premiums to be counted as a health care expense. However, there is no state deduction or credit allowed for the cost of premiums that would benefit those who do not itemize deductions. The Committee believes that further tax incentives would influence additional consumers to purchase LTCI policies, and result in potential long term savings to the state.

4) Advocate that the Michigan Office of Financial and Insurance Regulation Consumer Services Division increase transparency of consumer's LTCI complaint experience by publishing complaint data by separate types of coverage, including the number of complaints for denied LTCI claims, on its web site.

A March 26, 2007 New York Times investigative report alleged that thousands of claims of LTCI policy holders were being intentionally denied, and the two principle companies investigated, Conseco and Banker's Life, have since reached a settlement with state insurance regulators. A 2008 study by the National Association of Insurance Commissioners of the 23 largest LTCI companies found that approximately 27,704 out of 719,726 policy holders who had submitted a claim for coverage in 2006 had their claims denied (3.85%). The OFIR currently posts consumer complaint information on their web site, and includes detailed information including reason for complaint, line of coverage, and complaints by company. However, LTCI complaint information is included in some larger category (it is not clear under which line of coverage it falls) and would be useful information for consumers to assist in evaluating LTCI options.

5) Advocate that the Michigan Office of Financial and Insurance Regulation give consideration to a long term care insurance company's history of complaints, especially claims complaints, when considering requested premium increases, and when there is an unusually high record of complaints, assure that a Market Conduct Examination be requested to determine if a "pattern of behavior" exists.

When an insurer has established a pattern of irregular activity, such as high complaints or under-funded reserves, state insurance companies can initiate a "market conduct examination" to determine if they are properly managed. From 2003 – 2007, the top 10 LTCI companies averaged more than 12 market conduct reviews each. During that period, companies that make up 98% of the LTCI market have undergone at least one market conduct examination. It is in the best interest of both consumers and the LTCI industry for Michigan to get tough on insurers that have poor management and customer service track records, and OFIR should be vigilant in encouraging compliance and best practices when a rate increase is requested.

APPENDICES

- LTCI Ad Hoc Study Committee Members and Presenters
- LTCI Ad Hoc Study Committee Charge
- National Association of Insurance Commissioners list of 10 Things LTC Insurance Buyers Should Know

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29100 Nortrhwestern Highway, Suite 400, Southfield Michigan 48034 • Phone: 248.357.2255
www.aaa1b.com

AREA AGENCY ON AGING 1-B ADVISORY COUNCIL
AD HOC STUDY COMMITTEE ON LONG TERM CARE INSURANCE
COMMITTEE MEMBERS AND PRESENTERS

Committee Members:
Theresa Monsour, Co-Chair
Mark Swanson, Co-Chair
Floreine Mentel
Tom Rau
Dan Sier
Sara Marie Watson

Committee Presenters:
Nancy Boari, Long Term Care Specialist, Northwestern Mutual Financial Network
Karen Dennison, Michigan Office of Financial and Insurance Regulation
Rhonda Fossitt, Michigan Office of Financial and Insurance Regulation
Julie Shemanski, Vice President/Investments, Financial Consultant, Comerica Wealth Management
Marlene Theriault, Consumer
SueEllen Tyszkiewicz, Michigan Office of Financial and Insurance Regulation

AAA 1-B Committee Staff
Jim McGuire, Director of Research, Policy Development and Advocacy
Melody Bryant, Advocacy Specialist
Lori Smith, Administrative Assistant
Lisa Ellens, Intern

AAA 1-B ADVISORY COUNCIL LONG TERM CARE AD HOC STUDY COMMITTEE

Committee Charge

LONG TERM CARE AD HOC STUDY COMMITTEE CHARGE

This Committee was created to investigate the potential roles that long term care insurance can play as a part of retirement and long term care planning, and the extent to which it is sustainable as an affordable option for consumers. The Committee will conduct its investigation during the summer months of 2012, and produce a final report with recommendations for approval at the November meetings of the Area Agency on Aging 1-B Advisory Council and Board of Directors.

RESPONSIBILITIES

- Indentify current trends and issues affecting the long term care insurance industry and consumers.
- Investigate pricing trends and assess the impact on affordability.
- Assess the extent to which consumers and potential consumers understand the role of long term care insurance in retirement planning.
- Develop recommendations to guide the AAA 1-B in its advocacy and program development activities regarding retirement planning and long term care.

DELIVERABLES

- Findings on long term care insurance affordability
- Report on committee findings, conclusions, and recommendations

COMMITTEE LEADERSHIP AND STAFF MEMBERSHIP

Committee Chairpersons:	**Committee Staff:**
Mark Swanson, Theresa Monsour	Jim McGuire, Ann Langford, Ashley Green

APPENDIX

10 Things Consumers Should Know About Buying Long-Term Care Insurance

1. **Long-Term Care is Different From Traditional Medical Care**
   Someone with a prolonged physical illness, a disability or a cognitive impairment such as Alzheimer's disease often needs long-term care. Long-term care services may include help with daily activities, home health care, respite care, hospice care, adult day care, care in a nursing home or care in an assisted living facility.
2. **Long-Term Care Can be Expensive**
   The cost depends on the amount and type of care you need and where you get it. In 2001, the national average cost of nursing home care was $56,000 per year, assisted living facilities reported $22,476 per year and home care costs ranged from $12,000 to $16,000 per year.
3. **You Have Options When Paying for Long-Term Care**
   People pay for long-term care in a variety of ways. These include using personal resources, long-term care insurance and Medicaid for those who qualify. Medicare, Medicare supplement insurance and health insurance you may have at work usually will not pay for long-term care. Long-term care insurance will pay for some or all of your long-term care.
4. **Decide Whether Long-Term Care Insurance is for You**
   Whether you should buy a long-term care insurance policy will depend on your age, health status overall retirement goals, income and assets. For instance, if your only source of income is a Social Security benefit or Supplemental Security Income (SSI), you probably should not buy long-term care insurance since you may not be able to afford the premium. On the other hand, if you have a large amount of assets but do not want to use them to pay for long-term care, you may want to buy a long-term care insurance policy. Many people buy a policy because they want to stay independent of government aid or the help of family. They don't want to burden anyone with having to care for them. However, you should not buy a policy if you can't afford the premium or are not sure you can pay the premium for the rest of your life.
5. **Pre-Existing Condition Limitations**
   A long-term care insurance policy usually defines a pre-existing condition as one for which you received medical advice or treatment or had symptoms within a certain period before you applied for the policy. Some companies look further back in time than others. Many companies will sell a policy to someone with a pre-existing condition. However, the company may not pay benefits for long-term care related to that condition for a period after the policy goes into effect, usually six months. Some companies have longer pre-existing condition periods or none at all.
6. **Know Where to Look for Long-Term Care Insurance**
   Long-term care insurance is available to you in several different forms. You can buy an individual policy from a private insurance company or agent, or you can buy coverage under a group policy through an employer or association membership. The federal government and several state governments offer long-term care insurance coverage to their employees, retirees and their families. You can also get long-term care benefits through a life insurance policy. Some states have long-term care insurance programs designed to help people with the financial impact of spending down to meet Medicaid eligibility standards. Check with your state insurance department or counseling program to see if these policies are available in your state.

7. **Check With Several Companies and Agents**
   Contact several companies and agents before you buy a long-term care policy. Be sure to compare benefits, the types of facilities covered, limits on your coverage, what is not covered and the premium. Policies from different insurance companies often have the same coverage and benefits but may not cost the same. Be sure to ask companies about their rate increase history and whether they have increased the rates on the long-term care insurance policies.
8. **Don't be Misled by Advertising**
   Most celebrity endorsers are professional actors paid to advertise, not insurance experts. It is also important to note that Medicare does not endorse or sell long-term care insurance policies, so be wary of advertising that suggests Medicare is involved. Do not trust cards you get in the mail that look like official government documents until you check with the government agency identified on the card.
9. **Make Sure the Insurance Company is Reputable**
   To help you find out if an insurance company is reliable, you can take the following actions: Stop before you sign anything, call your state insurance department and confirm that the insurance company is licensed to do business in your state. After you make sure they are licensed, check the financial stability of the company by checking their ratings. You can get ratings from some insurer rating services for free at most public libraries.
10. **Review Your Contract Carefully**
    When you purchase long-term care insurance, your company should send you a policy. You should read the policy and make certain you understand its contents. If you have questions about your insurance policy, contact your insurance agent for clarification. If you still have questions, turn to your state insurance department or insurance counseling program.