INSURING YOUR FUTURE: WHAT CAREGIVERS NEED TO KNOW ABOUT LONG-TERM CARE INSURANCE

SANDRA NEWMAN, MPH

SEPTEMBER 2002

FAMILY CAREGIVER ALLIANCE®
National Center on Caregiving

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About Family Caregiver Alliance

Founded in 1977, Family Caregiver Alliance serves as a public voice for caregivers, illuminating the daily challenges they face, offering them the assistance they so desperately need and deserve, and championing their cause through education, services, research and advocacy.

Long recognized as a pioneer among caregiver organizations, FCA operates programs at local, state and national levels. FCA is the lead agency and model for California's statewide system of Caregiver Resource Centers. In 2001, FCA established the National Center on Caregiving to advance the development of high-quality, cost-effective policies and programs for caregivers in every state in the country.

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INTRODUCTION

Older people and persons with disabilities who need long-term care have limited protection against the often-catastrophic costs of their health needs. Long-term care is a growing problem for people of all ages. In 1995, 6.6 million elderly needed long-term care, with an additional 5.6 million nonelderly also needing long-term care. [1] And this number is growing. According to estimates, the elderly population needing long-term care could as much as double in the next thirty years, posing additional challenges to our already-fragmented system of long-term care. [2]

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With the need for long-term care expanding, there are many misconceptions about the availability and financing of long-term care services in this country. A recent survey indicated that 75% of people ages 55 and older did not think that they or their family would be responsible for long-term care expenses. [3] Although Medicare and Medicaid do provide some assistance in paying for long-term care, services covered under Medicare are extremely limited. Medicaid provides a greater array of services but is targeted to the low-income population and limits consumer choice significantly.

As we continue to grapple with issues related to long-term care financing and service delivery, one way for consumers to help meet potential needs is through the purchase of long-term care insurance (LTCI). Although LTCI may not be affordable for some or even available to many families, because of preexisting health conditions, it can be a useful tool to others planning for a future health need. This monograph provides background and education on long-term care insurance to assist service providers who work with family caregivers of older adults and persons with disabilities, care recipients and those interested in learning more about the role that LTCI can play in financing long-term care. The goals are to provide a basic summary of the issues involved in long-term care insurance and to provide guidance about the potential role it can play in meeting consumers' long-term care needs.

BACKGROUND

Contrary to popular belief, Medicare and private insurance rarely cover most costs associated with long-term care. Medicare, the federal program that insures senior and disabled citizens, covers the costs of acute health care but provides little for long-term care. When it comes to day-to-day needs, Medicare provides home health services to about one-third of severely impaired seniors who need assistance with activities of daily living (ADLs) such as bathing or toileting.[4] In total, it pays for less than 20% of our nation's long-term care bill.[5]

Medicaid, the federal/state partnership that provides health services to the low-income population, does cover some long-term care services. Unfortunately, individuals and their families often must pay out-of-pocket until they are impoverished before they can receive help from Medicaid, a means-tested program. Despite some increases in home and community-based care services in Medicaid, most Medicaid recipients have severely restricted provider and service choice when it comes to their long-term care needs.

> *...individuals and their families often must pay out-of-pocket until they are impoverished before they can receive help from Medicaid...*

To receive assistance from Medicaid for long-term care services, a person must meet certain income and asset limitations, have a need for such services and get a signed statement from a physician indicating that the service is medically necessary. Complicating the financial picture, the Medicaid program also includes an estate recovery provision. This means that the recipient's estate must reimburse costs where applicable. Estate recovery can involve liens on the Medicaid recipient's home, barring children from inheriting family property.

Although Medicaid is the largest public source of funding for long-term care services,[6] it pays for the cost of assisted living care for only about 10% of residents in assisted living facilities.[7] This is compounded by the fact that Medicaid covers only the cost of services, not the costs of room and board, which must be paid for out-of-pocket.[8] Nursing home care accounts for the largest share of Medicaid spending. Even so, Medicaid covers only about 40% of all long-term care expenses; the rest is paid for out-of-pocket (26%) or by Medicare and private insurance.[9]

LONG-TERM CARE DEFINED

According to Family Caregiver Alliance, "individuals need long-term care when a chronic condition, trauma, or illness limits their ability to carry out basic self care tasks, called activities of daily living (ADLs), or with household chores known as instrumental activities of daily living (IADLs). Long-term care often involves household tasks such as preparing meals or using the telephone." [10]

Long-term care services can be provided in a range of settings, including a home, a community setting (e.g., adult day care), an assisted living facility or a nursing home. Although a variety of care options are available, family and friends provide most long-term care. This can be attributed to the fact that most people prefer to remain at home, as well as to the high costs associated with long-term care. But while nursing home or assisted living care is extremely expensive, even the less expensive option of home and community-based care can exceed the ability of most individuals and families to pay.

LONG-TERM CARE INSURANCE DEFINED

Long-term care insurance is a product designed to help people afford long-term care. Consumers pay a premium based on age and health status and are entitled to payment for services covered under their policy. Policies vary but generally cover a constellation of services, including nursing home care, assisted living, home care, care management, respite care and reimbursement for care provided by family and informal caregivers. According to the National Association of Insurance Commissioners (NAIC), a body composed of insurance regulators from around the country, LTCI means

> any insurance policy or rider that is advertised, marketed, offered or designed to provide coverage for not less than 12 consecutive months for each covered person on an expense incurred, indemnity, prepaid or other basis for one or more necessary or medically necessary diagnostic, preventive, therapeutic, rehabilitative, maintenance personal care services, provided in a setting other than an acute care unit of a hospital. [11]

Long-term care insurance policies first emerged in the mid-1980s when insurance companies marketed nursing home coverage to assist people with the growing costs of long-term care. [12] Private long-term care insurance is a $160 million industry that continues to expand. For instance, most policies now cover home care. Despite growing efforts in the industry and some incentives enacted at the state and federal levels, however, long-term care and private insurance pays for less than 7% of the nation's long-term care costs. [13]

Consumers can have an understandably difficult time deciphering the intricacies of LTCI. Indeed, the challenge in understanding policies, benefits, premiums and other components of LTCI is one of the most significant barriers to purchasing a policy. Long-term care insurance policies are complex, and because of this, ongoing information and education efforts are a key impetus in purchasing a policy. In addition to the basics of LTCI, even subtle differences in the way policies are worded can mean substantial differences in the benefits and services covered. [14] The challenges both of understanding what options are available generally and of choosing the specific coverage desired delay decision making for many consumers. In fact, up to 46% of those who considered purchasing long-term care insurance in 2000 did not do so because either it was “too confusing” or they could not figure out which policy best suited their needs. [15]

...the challenge in understanding policies, benefits, premiums and other components of LTCI is one of the most significant barriers to purchasing a policy.

One challenge in providing a basic foundation for LTCI is in the complexity and interrelated nature of the issues. For example, personal finances contribute to decisions about benefit options. Benefit options then affect premiums, and premiums contribute to affordability. But what really creates the impetus for LTCI purchase is that consumers and families are looking for ways to address the impact that a potential long-term care need can have on personal finances, stress, anxiety and consumer choice. In that sense, the purchase of LTCI is one method of risk management in long-term care financing. And while LTCI can be useful for some families, it is simply one component of important discussions that families need to have about future health needs. For many consumers, LTCI may be unaffordable, inaccessible or too late to provide assistance. These families will continue to bear the burden of long-term care.

HEALTH INSURANCE vs LONG-TERM CARE INSURANCE

A general misconception is that health insurance covers long-term care. It doesn’t. Although health insurance generally covers acute care needs, it does not cover long-range or chronic needs, such as in-home help with ADLs or IADLs. If someone had a stroke, for instance, health insurance would likely cover the acute care services in a hospital and limited follow-up care, such as physical, speech and occupational therapy. Similarly, Medicare would cover the hospitalization, some postacute therapy and one hundred days of skilled nursing care. Any long-term care needs beyond this would not be covered, however. For instance, a stroke patient who needed some home care, such as assistance with bathing or rehabilitative therapy, could not rely on a health insurance policy or Medicare to pay for it for a significant time period. Furthermore, private insurance and Medicare would not cover conditions such as Alzheimer's and Parkinson's, which usually do not involve an acute care episode at all.

BUYERS AND USERS OF LONG-TERM CARE INSURANCE

By 2002, more than 5 million Americans had some type of long-term care insurance. [16] The average age at purchase was 67. [17] Purchasers were likely to be married, with annual incomes of $35,000 or higher. [18] Considering that most older adults have lower income and assets, these statistics indicate that LTCI policies are still seen as important to a more affluent population.

Because long-term care insurance is still relatively new, there is not a good base of historical utilization information. Several studies have examined use by institutionalization level, service utilization and ADL limitation (i.e., the inability to complete, in a reasonable time period, one or more of the ADLs), however. One study indicates that most claimants use personal care and intermediate services rather than skilled services, which supports the idea that LTCI is mostly for chronic conditions, rather than for "post-acute recuperative needs." [19] This data indicates the need to purchase a policy that provides adequate reimbursement for personal care services.

REASONS TO CONSIDER LONG-TERM CARE INSURANCE

1 LONG-TERM CARE INSURANCE COULD DECREASE FUTURE LONG-TERM CARE EXPENSES

Long-term care is expensive, and costs are escalating. The American Council of Life Insurers (ACLI) projects that long-term care costs will more than quadruple by 2030. Table 1 indicates just how dramatic the growth will be.

Table 1.

GROWTH IN LONG-TERM CARE COSTS

	Current Costs (2001)	Projected Costs (2030)
Home Health (per visit)	$61	$260
Adult Day Care (per day)	$50	$220
Assisted Living (per year)	$25,300	$109,000

For families that can afford the premium costs, having an LTCI policy in place to cover some of these high future costs could be valuable.

2 LONG-TERM CARE INSURANCE COULD HELP PAY INFORMAL FAMILY CAREGIVERS FOR SOME OF THEIR SERVICES.

While the services associated with formal long-term care are becoming increasingly expensive, family and informal caregivers are still meeting the majority of long-term care needs. About two out of three older persons living in the community (67%) rely solely on informal help, mainly from wives and adult daughters. [20] Because of the central role that family and informal caregivers play in providing long-term care, consumers who choose LTCI should consider purchasing a policy that maximizes coverage for these supports if they are available.

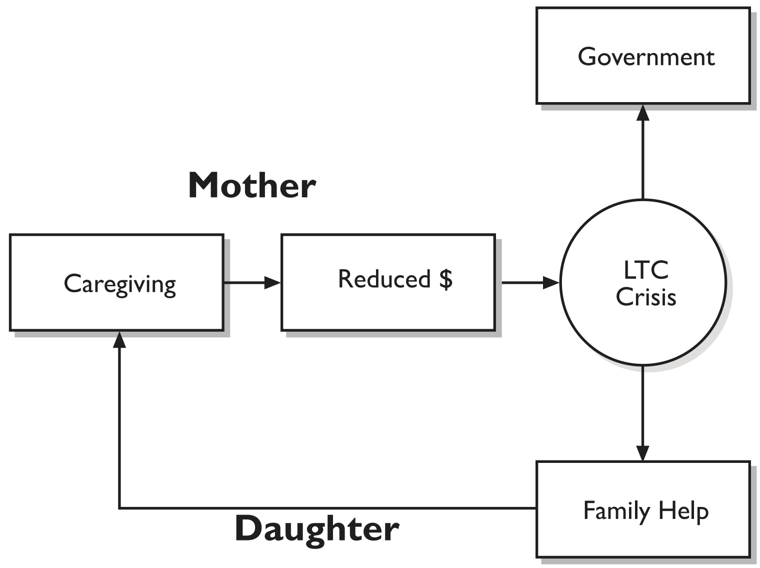
In certain instances, long-term care insurance can help alleviate some anxiety.

3 LONG-TERM CARE INSURANCE COULD ALLEVIATE CAREGIVER STRESS RELATED TO LTC CRISES AND CAREGIVER BURDEN.

In many cases, informal care provided by family or friends may not be available. This is a particularly salient issue for women, who are frequent providers of care for their spouses and children. In fact, the U.S. Office of Personnel Management (OPM) notes that "one of the most common long-term care scenarios is for wives to become the primary caregivers for their husbands, only to find that they lack a source of care when their own long-term care needs arise." [21]

Providing formal or informal care for a family member or friend can be stressful. Depression and anxiety are common among caregivers. In certain instances, long-term care insurance can help alleviate some anxiety. One policy researcher has created a model of crisis management (figure 1) and stress avoidance associated with long-term care that typifies how a parent's long-term care needs can affect the future needs of an adult son or daughter. [22]

Figure 1.
CRISIS MANAGEMENT FOR LTC REINFORCES A CYCLE OF IMPOVERISHMENT



The crisis is not simply financial. Indeed, providing care for a family member or friend may also cause stress, anxiety and a decrease in caregiver health. In recent congressional testimony, a policy analyst gives more detail to this picture by concluding that

> although the overwhelming majority of adults who provide informal care to a parent age 65 or older say they feel loved, appreciated, and proud of the care they provide, a substantial number feel worried, frustrated, sad, depressed, or overwhelmed. These emotional stresses can be accompanied by physical impairments as well. One-third of informal caregivers describe their health status as fair or poor. In reality, the situation is far worse. One study found that two out of three informal caregivers were in ill health. Although most caregiving is short-term, prolonged responsibilities take a toll on the emotional and physical health of caregivers. [23]

Some studies have supported the relationship between a decrease in caregiver stress and the incidence of an LTCI policy for the care recipient. One survey noted that 66% of informal caregivers reported a decrease in stress when the care recipient had long-term care insurance. [24]

BENEFITS COVERED UNDER LONG-TERM CARE INSURANCE

Long-term care insurance is different than health insurance. Long-term care insurance covers a range of services, usually in the form of a "daily benefit amount" (an amount the policy will pay for a day of services). Depending on the type of policy a consumer chooses, this would cover care in a nursing home or assisted living facility, adult day care, home care services and a range of other options. Other common features in policies include [25]

- Care coordination or case management services
- Homemaker or chore services
- Respite care
- Bed reservation reimbursements
- Medical equipment coverage
- Home-delivered meals
- Caregiver training

Families should look for policies that include both care management/care coordination and respite care.

The consumer chooses a daily benefit amount, which is usually based on nursing costs in the local area. The national average is $137 per day.[26] Benefits can last from one year to a lifetime, depending on consumer preference. Although the benefit period varies, there is usually a lifetime maximum on the amount of benefits received through a policy. Consumers must also decide what kind of elimination period (waiting period) they want, that is, how many days they will pay for expenses before the policy goes into effect.

Families should look for policies that include both care management/care coordination and respite care. Care management is a service that helps families develop a plan of care and also locate and manage long-term care services. Family and informal caregivers should always be involved in developing the plan of care. Respite care is a service that allows an informal caregiver temporary rest or time off from regular caregiving tasks while a qualified individual takes care of a loved one.[27] Some policies offer payment to informal caregivers in certain circumstances. In the last five years, the average daily benefit amount for home care, such as respite care, has grown by 36%.[28] In the individual market, home care benefits are typically limited to less than 50% of a policyholder's daily benefit amount and are available 25 to 30 days per year.

In addition to the daily benefit amount, several important consumer protection options are available for consideration.

These include benefits such as

- *Inflation protection.* This critically important feature allows the consumer to increase benefits (the daily benefit amount) at some point in the future. This might happen if a consumer wants more coverage to insure against greater need of care or if health costs rise in the individual's area. Consumers who move to an area where long-term care is significantly more expensive might also benefit from inflation protection.

- *Nonforfeiture.* With this protection, a consumer who is at some point in the future unable to pay premiums would not forfeit all of the benefits.

Some policies provide only for home care, not for services provided outside the home, such as assisted living or nursing home care. These policies can be significantly cheaper than a more traditional LTCI policy. More people than not will need institutional care, however, and for most people, it would make little sense to buy coverage that would run out when needed.

POLICY COSTS FOR LONG-TERM CARE INSURANCE

As for any insurance product, many variables influence the cost of LTCI. First and foremost, the benefits covered by a policy play a central role in the premium cost. The daily benefit amount and other consumer protections selected affect the cost of the policy. And although health insurance is generally not age-based (i.e., a portion of the premium is not based on the purchaser's age), LTCI is. Age can dramatically affect policy costs for LTCI, in fact.

According to Health Insurance Association of America (HIAA) congressional testimony in 2000, the average annual premium cost for an LTCI policy was $1,806. [29] But this cost can vary dramatically based on the age of the purchaser. Table 2 indicates the cost of a standard group policy with a daily nursing home benefit amount of $200 or a home care benefit of $100 per day. [30]

Table 2.
COST OF A STANDARD GROUP POLICY

Purchaser's Age	Annual Premium Cost
40-Year-Old	$259.00
50-Year-Old	$482.00
60-Year-Old	$1,136.29

WAYS TO FINANCE LONG-TERM CARE NEEDS

As the long-term care insurance market evolves, so does the product. Whereas many companies currently offer a defined set of services, also known as the indemnity model, some offer a disability model, providing a cash benefit, which allows the consumer to choose the services needed. [31] The disability model is more flexible but also is somewhat more expensive. In a survey of group LTCI policies prepared for the U.S. Health and Human Services, 43% of plans followed the disability model, whereas 57% followed the indemnity, or "service," model. [32]

Consumers must carefully weigh assets and income against policy costs.

Long-term care insurance is only one avenue for consumers to consider; other methods to finance future care might also be appealing. For instance, certain disability policies convert to long-term care coverage. A life insurance policy with accelerated death benefits to finance long-term care needs is another option. Some consumers may choose to sell their life insurance policy, also known as *viatication*. [33] Still others may choose a reverse mortgage, which pays a fixed amount every month. [34] Although these choices may be less common than a more mainstream LTCI product, they are options to consider, especially for consumers who are not able to buy LTCI for other reasons, such as health status, existing disability or premium costs.

ISSUES TO CONSIDER

The lack of basic coverage and the escalating costs of long-term care cannot be ignored. Financing services in the event of a long-term care need can be personally devastating.

Although LTCI may be an appealing option for some families, it will not eliminate the potentially extreme financial burden associated with caring for the chronically ill. It is also important to note that most policies cannot be purchased for a person who is already sick. This would be like buying flood insurance after a house has already been damaged by a flood. (The insurance industry is, however, looking at ways to design policies to provide coverage to the working disabled for the consumer who experiences a substantial increase in disability at some future time.) Further, the costs associated with purchasing LTCI are significant. Consumers must carefully weigh assets and income against policy costs. In the end, for many families, LTCI may simply be unaffordable.

For those who can afford it, long-term care insurance may be one component of overall financial planning. Asset protection is a key marketing and motivating technique used by insurance companies. Some studies, including one conducted by the HIAA, indicate that almost one-third of subjects cited asset protection as a main motivator for purchasing a long-term care policy. [35] Further, ACLI contends that men are more likely to use LTCI to protect their assets, whereas women view the insurance as a way to promote their independence. [36]

When thinking about long-term care, consumers can consider the following questions to help determine if LTCI may meet their future needs and, if so, what components of a policy will best meet these anticipated needs.

- Can I afford the premiums associated with long-term care insurance now and in the future? What are the rate (premium) increases associated with the policy? If my premiums increase, will I still be able to afford to pay them? Will paying the monthly premiums have a major effect on my standard of living?

- Do I plan to retire in a geographic location with long-term care costs that significantly differ from where I currently reside?

- Do I have family and informal supports to help me if I have long-term care needs in the future? How much care do I think they will be able to provide? If these supports are available, do I want a policy that provides coverage to assist me in paying them to provide care?

- If my spouse becomes ill, will I be able to provide care? Will my spouse be able to provide care for me? If I am considering a policy, do I also want to get spousal coverage or a separate policy for my spouse?

- If I don't buy long-term care insurance, do I have other significant assets that I can use in the future to finance long-term care in the event of a chronic or disabling condition?

Each consumer's financial and health care needs differ, but some basic financial indicators suggest whether LTCI may be affordable. The United Seniors Health Council (USHC), an advocacy group for senior citizens, has put forth asset/earnings recommendations for consumers to consider. *Long-Term Care Planning: A Dollar and Sense Guide* indicates that consumers should consider LTCI if they [37]

- Own assets of at least $75,000 (excluding home and automobile)

- Have annual retirement income of at least $25,000 – $35,000
- Can pay premiums without adversely affecting lifestyle
- Can absorb possible premium increases without financial difficulty

INDIVIDUAL vs GROUP POLICIES

All LTCI policies are sold either as an individual policy or as a group policy. An individual policy is sold by an agent, on a one-to-one basis. For group policies, an employer, membership organization or other organized group contracts with a company to design one or several plans, which are then offered to members or employees. In general, group policies are less expensive because of economies of scale. Depending on the plan benefits, age and health status of the purchaser and makeup of a group plan, however, individual policies are not necessarily more expensive, though they may offer a wider range of plan designs.

...one in ten people will be employee caregivers within the next ten years.

More than thirty-two hundred employers provide access to a group long-term care insurance policy for their employees. [38] While the individual market has grown by 11% in the last decade, with about 7 million policies sold, the employer market has grown by 32%. [39] This is likely in part because of the incentive to employers to reduce the potential toll that caregiving can take on their employees' ability to meet work demands. The U.S. Office of Personnel Management (OPM), now offering the largest employer-sponsored LTCI program in the country, indicates that one in ten people—about 15.6 million people—will be employee caregivers within the next ten years. [40]

CAREGIVERS OF LONG-TERM CARE INSURANCE POLICYHOLDERS

For families who can afford LTCI, it can be a useful resource. Although caregivers of those who have long-term care insurance may not experience a substantial reduction in the amount of care they provide, policies can still affect the burden, stress and level of care required. Estimates vary as to how the existence of LTCI affects the level of informal caregiving. For instance, the Mature Market Institute of Metropolitan Life (MetLife) Insurance Company asserts that working caregivers provide 27 hours of care per week to those without LTCI, compared to 24 hours for those with LTCI. They conclude that LTCI is not a substitution for family caregiving. [41] While the

MetLife study looked only at working caregivers, other studies indicate a significant reduction possible in the time spent caring for someone with LTCI. For instance, HIAA contends that those with LTCI received, on average, about 27 hours of informal care per week, compared to 38 hours for those without an LTCI policy. [42]

Although neither of these reports has definitively captured the actual reduction in time spent caregiving, LTCI policies appear to have some impact on the long-term care experience for both caregivers and care recipients. Almost half of care recipients with LTCI and their informal caregivers reported that they would have sought institutional care had the care recipient not had private long-term care insurance, for instance. [43]

Almost half of care recipients with LTCI and their informal caregivers reported that they would have sought institutional care had the care recipient not had private long-term care insurance...

The impact an LTCI policy can have on caregiver stress and burden may be related to the caregiver's involvement in developing the plan of care. Caregivers should know what benefits care recipients are entitled to. Knowing benefits and what ADL limitations qualify a policyholder can affect both the caregiver and the care recipient. Considering the confusing nature of policies, intricate knowledge of and involvement in the formal plan of care developed by a care manager before a policyholder receives reimbursable services is extremely important. A study conducted on policyholders claiming benefits through the California Partnership for Long-Term Care noted that

> in 22% of cases, claims were not filed for more than a year, until caregivers felt overwhelmed or became physically ill, or until policyholders fell and fractured a bone, leading to residential care. In each of these cases, it seems possible that earlier intervention might have relieved some of the burden on caregivers, perhaps reducing the likelihood that they would have become overwhelmed or ill or that policyholders would have required placement. [44]

STATE AND FEDERAL GOVERNMENT INITIATIVES

According to the Center for the Advanced Study of Aging Services,

> the government could earn an additional $8 billion in 2030 tax revenues if caregivers for severely impaired elders were able to return to work because of services paid by private insurance—over $5 billion from those not forced to leave the workforce prematurely, and $2.6 billion from those not needing to retire early. [45]

This revenue loss is only one reason of many that state and federal governments have been attempting to address long-term care for quite some time. Some states have established public-private partnerships for long-term care. The goal of these partnerships is to reduce reliance on public funding for long-term care. California, Connecticut, Indiana and New York have created these programs. Consumers who purchase a policy through the partnership can protect their assets, even if long-term care costs exceed the benefits provided in their policy.

The federal government recently created the Federal Long-Term Care Insurance program. This program allows federal employees, federal retirees, active and retired military, spouses of those groups and other qualified relatives to purchase long-term care insurance at group rates. As with other group policies, lower costs are commonly associated with the federal program. Consumers must do their homework and price different plans, however, including ones offered on an individual basis.

TAX INCENTIVES FOR LONG-TERM CARE INSURANCE

Consumers should know that they may be entitled to certain tax incentives if they have bought an LTCI policy. The Health Insurance Portability and Accountability Act, or HIPAA, is one existing vehicle for these incentives. While HIPAA is focused largely on ensuring that employees who switch jobs still have access to health insurance, it also includes several important tax benefits and consumer protections for long-term care insurance.

The HIPAA sets criteria for long-term care insurance so that each policy sold is classified as either "qualified" or "nonqualified." A qualified plan has met a minimum set of guidelines established by the federal government or was purchased before 1997. Consumers who purchase a qualified policy are eligible to deduct the premium costs up to specified amounts if their total annual itemized medical expenses exceed 7.5% of adjusted gross income. Although these incentives can be helpful, they may not actually assist those who cannot afford LTCI, but may simply benefit those who already can.[46] Certain consumer protections are also provided for qualified plans that generally track the NAIC guidelines.

Twenty-two states currently provide some level of tax incentives to policyholders or to employers who provide a group LTCI benefit to their employees. These states are Alabama, California, Colorado, Hawaii, Idaho, Indiana, Iowa, Kentucky, Maine, Maryland, Minnesota, Missouri, Montana, New York, North Carolina, North Dakota, Ohio, Oregon, Utah, Virginia, West Virginia and Wisconsin. [47]

CONCLUSION

The current fragmented system of care, together with the skyrocketing costs of providing these services, will not meet the growing need for long-term care.

Providing long-term care services to a population that will continue to grow as our nation ages poses an ever-increasing challenge. The current fragmented system of care, together with the skyrocketing costs of providing these services, will not meet the growing need for long-term care. Families need more tools to help them care for themselves and for the needs of aging parents and of loved ones with a disability or chronic illness. Long-term care insurance can assist consumers and their families in meeting these needs. Although LTCI may be unaffordable or unsuitable for many, it can be useful in certain circumstances. Consumers should take a critical look at the potential role that LTCI can play in overall health and financial planning.

RESOURCES

AARP
www.aarp.org/confacts/health/privltc.html#q4
601 E Street, NW
Washington, DC 20049
(800) 424-3410

AMERICAN COUNCIL OF LIFE INSURERS
www.acli.org
101 Constitution Avenue, NW
Suite 700
Washington, DC 20001-2133
(202) 624-2000

ELDERCARE LOCATOR
www.eldercare.gov
(800) 677-1116

HEALTH INSURANCE ASSOCIATION OF AMERICA
www.hiaa.org/consumer
1201 F Street, NW
Suite 500
Washington, DC 20004
(202) 824-1600

NATIONAL ASSOCIATION OF INSURANCE COMMISSIONERS
www.naic.com
2301 McGee Street
Suite 800
Kansas City, MO 64108-2604
(816) 842-3600

OFFICE OF PERSONNEL MANAGEMENT
www.opm.gov/insure/ltc

UNITED SENIORS HEALTH COUNCIL
www.unitedseniorshealth.org
409 Third Street, SW
Suite 200
Washington, DC 20024
(202) 479-6973

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