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New Rx for Long-Term Care

Insurers Are Trying to Demystify Coverage of Nursing-Home Bills; The Future Holds Tax Breaks

By **JEFF D. OPDYKE**

Insurers and the government are cranking up their efforts to get people "long-term care" insurance—designed to protect against bank-busting bills

It's been a tough sell. Not only are these policies—covering such needs as home care or health-care aides—complex and pricey, they can still leave consumers exposed to big costs. Another problem: Many people assume Medicare and Medicaid already cover such long-term care. (They generally don't.)

As a result, insurance companies are making the policies easier to understand and trying to cut prices. Last month John Hancock, a unit of Manulife Financial, introduced a policy dubbed Leading Edge that eliminates a baffling array of requirements that buyers previously needed to consider, and includes basic feature protection, in an effort to trim the cost.

Over the summer, Lincoln National Corp.'s Lincoln Financial Group introduced a simplified version of a combined life-insurance/long-term-care contract that streamlines the application process to a 30-minute phone call instead of mailing papers back and forth. The policy also guarantees that premium rates won't change—a key innovation in an industry where premium escalation is a major concern.

At the same time, federal lawmakers are rolling out tax incentives that will take effect in 2010, which will let consumers use annuities and insurance products in a way that makes this kind of insurance tax-free. Other incentives allow buyers to shelter assets while yet still qualify for Medicaid if needed. Both are part of the government's effort to reduce the federal health-care burden.

Employers are also increasingly offering these so-called LTC policies. Last year, nearly two million workers at more than 7,000 companies have long-term-care coverage, more than double the level of five years ago. John Hancock is adding 40 to 50 new employers each year. Among the companies offering coverage off-balance sheet is Detroit architectural-design firm Harley Ellis Devereaux, which began offering a group discount on coverage as a perk to help retain quality staff. "It's important to compete for people in architectural engineering," said Jim Page, a pr

firm.

LTC has been around for decades, but in recent years consumers got some insurers that had underpriced their policies suddenly jacked up 60% or more in some cases. Consumers also complained that, despite premiums for years, the policies often left them at risk of losing all the cost soared, making it suddenly unaffordable.

The industry has been trying to mend its image. After much consolidation weeded out weaker companies, LTC today is sold mainly by large, solid firms, including Hancock, Northwestern Mutual Life Insurance Co., MetLife and MassMutual Financial Group. What's more, rather than completely abandoning holders who drop their contracts, it has become common to offer some residual benefits.

Experts say consumers who can afford coverage like this should consider it particularly if they hope to bequeath money to their children. Statistics show that 25% to 50% of elderly people will require some form of long-term care. Most do will draw on their policies for about four years, on average.

While that means most retirees won't incur substantial long-term care costs, an unlucky few will get hit with huge costs. Nursing homes cost about \$100,000 annually, while assisted-living centers were about \$35,600 annually, according to MetLife's Mature Market Institute. Home-care costs run about \$19 an hour and can pile up.

Long-Term Headache

It's been a tough sell. Not only are these policies—covering such needs as nursing-home care or health-care aides—complex and pricey, they can still leave you exposed to big costs. Another problem: Many people assume Medicare and Medicaid already cover such long-term care. (They generally don't.)

Elimination Period

Determines when you stop paying for care and the policy kicks in. It's usually between 30 and 90 days, but can go much longer. The question to ask: How much care can I afford before the policy takes over? Ninety days instead of 30 can cut the premium by 15% to 20%, but you'll be on the hook for two additional months of out-of-pocket expenses.

Daily Benefits

How much the insurer pays. You generally choose a number between \$50 and \$500 a day. Check out notaburden.com (MassMutual's Web site for financial professionals), which shows typical costs in different geographical regions. Look under the "Cost by State Calculator" under the "For Producers" link, and divide the annual cost by 365.

Inflation Protection

Ratchets up benefits by a certain amount each year to keep pace with rising long-term care costs, which have been increasing nearly 6% a year. Many policies come with 5% annual compounded inflation protection. You can substitute reduced inflation protection, which lowers your premium but ultimately shrinks your benefits.

Length of Coverage

How long you want benefits paid. Most policies cover three, four or five years. Some offer lifetime coverage, which can increase premiums by 30% to 60% over five-year coverage. As a point of reference: Most current policyholders draw on coverage about four years, on average.

Source: WSJ

But LTC policies can be expensive, too—from \$1,500 to more than \$10,000 a year when bought between the ages of 60 and 70. For buyers in their 40s,

run less than \$750 a year, but that means a policyholder could end up thousands of dollars over decades, yet may never need coverage.

Complicating matters: If your health is bad, you won't qualify to buy making it important to make the decision while healthy. "By waiting you're rolling the dice," says Peter Katt, a fee-only insurance consultant in Mattawan, Mich.

Simply having a policy doesn't mean you're home free. There may be considerable costs if your policy's benefits (typically paid as a daily percentage of coverage amount) don't cover your bills.

Dorian Rushing, a 47-year-old interior designer at Harley Ellis Devereaux, signed herself and her husband up. She pays about \$90 a month for coverage amount to \$100 in daily coverage, a figure that will grow with inflation. Rushing recognizes that her policy might not cover all her future costs. Long-term care in Detroit currently costs roughly \$90 to \$150 a day. She says, "In the end, I just wanted to get some coverage to have some protection about our future."

The policies are generally most appropriate for people who have between one and a couple million dollars in net assets, and who want to protect some money for heirs, since an LTC policy will cover costs that otherwise would deplete those savings. People with more than about \$2 million don't necessarily need coverage, since they can in effect self-insure. Yet it still can provide a way to preserve as much of an estate as possible. The policies typically provide between \$50 and \$500 a day in coverage.

For all but the very poor, Medicare and Medicaid generally aren't optimal. Medicare generally doesn't cover long-term-care needs, such as routine help with eating and bathing. Access to Medicaid-eligible nursing homes, meanwhile, generally requires you to be impoverished. In addition, new rules make it tougher for a person to give away assets in order to qualify for Medicaid coverage.

Instead, federal lawmakers are encouraging consumers to buy LTC coverage. In the pension-overhaul bill signed in August, Congress included a measure that will allow consumers beginning in 2010 to pull money out of an annuity on their own, and use that cash on a tax-free basis to buy a long-term care contract. (Consumers can generally do this with life insurance already.) Previous long-term care transactions typically resulted in taxes due at ordinary income rates of up to 35%.

Also, the new law allows consumers to completely exchange an annuity for a long-term care policy without triggering a taxable event, a potentially good option for retirees buying LTC in their 70s, when policies can be exceedingly expensive.

In another move this year, the federal government expanded a national program, called the Long-Term Care Partnership, that allows people to give away some of their assets and still qualify for Medicaid, if they have purchased a long-term care policy. Currently, four pilot-program states offer the partnership—Connecticut, Indiana, New York—though a number of other states including Idaho, Minnesota and Nebraska are implementing the rules necessary for the program.

in the partnership, too.

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