

## Long-Term Care Policy Comparison Form North Carolina Department of Insurance SHIIP •1-855-408-1212 • www.ncshiip.com

	Policy 1	Policy 2	Policy 3
Insurance Company			
Insurance Form Number			
BENEFITS			
What services are covered and how			
much does the policy pay for?			
*Nursing Home Confinement			
> Skilled Care			
> Intermediate Care			
> Custodial Care			
> Care needed due to impaired			
ability to perform activities of			
daily living (ADLs)?			
> Home Health Care			
> Adult Day Care			
> Other care			
> What conditions must be met			
before benefits become payable			
for:			
*Nursing Home confinement			
> Physician must certify need			
> Does the insurance company or			
physician certify activities of			
daily living?			
> How many qualify as benefits?			
> How many days is the elimination or deductible period before			
benefits begin?			
> Does the policy have a maximum			
lifetime benefit? What is it?			
> What type of facility is required?			
> Is there a prior hospital stay			
required?			
> Does the policy have a maximum			
length of coverage per "spell of			
illness" or maximum benefit			
period? What is it?			
> Must care be re-certified			
periodically or is a functional			
assessment required?			1

		Policy 1	Policy 2	Policy3
Ins	urance Company			
	urance Policy Form Number			
	ome Health Care			
>	Must physician certify need?			
>	Does the insurance company or physician certify activities			
	of daily living (ADLs)? How many qualify for benefits?			
>	How many days is the elimination or deductible period			
	before benefits begin?			
^	Does the policy have a maximum lifetime benefit? If so, what is it?			
>	Is there prior nursing home o hospital confinement required? If so, what is it?			
>	Does the policy have a maximum length of coverage per "spell of illness" or benefit period? If so, what is it?			
>	Must care be re-certified periodically or is a functional			
	assessment required?			
*A	dult Day Care			
>	Must physician certify need?			
>	Does the insurance company or physician certify activities			
	of daily living (ADLs)? How many qualify for benefits?			
>	How many days is the elimination period or deductible			
	before benefits begin?			
^	Does the policy have a maximum lifetime benefit? If so, what is it?			
>	What type of facility is required?			
^	Is there a prior nursing home stay or hospital requirement before adult day care benefits are payable?			
>	Does the policy have a maximum length of coverage per			
	"spell of illness" or maximum benefit period? If so, what is it?			
>	Must care be re-certified periodically or is a functional			
	assessment required?			
*0	ther			
>	What conditions must be met before any other benefits			
	become payable?			
$\mathbf{O}_{\mathbf{I}}$	CHER POLICY PROVISIONS			
>	Can the policy be cancelled?			
>	What is a pre-existing condition and how long is the waiting period before it is covered?			
>	Does the policy offer a means of increasing benefits to			
	account for expected future costs?			
>	What are the policy exclusions?			