

Questions & Answers

Q: Why do I need long term care insurance?

A: It's important to consider your risk of needing long term care. And long term care services can be expensive. Long term care insurance provides coverage to help protect your retirement savings and other assets. It can provide peace of mind knowing that you and your family will receive help coordinating care, selecting care options and covering expenses.

Q: Doesn't Medicare or Medicaid cover long term care?

A: Generally, Medicare doesn't pay for long term care. Medicare may pay for medically-necessary skilled care up to 100 days in a facility or in your home if you meet certain criteria. Medicaid is a joint Federal and state program that will pay for certain health services for people with limited income and resources. To qualify for Medicaid, you must meet state-specific poverty guidelines. The state may then help pay for nursing home care or other health care costs.

Q: Why should I apply for long term care insurance now?

A: Premiums are based on your age and health when you apply and are guaranteed renewable. Rates are typically lower the younger and healthier you are, so buying coverage now may mean lower premiums for you.

Q: How long will I have to pay premiums?

A: Most long term care insurance policyholders choose to pay premiums over a lifetime. However, LifeSecure also offers a 10-Year premium payment option, which allows for an accelerated payment over a shorter period of time. LifeSecure's long term care insurance policy also includes a Waiver of Premium provision. Your premium payments are waived beginning on the first day you start receiving benefits, except under the International Coverage Benefit.

Q: Does a deductible apply to my coverage?

A: The "Benefit Wait Period" is similar to a deductible. Our long term care insurance policy has a 90 calendar day waiting period, which is the number of days after you are verified as Chronically Ill until you are able to begin receiving benefits. The Benefit Wait Period need only be met once during your lifetime, and you are not required to start receiving paid services in order for it to be satisfied.

Q: How much coverage is enough?

A: Consider these factors when determining the amount of coverage that may be right for your particular situation:

- **Your gender** – On average, women are more likely to require long term care services than men.
- **Your family health history** – You may be at an increased risk for a chronic condition such as Alzheimer's disease, cancer, diabetes or stroke if a close family member has had one or more of these conditions.
- **Your budget** – Select a plan design with a premium that fits within your current budget. It is a good idea to apply for coverage now while you are younger and likely healthier.
- **Where you plan to retire** – The costs of long term care services can vary greatly by geographic location.
- **Where you wish to receive care, if needed** – Long term care costs vary based on where services are received (at home, in the community at an assisted living facility, or at a nursing home).

Think about including a compound inflation benefit rider or accepting Guaranteed Future Purchase Offers to help keep your coverage current with the rising cost of care.