

Courtesy of: Royalty Owner Help Desk



By the numbers

- **2.4 years** is the average nursing home stay.
- **\$213 dollars per day** is the average cost for nursing home care.¹
- **70% of individuals** who reach age 65 require long-term care.¹

¹ Source: metlife.com

² Source: AARP

Choosing long-term care insurance

When Alzheimer’s disease, an accident, a stroke, or aging leaves you incapable of performing activities on your own, long-term care — in a nursing home, your own home, or another residential setting — may become an essential part of your daily life.

About 70% of individuals who reach age 65 will need long-term care at some time in their lives.¹ Most health insurance programs typically will not cover long-term care expenses. The state-funded Medicaid programs, for example, pay for some long-term care but only if you have already spent most of your savings or other assets.

There are some 37 million Americans over the age of 65 today; that number will increase to over 71.5 million by 2030.² As baby boomers see their parents grow old and begin to understand the costs of taking care of them as they age, they are seeking ways to cover those costs for themselves. For many, purchasing long-term care insurance is the most effective way to do this.

A long-term care insurance policy helps you pay for long-term care services in whole or in part. With such a policy, you pay monthly premiums, and in the event you need long-term care, your costs are covered as specified

in your policy. A long-term care policy may also give you choices about what long-term care services you receive and where you receive them.

Protecting your assets, freeing your family from concern, and controlling where and how you receive long-term care services are all good reasons to investigate this option.

What does long-term care insurance cover?

While long-term care policies vary greatly with respect to premiums and benefits, most policies cover the cost of

- nursing home care
- in-home assistance with daily activities
- adult daycare and other community-based programs
- assisted-living services, including meals, health monitoring, and help with daily activities provided in a setting outside the home

Key points

(continued on page 2)

• Most health insurance programs do not cover long-term care costs.

• Most of the costs of caring for the elderly occur before they enter a nursing home.

• Buying long-term care insurance may help cover long-term care costs.

Courtesy of: Royalty Owner Help Desk

(continued from page 1)

- daily nursing supervision for those with chronic illnesses

Should you buy long-term care insurance?

Whether long-term care insurance fits in your financial planning picture is a question best answered with the help of your investment, tax, or legal professional. The decision to buy long-term care insurance will depend mostly on your

- age
- health
- retirement goals
- income

How much coverage should you buy?

Long-term care policies come with a variety of features. But three key components that you select — the daily benefit amount, the benefit period, and the waiting, or “elimination,” period — will greatly affect the cost of your policy.

A reasonable daily benefit.

Long-term care policies pay a per-day benefit. Nationally, the average cost of nursing home care is \$213 per day, but costs vary considerably depending on the location and level of care. How much of a daily benefit do you want? While the norm as of 2009 ranges from \$115 to \$510 per day, the higher your daily amount, the more choices you may have.

A lifetime benefit period. When buying insurance, some recommend that you estimate how long a potential stay in a nursing home may last and buy accordingly. Nationally, the average stay in a nursing home lasts approximately 2.4 years, but 12% will stay longer than 5 years. Of course, those with Alzheimer’s disease or other chronic disabilities may have a stay that lasts much longer.³ That is why some investment and insurance professionals recommend a policy with a lifetime benefit period. Policies with a lifetime benefit period, though markedly more expensive, eliminate the worry that coverage will run out.

A cost-effective “elimination period.”

Policies with short elimination periods — those that begin paying benefits after someone’s 30th day in a nursing home, for example — are expensive. If your savings would cover a longer period, you may want to consider a longer elimination period, which will reduce your cost.

Additional features to consider

Inflation rider. Most current nursing home residents are 85 or older. Someone who buys a policy at age 65, then, might not need coverage for almost 20 years.

³ Source: metlife.com

Over that time, the average cost of a nursing home stay might rise considerably due to annual inflation rates. The purpose of an inflation rider is to help ensure that your daily benefit amount keeps pace with rises in the costs of long-term care.

A home health care option. In-home custodial care accounts for most long-term care expenses. That is why many people choose to purchase a policy that covers home health care. Often divided into custodial care, intermediate care, and skilled care, in-home care is not always covered by long-term care insurance. Some people who require long-term care may need help with daily activities before they require nursing home services.

Must-knows about every long-term care policy

Benefit triggers. Coverage often begins when a doctor certifies that you need assistance in performing two or three activities of daily living, such as dressing or bathing. A policy with an additional trigger, “medical necessity,” may be a good choice because it makes it easier to qualify for benefits. On the other hand, terms like “medically necessary” carry a different meaning. If a nursing home stay must be defined “medically necessary” to trigger benefits, you may need to prove that a specific medical condition exists before your admission to a nursing home or other facility is covered.



Courtesy of: Royalty Owner Help Desk

(continued from page 2)

Benefit/payment stoppages. Often, your first visit to a nursing home is not your last. Some policies will count your initial stay in a nursing home, even if you do not reach your elimination period, toward that period. Example: You stay for 20 days, but your elimination period is 30 days. Other policies will restart your elimination days at zero when you are admitted a second time.

Under some policies, you may be allowed to stop paying premiums when you receive benefits but resume paying when you are discharged.

Nonforfeiture rider. Most long-term care policies have no value if they are canceled or if premiums are not paid. A nonforfeiture rider will continue coverage (with reduced benefits) even if you discontinue paying premiums.

Limiting premium increases. Insurers cannot increase the premium of a specific individual, but they can raise the premiums for a certain class of policy or increase a premium as you age. Be sure that you understand under what circumstances your premiums can and cannot increase.

Guaranteed renewability. A guaranteed renewable provision ensures that the insurer cannot cancel or refuse to renew your policy as long as you have been paying your premiums.

Deducting premiums

You can deduct payments that you have made for qualified long-term care insurance contracts, up to a limit based on the age of the person being insured.

- To qualify, a long-term care insurance contract must provide coverage only for qualified long-term care services, such as services that are both necessary and meet certain other requirements.
- The person receiving the care must also have a long-term treatment plan prescribed by a licensed health care provider.

- The insurance contract must
 - be guaranteed renewable
 - provide that refunds (except refunds due to death or complete cancellation of the policy) and dividends are used only to reduce premiums or increase benefits
 - not provide for a cash surrender value or money that can be borrowed
 - not pay items already reimbursed under Medicare

There is no right time to buy, but there is a cost for waiting

Bill was a healthy male when he purchased a long-term care policy at age 55. Dan was a healthy 65-year-old when he purchased a similar policy. Assuming both men entered a nursing home at age 85, Bill’s total premium cost would still be lower than Dan’s, even though he paid premiums for an additional 10 years. The insurance would still be valuable in both examples because for every year stayed in a nursing home, a benefit of \$35,628 in today’s dollars would be paid to cover each of their costs.

Of course if Dan invested the \$5,570 he saved from starting his policy later, his invested assets may make up some of the costs for the long-term care.

Policyholder	Cost per year	Number of years paid	Total paid
Bill	\$709	30	\$21,270
Dan	\$1,342	20	\$26,840

Source: aaltci.org



Courtesy of: Royalty Owner Help Desk

(continued from page 3)

The deductible amounts for 2009

Age of insured	Deduction
40 or younger	\$320
41 to 50	\$600
51 to 60	\$1,190
61 to 70	\$3,180
71 or older	\$3,950

When should you buy?

A 65-year-old in good health will pay approximately \$2,000 to \$3,000 per year for a policy that covers nursing home care and home care. The cost increases the longer you wait, and waiting carries an additional risk: If you wait until you reach your 70s or 80s, failing health, policy restrictions, or cost could make it more difficult to purchase long-term care insurance.

Buyer beware

Because a long-term care insurance policy is a long-term investment, you will want to shop for a policy as you would any long-term investment.

- Check with several companies before making a decision.
- If you cannot understand what a policy does and does not cover, it may not be the right policy for you.
- If you feel pressured to buy, it may be better to wait.

- Review policies carefully to avoid buying more than one policy that does the same thing — you would not insure your car twice!

Another step

Be sure to check with your state’s commissioner of insurance or Better Business Bureau before you buy a policy. They will maintain a list of those firms about which they have received complaints.

Buying long-term care insurance is a long-term decision. Make sure you read over any literature you receive from a prospective insurer carefully.

As with all financial decisions, it is best to consult with your investment, tax, or legal professional before you decide to buy a specific policy.

MFS does not sell insurance products, and this discussion is provided solely for informational purposes.

Resources

American Association for Long-Term Care Insurance

aaltci.org

AARP

aarp.org

Department of Health & Human Services, Administration on Aging

aoa.gov

Internal Revenue Service

irs.gov

The National Council for Research on Women

ncrw.org

State Health Insurance Assistance Program (SHIP)

shipusa.org/About_SHIP.html

This material should be used as helpful hints only. Each person’s situation is different. You should consult your financial advisor before making any decisions.

Contact your financial advisor for more information, or visit mfs.com.

MFS does not provide legal, tax, or accounting advice. Any statement contained in this communication (including any attachments) concerning U.S. tax matters was not intended or written to be used, and cannot be used, for the purpose of avoiding penalties under the Internal Revenue Code. This communication was written to support the promotion or marketing of the transaction(s) or matter(s) addressed. Clients of MFS should obtain their own independent tax and legal advice based on their particular circumstances.



Choose What Fits.® At MFS® we are committed to providing financial advisors with a diverse range of products, tools, and services that enables them to choose what fits for your individual goals.