

## Long-Term Care Insurance Policy Comparison Worksheet

	Policy A	Policy B	Policy C
• <b>Company Name &amp; Policy Number</b>	_____	_____	_____
• <b>Deductible or Elimination Period—No. of Days</b> (USHC recommends no more than 90 days)	_____	_____	_____
• <b>Benefit Daily Amount Paid</b>			
Skilled	_____	_____	_____
Intermediate	_____	_____	_____
Custodial	_____	_____	_____
Home care	_____	_____	_____
• <b>Inflation Adjustment</b>			
Inflation rate (%)	_____	_____	_____
How often applied? (years)	_____	_____	_____
For how long?	_____	_____	_____
If not included in premium, price for option	_____	_____	_____
• <b>Maximum Amount of Benefits</b> (Indicate in years, days, or \$ amount)	_____	_____	_____
• <b>Restrictions</b>			
Prior hospitalization (yes/no) (USHC recommends no prior hospitalization)	_____	_____	_____
Pre-existing condition	_____	_____	_____
Definition	_____	_____	_____
Waiting period	_____	_____	_____
Level of care (USHC recommends no prior level of care required)	_____	_____	_____
Skilled only (yes/no)	_____	_____	_____
Intermediate	_____	_____	_____
How many days of skilled care required?	_____	_____	_____
Custodial	_____	_____	_____
How many days of skilled care required?	_____	_____	_____
How many days of intermediate care required?	_____	_____	_____
Home care	_____	_____	_____
How many days in nursing home required?	_____	_____	_____
• <b>What Is not Covered?</b>	_____	_____	_____
• <b>Coverage for Alzheimer's Disease (yes/no)?</b> (USHC recommends written statement)	_____	_____	_____
• <b>Guarantee Renewable (yes/no)</b> (USHC recommends guarantee, not conditional)	_____	_____	_____
• <b>Premiums Increase (yes/no)?</b> Conditions for increase	_____	_____	_____
• <b>Company Rating by A.M. Best</b> (USHC recommends A or A+ companies)	_____	_____	_____
• <b>Premium</b>			
Monthly	_____	_____	_____
Annually	_____	_____	_____

Source: United Seniors Health Cooperative