

# NEW YORK STATE PARTNERSHIP FOR LONG-TERM CARE



## Comparison of Partnership Policies In New York State

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June, 2004

**ABOUT THIS REPORT:**

This report is intended to provide basic information about the minimum policy requirements under the New York State Partnership for Long-Term Care, and a comparison of various policy features offered by the partnership insurance companies. The policy comparison was made among **individual** policies and only includes selected policy features available.

This report is an alphabetical listing of participating insurers and is intended to help you make informed decisions in choosing a Partnership policy that may suit your personal needs. We will **NOT** recommend a particular policy or insurance company, but do recommend that you thoroughly review a particular policy you may purchase and other related materials. Only **you** can decide which policy best meets your future long-term care needs.

Before purchasing a Partnership policy, always have your questions answered to your satisfaction by your insurance company, agent or the New York State Partnership for Long-Term Care (1-888-NYSPLTC (697-7582)).

We hope this report, along with the other publications available from the Partnership Office and the program website ([www.nyspltc.org](http://www.nyspltc.org)), will help you in determining whether New York Partnership for Long-Term Care insurance is appropriate for you.

## MINIMUM POLICY REQUIREMENTS UNDER THE NYSPLTC:

*New York State Partnership policies must include the following features:*

- ◇ Each policy will cover you for a minimum of:
  - Three years in a nursing home, or
  - Six years of home care, or
  - Some combination of nursing home and home care where two days of home care equals one nursing home day.
- ◇ In 2004, the minimum daily benefit amounts are:
  - \$171 for nursing home care
  - \$86 for home care

**NOTE:** These minimum daily benefits increase by 5%, compounded annually each year automatically due to mandated 5% compound inflation protection in partnership policies when issued at ages 79 or younger. The 5% compound inflation protection is optional at issue ages 80 or older; the 5% compound increase every year only occurs in policies first issued at ages 80 or older when the insured opted for the 5% compound inflation protection feature. (Department of Insurance Reg. 144 (11NYCRR39) §39.3(b)(5)).

- ◇ The elimination (waiting) period for basic coverage can be no greater than 100 days (Department of Insurance Regulation 144, §39.3(b)(9)).
- ◇ At a minimum, the following services must be covered:
  - **Nursing home care**
  - **Home care**
    - Skilled Nursing Care
    - Home Health Care
    - Personal Care
    - Assisted living care
    - Adult day care

- **Respite care:** Nursing home and/or home care services provided in lieu of informal caregiver services. **At least 14 days per year at a nursing home daily benefit amount.**
  - **Care Management:** Information and referral services to provide the participating consumer with information concerning policy coverage, including but not limited to coverage, benefits and potential resources, which shall be characterized as an expense cost; and also consultation services, defined as assistance and advise in choosing and applying for long term care services, based on the personal needs of the participating consumer. **At least 2 days per year at a nursing home daily benefit amount.**
  - **Alternate care:** This benefit covers days at the nursing home daily benefit amount when a policyholder is unable to obtain access to nursing home or home care services, and he/she is in a hospital setting awaiting the availability of such services and has been determined by the attending physician to be in alternate care status.
- ◇ **5% inflation protection:** Minimum daily benefits increase by 5%, compounded annually each year automatically due to mandated 5% compound inflation protection in partnership policies when issued at ages 79 or younger. This 5% compound inflation protection is optional for persons 80 years of age or older at time of purchase; the 5% compound increase every year only occurs in policies first issued at ages 80 or older when the insured opts for the 5% compound inflation protection feature.
  - ◇ **Level premiums:** Level premiums mean that your insurance company cannot increase your premium based on your age or health, but it can change premiums for everyone covered by a policy form, but premiums are derived by spreading the increased risk of needing long term care services at older ages over the lifetime of premium payments, and must be approved by the New York State Insurance Department.
  - ◇ **Extended grace period option:** The Participating Insurer must offer the Participating Consumer the option to designate an individual to be notified when policy lapse is imminent. If the policyholder selects the designee option, your insurance company must offer a grace period of at least 30 days after designee notification before cancellation may be effected.
  - ◇ **Portability:** Coverage can be used outside of New York State. However, Medicaid Extended Coverage is valid only for services and service providers approved under New York's Medicaid program for residents of New York State.

***Things to consider:***

There are several things to consider when purchasing a Partnership for Long-Term Care policy:

- ▶ The cost of care in your area.

It is important for you to know how much care costs where you plan to live. Long-term care costs vary around New York State and across states. If you choose a policy, which covers \$171 per day for nursing home care, and the actual cost is \$250 per day, you are responsible for the difference or co-payment (\$79 per day).

- ▶ If there is any help available to you from family or friends.

Care provided by family and/or friends can postpone or lessen the need for paid care. When needing assistance in everyday activities, you may be uncomfortable asking for assistance. Even if they are willing to give some help, you may still need to pay for additional services. In this case, and depending on your financial situation, long-term care insurance may be an effective way of managing this expense.

- ▶ Your financial situation.

If your income is not enough to pay your insurance premium and you have to use your limited assets, buying long term care insurance may not be a good idea. Someone with few assets may qualify for Medicaid assistance relatively quickly if care were needed. If you have limited discretionary funds (total annual income minus total annual expenses), paying for long-term care insurance could cause a significant reduction in your standard of living. In this case, long-term care insurance may not be an appropriate purchase. When buying long term care insurance, consider whether or not you can afford it.

If you have a lot of assets, then protecting these assets may be a major reason to buy long-term care insurance. The unique advantage to a Partnership policy is that if you use the minimum benefits (3 years nursing home, 6 years home care or a combination of both), you are eligible to apply for Medicaid Extended Coverage in New York without regard to the type or amount of assets you may have. **There is no limit to the assets you may keep and your Medicaid eligibility is determined according to Medicaid income rules only.**

- ▶ If after purchasing your partnership policy you decide to relocate to another state, you can use your Partnership insurance outside of New York State, but you must return to New York in order to take advantage of the Medicaid Extended Coverage.
- ▶ New York State Partnership insurance is sold through participating insurers only. These participating insurers must have signed an agreement with and had their Partnership policies approved by the NYS Health Department in order to offer Partnership insurance coverage in New York State. The names and toll-free numbers are available on the Partnership web site ([www.nyspltc.org](http://www.nyspltc.org)) or by calling 1-888-NYSPLTC (1-888-697-7582).
- ▶ If you decide to apply for a partnership policy, the insurer may ask about your medical history, functional status, other insurance you have or other relevant information. This information is obtained for underwriting by the insurer during the application process. The insurer could decline an insured for coverage based on information it receives from an applicant for bona fide reasons such as existing health conditions and the existence of other long-term care insurance. In some instances, the insurer could take other discretionary actions (besides coverage denial) such as charging more for coverage for some types of poorer health risks, and providing coverage with a waiver attached to the policy denying any benefits if the policy benefits become payable in the future due to the conditions described in the waiver. Such underwriting practices usually vary among insurers depending upon their underwriting viewpoint.
- ▶ After purchasing a Partnership policy, your claims may be denied or your policy voided due to false information or misrepresentations given on your application within the terms of the policy.
- ▶ Pre-existing conditions may not be covered for six months.

- Most policies **will not** cover:
- Charges for care or services that are not part of your Plan of Care;
  - Care provided by a government facility, unless you are legally obligated to pay for the treatment;
  - Charges for care or services provided outside of the United States and its possessions;
  - Charges for care or services that are required as a result of war or an act of war;
  - Charges for care or services that are required as a result of attempted suicide or intentionally self-inflicted injuries, drug or alcohol addiction;
  - Charges for care or services that are required as a result of your being intoxicated or under the influence of a non-physician prescribed narcotic;
  - Charges for care or services that are required as a result of your commission of a felony, your being engaged in an illegal occupation or participating in a riot or insurrection;
  - Charges for care or services that are paid by Medicare or other government programs except Medicaid;
  - Charges for care or services provided by an immediate family member or in a facility owned or operated by you or a family member.

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**DISCLAIMER**

**In the following charts, the Department of Health has relied upon information provided to it by the Participating Insurers. Although reasonable efforts have been made to ensure that the information is current and accurate, insurers may change plans, or features of plans, at any time so the appearance of certain information listed does not guarantee the plans, or all features of the plans are currently marketed by an insurer.**

## POLICY FEATURES

## PREMIUMS

<b><i>Participating Insurers</i></b>	<b><i>GE Capital Life Assurance Company of NY</i></b>	<b><i>John Hancock Life Insurance Company</i></b>	<b><i>MedAmerica Insurance Company of NY</i></b>
<b>Policy Number(s)</b>	51011	LTC96RWJ2NY4/99 LTC96RWJ3NY4/99	PRT11-336-NY-998
<b><i>Level premiums</i></b>	Level	Level	Level
<b><i>Type of premium (Lifetime, 20 years, 10 years)</i></b>	Lifetime	Lifetime	Lifetime, 10-pay, 20-pay
<b><i>Waiver of premiums for Home Care Benefits *</i></b>	When receiving benefits	When elimination period has been satisfied, after 90 days of benefits	Begins on 91 <sup>st</sup> day of policy paid benefits
<b><i>Waiver of premiums for nursing home care benefits</i></b>	When receiving benefits	When elimination period has been satisfied, after 90 days of benefits	Begins on 1 <sup>st</sup> day of policy paid benefits

\* Home care benefits include benefits for home and community-based care

**PREMIUMS (Cont'd.)**

<b><i>Participating Insurers</i></b>	<b><i>Metropolitan Life Insurance Company</i></b>	<b><i>Mutual of Omaha Insurance Company</i></b>	<b><i>New York Life Insurance Company</i></b>
<b>Policy Number(s)</b>	LTC-VAL-NYP	LTC20-17834 LTM20-17866	21050RWJ
<b><i>Level premiums</i></b>	Level	Level	Level
<b><i>Type of premium (Lifetime, 20 years, 10 years)</i></b>	Lifetime, 10 years, pay to 65	Lifetime	Lifetime
<b><i>Waiver of premiums for Home Care Benefits *</i></b>	First of month after eligible for benefits and completion of waiting period.	Not Available	Not Available
<b><i>Waiver of premiums for nursing home care benefits</i></b>	First of month after eligible for benefits and completion of waiting period.	After 90 continuous days of confinement	After 90 consecutive days of confinement

\* Home care benefits include benefits for home and community-based care

\*\* For services other than Respite Care or Caregiver Training

**DAILY BENEFIT AMOUNT**

<b>Participating Insurers</b>	<b>GE Capital Life Assurance Company of NY</b>	<b>John Hancock Life Insurance Company</b>	<b>MedAmerica Insurance Company of NY</b>
<b>Policy Number(s)</b>	51011	LTC96RWJ2NY4/99 LTC96RWJ3NY4/99	PRT11-336-NY-998
<b>Nursing Home</b> Min ☀ Max	\$171 \$250 \$200 <sup>☐</sup>	\$171 \$250 <sup>☐</sup> \$500	\$171 No Limit
<b>Home Care*</b> Min ☀ Max	\$ 86 \$250 \$200 <sup>☐</sup>	\$ 86 \$250 <sup>☐</sup> \$500	\$ 86 No Limit
<b>Home Care Benefit Payment</b>	50% or 100% of the monthly maximum	100% of home care DBA	50% or 100% of nursing home DBA
<b>Respite Care Coverage/ Year (days)</b>	14	14	14

☐ Maximum daily benefit amount for ages 80-84

\* Home care benefits include benefits for home and community-based care

☀ 2004 Partnership Daily Benefit Minimum

**DAILY BENEFIT AMOUNT (Cont'd.)**

<b>Participating Insurers</b>	<b>Metropolitan Life Insurance Company</b>	<b>Mutual of Omaha Insurance Company</b>	<b>New York Life Insurance Company</b>
<b>Policy Number(s)</b>	LTC-VAL-NYP	LTC20-17834 LTM20-17866	21050RWJ
<u>Nursing Home</u>			
<u>Min</u> ☼	<u>\$171</u>	<u>\$171</u>	<u>\$171</u>
<u>Max</u>	<u>\$343</u>	<u>\$250</u>	<u>\$200</u>
<u>Home Care*</u>			
<u>Min</u> ☼	<u>\$ 86</u>	<u>\$ 86</u>	<u>\$ 86</u>
<u>Max</u>	<u>\$172</u>	<u>\$125</u>	<u>\$100</u>
Home Care Benefits Payment	100% of home care DBA	Up to 100% of home care DBA	100% of home care DBA
Respite Care Coverage (days)/Year	14	14	21

\* Home care benefits include benefits for home and community-based care

☼ 2004 Partnership Daily Benefit Minimum

**ELIMINATION PERIOD**

<b>Participating Insurers</b>	<b>GE Capital Life Assurance Company of NY</b>	<b>John Hancock Life Insurance Company</b>	<b>MedAmerica Insurance Company of NY</b>
<b>Policy Number(s)</b>	51011	LTC96RWJ2NY4/99 LTC96RWJ3NY4/99	PRT11-336-NY-998
<i>Elimination period For a Home and Community Based and Nursing Home setting</i>	50 or 100 days (No elimination period for Home & Community Based Care)	20, 60 or 100 days	0, 30 or 100 days
<i>Once the insured event is met, do services need to be received each day to count towards elimination period?</i>	Yes (No elimination period for Home & Community Based Care)	No	Yes Days do not have to be consecutive
<i>Once elimination period has been met &amp; you stop needing services, will a new elimination period have to be met if you need services again?</i>	No	No As long as period of care is in effect	No

**ELIMINATION PERIOD (Cont'd.)**

<b><i>Participating Insurers</i></b>	<b><i>Metropolitan Life Insurance Company</i></b>	<b><i>Mutual of Omaha Insurance Company</i></b>	<b><i>New York Life Insurance Company</i></b>
<b>Policy Number(s)</b>	LTC-VAL-NYP	LTC20-17834 LTM20-17866	21050RWJ
<i>Elimination period for a Home and Community Based and Nursing Home setting</i>	20, 45 and 100 days	20 or 100 service days	20, 60 or 100 days
<i>Once the insured event is met, do services need to be received each day to count towards elimination period?</i>	Yes Days do not have to be consecutive	Yes	Yes Days do not have to be consecutive
<i>Once elimination period has been met &amp; you stop needing services, will a new elimination period have to be met if you need services again?</i>	No	Yes	Yes If more than 183 days have elapsed since last service

**OTHER**

<b>Participating Insurers</b>	<b>GE Capital Life Assurance Company of NY</b>	<b>John Hancock Life Insurance Company</b>	<b>MedAmerica Insurance Company of NY</b>
<b>Policy Number(s)</b>	51011	LTC96RWJ2NY4/99 LTC96RWJ3NY4/99	PRT11-336-NY-998
<b>GRACE PERIOD</b>			
<i>Grace Period (days)</i>	31	61	65
<i>Reinstatement Option</i>	Yes	Yes	Yes
<i>New Application Required for Reinstatement</i>	It may be	Yes	Yes
<b>PRE-EXISTING CONDITIONS</b>			
<i>How long after effective date of policy before conditions <u>admitted</u> on the application will be covered?</i>	Immediately	Immediately	Immediately
<i>How long after effective date of policy before pre-existing conditions <u>not admitted</u> on the application will be covered? *</i>	Immediately unless fraudulent information given	6 months – unless fraudulent information given	Existing conditions are required to be disclosed as part of standard medical underwriting

\* These are summaries and the reader is advised to consult his/her policy/certificate for exact wording as to pre-existing condition limitations and penalties for making intentional or unintentional misstatements in an application for Partnership coverage.

## OTHER (Cont'd.)

<i>Participating Insurers</i>	<i>Metropolitan Life Insurance Company</i>	<i>Mutual of Omaha Insurance Company</i>	<i>New York Life Insurance Company</i>
<b>Policy Number(s)</b>	LTC-VAL-NYP	LTC20-17834 LTM20-17866	21050RWJ
<b>GRACE PERIOD/REINSTATEMENT</b>			
<i>Grace period (days)</i>	30	31	61
<i>Reinstatement Option</i>	Yes	Yes	Yes
<i>New Application Required for Reinstatement</i>	Yes	Yes	Yes
<b>PRE-EXISTING CONDITIONS</b>			
<i>How long after effective date of policy before conditions <u>admitted</u> on the application will be covered?</i>	Immediately	Immediately	Immediately
<i>How long after effective date of policy before pre-existing conditions <u>not admitted</u> on the application will be covered? *</i>	No pre-existing condition limitation	Immediately unless a material misrepresentation	6 months

\* These are summaries and the reader is advised to consult his/her policy/certificate for exact wording as to pre-existing condition limitations and penalties for making intentional or unintentional misstatements in an application for Partnership coverage.

## OTHER (cont'd.)

<i>Participating Insurers</i>	<i>GE Capital Life Assurance Company of NY</i>	<i>John Hancock Life Insurance Company</i>	<i>MedAmerica Insurance Company of NY</i>
<b>Policy Number(s)</b>	51011	LTC96RWJ2NY4/99 LTC96RWJ3NY4/99	PRT11-336-NY-998
<b>DISCOUNTS OFFERED</b>			
<i>Spousal Discount</i>	25% (married couples only)	Yes	Yes – 10% (both must enroll)
<b>PURCHASE OPTIONS</b>			
<i>Joint Life – married couple purchases one joint policy.</i>	No	No	Not available
<b>AGE AT TIME OF PURCHASE</b>			
<i>Age Range</i>	18-84	40-79	21-85
<b>POLICY TAX QUALIFIED (See Disclaimer**)</b>			
	Yes	Yes	Yes

**\*\*Disclaimer:** This document compares partnership for long term care insurance policies in terms of minimum requirements of the partnership program. The comparison is not meant to be used as a basis for comparing partnership long term care policies regarding the tax qualification requirements of HIPAA or federal regulations promulgated under the authority of HIPAA pertaining to tax qualified long term care coverage.

## OTHER (cont'd.)

<i>Participating Insurers</i>	<i>Metropolitan Life Insurance Company</i>	<i>Mutual of Omaha Insurance Company</i>	<i>New York Life Insurance Company</i>
<b>Policy Number(s)</b>	LTC-VAL-NYP	LTC20-17834 LTM20-17866	21050RWJ
<b>DISCOUNTS OFFERED</b>			
<i>Spousal Discount</i>	20% (both approved) 10% (one approved)	Yes	Not available
<b>PURCHASE OPTIONS</b>			
<i>Joint Life – married couple purchases one joint policy.</i>	Not available <input type="checkbox"/>	Not available	Not available
<b>AGE AT TIME OF PURCHASE</b>			
<i>Age Range</i>	18-84	40-75	40-85
<b>POLICY TAX QUALIFIED (See Disclaimer**)</b>			
	Yes	No	No

MetLife does not offer joint policies, but 10% is available if one of two (married couple) purchases an individual policy.

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**BENEFIT TRIGGERS**

<i>Participating Insurers</i>	<i>GE Capital Life Assurance Company of NY</i>	<i>John Hancock Life Insurance Company</i>		<i>MedAmerica Insurance Company of NY</i>
<b>Policy Number(s)</b>	51011	LTC96RWJ2NY4/99 LTC96RWJ3NY4/99		PRT11-336-NY -998
<i>Degree of <b>Assistance or Supervision</b> required with activities of daily living (ADLs) *</i>	Substantial Assistance	Substantial Assistance		Substantial Assistance
<i>Number of ADLs that will trigger insurance benefit.</i>	2	2NY4/99 2	3NY4/99 2	2
<b>ADLS used for Assessment</b>				
Bathing	√	√	√	√
Dressing	√	√	√	√
Eating/Feeding	√	√	√	√
Toileting	√	√	√	√
Transferring	√	√	√	√
Continence	√	√	√	√
<i>Degree of <b>supervision</b> required, failure of <b>standardized tests</b> (Failure), or exhibiting <b>behavioral problems</b> (Behavior) *</i>	Substantial Supervision	Substantial Supervision		Substantial Supervision

\* Always consult your policy/certificate language to ascertain the exact meaning of the terms listed in this chart item.

**BENEFIT TRIGGERS (Cont'd.)**

<b>Participating Insurers</b>	<b>Metropolitan Life Insurance Company</b>	<b>Mutual of Omaha Insurance Company</b>	<b>New York Life Insurance Company</b>
<b>Policy Number(s)</b>	LTC-VAL-NYP	LTC20-17834 LTM20-17866	21050RWJ
<b>Degree of Assistance or Supervision required with activities of daily living (ADLs) *</b>	Substantial Assistance	Substantial Assistance	Continual Human Assistance
<b>Number of ADLs that will trigger insurance benefit.</b>	2	2	3
<b>ADLs used for Assessment</b>			
Bathing	√	√	√
Dressing	√	√	√
Eating/Feeding	√	√	√
Toileting	√	√	√
Transferring	√	√	√
Continence	√		√
<b>Degree of supervision required, failure of standardized tests (Failure), or exhibiting behavioral problems (Behavior) *</b>	Substantial Supervision	Continual Assistance or Supervision	Continual Supervision

\* Always consult your policy/certificate language to ascertain the exact meaning of the terms listed in this chart item.

## COVERED SERVICES

<b>Participating Insurers</b>	<b>GE Capital Life Assurance Company of NY</b>	<b>John Hancock Life Insurance Company</b>	<b>MedAmerica Insurance Company of NY</b>
<b>Policy Number(s)</b>	51011	LTC96RWJ2NY4/99 LTC96RWJ3NY4/99	PRT11-336-NY -998
Nursing Facility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nursing Home Bed Hold Reservation (days covered)	20 days per calendar Year	20 days per calendar year	20 days per policy year
Assisted Living Facility	√	√	√
Adult Day Health Care	√	√	√
Skilled Nursing Care	√	√	√
Personal Care Services	√	√	√
Home Health Aide and homemaker services	√	√	√
Physical, Occupational and Speech Therapy	√	√	√
Respiratory Therapy	√	√	√
Chore Services	√	√	√
Medical Social Worker	√	√	
Nutritionist/Dietitian	√	√	
Caregiver	√		
Therapeutic Devices	√☼		
Emergency Response System	√☼		
Care Management	√	√	√
Hospice Care	√	√	√
Adoptable/Alternative Plan of Care	√	√	√

☼It may be part of the Supplemental Benefit

## COVERED SERVICES (Cont'd.)

<b>Participating Insurers</b>	<b>Metropolitan Life Insurance Company</b>	<b>Mutual of Omaha Insurance Company</b>	<b>New York Life Insurance Company</b>
<b>Policy Number(s)</b>	LTC-VAL-NYP	LTC20-17834 LTM20-17866	21050RWJ
Nursing Facility	√	√	√
Nursing Home Bed Hold Reservation (days covered)	20 days per policy year		21 days per calendar year
Assisted Living Facility	√	√	
Adult Day Health Care	√	√	√
Skilled Nursing Care	√	√	√
Personal Care Services	√		√
Home Health Aide and homemaker services	√	√	√
Physical, Occupational and Speech Therapy	√	√	√*
Respiratory Therapy	√		√*
Chore Services			
Medical Social Worker			
Nutritionist/Dietitian			
Caregiver	Formal only		
Therapeutic Devices			√
Emergency Response System		\$25/month for 12 months	
Care Management	√	√	
Hospice Care	√		√
Adoptable/Alternative Plan of Care	√	√	√

\* New York Life does **not** cover these services in a nursing facility.