

Long Term Care Insurance How much coverage is enough?



\$75,000

\$300,000

\$700,000

\$1,000,000

LS-0337 ST 01/10

Policy Series LS-0002

Choosing the right coverage.

Benefit BankSM **\$200,000**
Monthly Benefit Access Limit (MBAL) **3%** (\$6,000 per month)

In SD and WI, these Benefit Bank amounts require either a 2% or 3% MBAL: In SD: < \$300,000; In WI: < \$180,000.

In WA: Benefit Bank is referred to as Lifetime Benefit Amount.

National Average Monthly Costs¹ (2009)

Home Care ²	\$1,647
Assisted Living Care	\$3,185
Nursing Home Care	\$6,265

Care and Cost Example

2.4 years of Nursing Home (avg.) ³	\$180,455
1 year of Home Care	\$19,765
Total:	\$200,220

Note: Average duration of long term care is approximately three years.⁴



Coverage like this may be sufficient in today's dollars to meet average long term care costs and durations. You should also consider inflation protection alternatives. See below for reasons why you might consider less or more coverage than the \$200,000/3% recommendation.

Why consider *less* coverage?

- Little or no family history of chronic conditions
- Affordability
- Desire to lock-in coverage today, but buy-up in the future
- Expectation of spouse or domestic partner or family members to provide significant informal care (In DC: domestic/legal partner or family member)
- Plan to retire in a low-cost area
- Men – tend to require long term care for shorter durations than average

Why consider *more* coverage?

- Family history of chronic conditions
- Affordability
- Family longevity
- Offset effects of inflation with a higher Benefit BankSM today
- Plan to retire in a high-cost area
- Women – tend to require long term care for longer durations than average

Why do I need long term care insurance?

It is estimated that 60% of people, 65 or older will need long term care during their lives — either at home or in a facility.⁵ But accidents or illnesses requiring long term care can happen at any age. Medicare won't cover it, and you must be impoverished to qualify for Medicaid coverage.

Long term care insurance helps you protect your retirement savings and your family assets. It provides peace of mind.

^{1,2} Based on information from the Genworth 2010 Cost of Care Survey – April 2010.

³ Center for Disease Control, National Health Statistics Reports, Number 9, October 2008.

^{4,5} Long-Term Care Financing: Policy Options for the Future, Georgetown University, LTC Financing Project; Feder, Komisar, Friedman, June 2007

Copies of source materials available upon request.

Why buy long term care now?

Premiums are based on your age and health. Locking in now means lower premiums for you. Our Budget-Point PricingSM tool allows you to choose the right coverage based on a premium that makes sense to you.

Life is uncertain. Long term care insurance doesn't have to be. Prepare for your future with a LifeSecure long term care insurance policy. Call [1.866.582.7701](tel:18665827701) to learn more or visit www.YourLifeSecure.com to quickly generate a quote.

Exclusions and Limitations

No benefits, including the Flexible Benefit, will be payable under this Policy for:

- a loss that occurs while this Policy is not in force; or
- an illness, treatment or medical condition that is due to war or act of war, whether declared or undeclared (**In OK**: while serving in the military or an auxiliary unit attached to a military unit, or working in an area of war whether voluntarily or as required by an employer); or
- an illness, treatment or medical condition that results from an attempt at suicide while sane or insane (**In MO & CO**: while sane) or an intentionally self-inflicted injury; or
- expenses for treatment or rehabilitation related to alcoholism or drug addictions; or

- expenses for services or items to the extent that such expenses are reimbursable under Title XVIII of the Social Security Act (Medicare), or would be so reimbursable but for the application of a deductible or coinsurance amount; or
- care or services, unless otherwise required by law, for which benefits are duplicated or provided under a governmental program (except Medicaid), any state or federal workers' compensation, employer's liability or occupational disease law, or any motor vehicle no-fault law (**In MD**: exclusion for motor vehicle no-fault law is not applicable); or
- care or services provided outside the United States of America, its territories or possessions, or Canada.

- **In MD**: payment of any claim, bill or other demand or request for payment for healthcare services that the appropriate regulatory board determines were provided as a result of prohibited referral.

The following two exclusions do not apply to the Flexible Benefit:

- care or services provided by a family member unless:
 - he or she is a regular employee of an organization which is providing the treatment, service or care; and
 - the organization receives the payment for the treatment, service or care; and
 - he or she receives no compensation other than the normal compensation for employees in his or her job category; or
- care or services or which no charge is made in the absence of insurance.



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