

# Long Term Care Insurance Policy Comparison Worksheet



A good way to begin your search for the right long term care insurance policy is to compare the most important features of two policies side-by-side. You should be able to find most of the information below in the outline of coverage you receive from the insurance providers.

	POLICY A	POLICY B
NAME OF INSURANCE COMPANY	_____	_____
FINANCIAL STRENGTH RATING	_____	_____
LEVELS OF CARE COVERED		
Skilled nursing care	yes / no	yes / no
Personal/custodial care	yes / no	yes / no
All care provided during a nursing home stay	yes / no	yes / no
LOCATIONS OF CARE COVERED		
Any licensed facility	yes / no	yes / no
Home: Skilled nursing	yes / no	yes / no
Home: Personal care by home health aides	yes / no	yes / no
Home: Homemaker services	yes / no	yes / no
Home: Informal care (family-provided)	yes / no	yes / no
Adult daycare centers	yes / no	yes / no
Assisted living facilities	yes / no	yes / no
LENGTH OF BENEFIT PERIOD	_____ years	_____ years
BENEFITS INCREASE FOR INFLATION	yes / no	yes / no

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	POLICY A	POLICY B
INFLATION RATE AT WHICH BENEFITS INCREASE	_____ %	_____ %
COVERED AMOUNT PER DAY		
Nursing home care	\$ _____	\$ _____
Assisted living facility care	\$ _____	\$ _____
Home care	\$ _____	\$ _____
MAXIMUM NUMBER OF DAYS OR VISITS PER YEAR		
Nursing home care	_____	_____
Assisted living facility care	_____	_____
Home care	_____	_____
Total lifetime limit	_____	_____
BENEFIT TRIGGERS THAT DETERMINE ELIGIBILITY		
Inability to perform activities of daily living	yes / no	yes / no
Cognitive impairment	yes / no	yes / no
Doctor-certified medical necessity	yes / no	yes / no
Hospitalization	yes / no	yes / no
WAITING PERIOD BEFORE BENEFITS BEGIN		
Nursing home care	_____ days	_____ days
Assisted living facility care	_____ days	_____ days
Home health care	_____ days	_____ days
Waiting period for pre-existing condition	_____ years	_____ years

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	POLICY A	POLICY B
<b>ADDITIONAL BENEFITS</b>		
Waiver of premium benefit	yes / no	yes / no
Non-forfeiture benefit	yes / no	yes / no
Return of premium benefit	yes / no	yes / no
Death benefit	yes / no	yes / no
<b>TAX QUALIFIED</b>		
	yes / no	yes / no
<b>COST OF POLICY</b>		
Basic monthly premium, excluding all riders	\$ _____	\$ _____
Monthly premium if home care is covered	\$ _____	\$ _____
Monthly premium if assisted living is covered	\$ _____	\$ _____
Monthly premium with inflation rider	\$ _____	\$ _____
Monthly premium with non-forfeiture benefit	\$ _____	\$ _____
<b>DISCOUNT IF SPOUSE BUYS POLICY</b>		
	\$ _____	\$ _____