



Long-Term Care Policy Review Guide

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Understand what you have. Identify what's missing. Plan with confidence.

1. Policy Basics

- ☐ Who is the insurance company?
 - ☐ What is the date of the policy?
 - ☐ Is the policy still in force?
 - ☐ Is it individual, group, or employer-sponsored coverage?
 - ☐ Is it reimbursement or indemnity?
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2. Benefit Details

- ☐ What is the **monthly benefit amount**?
 - ☐ What is the **maximum benefit period** (years)?
 - ☐ What is the **total benefit pool** (monthly × benefit period)?
 - ☐ Is the benefit **shared** between spouses (if joint policy)?
 - ☐ Are there any **minimum or maximum daily limits**?
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3. Inflation Protection

- ☐ Is there an inflation rider?
 - ☐ If yes, what type? (e.g. 3% compound, 5% simple, CPI-linked)
 - ☐ Is it guaranteed or optional?
 - ☐ Does it expire at a certain age?
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4. Elimination Period

- ☐ What is the elimination period (waiting period)?
 - ☐ Is it **calendar days** or **service days**?
 - ☐ Can days be satisfied with home care?
 - ☐ Is it waived for certain settings or services?
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5. Benefit Triggers

- ☐ Does it require **2 of 6 ADLs** or **cognitive impairment**?
 - ☐ Who certifies eligibility (physician, nurse, etc.)?
 - ☐ Is a **Plan of Care** required?
 - ☐ Are recertifications required annually?
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6. Covered Care Settings

- ☐ Does the policy cover:
 - ☐ Home health care?
 - ☐ Adult day care?
 - ☐ Assisted living?
 - ☐ Skilled nursing?
 - ☐ Hospice?
 - ☐ Are there provider licensing requirements?
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7. Policy Provisions

- ☐ Is there a **waiver of premium** during claim?



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- ☐ Are **care coordination services** included?
 - ☐ Is there a **bed reservation benefit**?
 - ☐ Does the policy include a **restoration of benefits** clause?
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8. Special Riders or Features

- ☐ Shared care?
 - ☐ Return of premium?
 - ☐ Survivorship?
 - ☐ Restoration of benefits?
 - ☐ Alternative care benefit?
 - ☐ Cash indemnity option?
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9. Exclusions and Limitations

- ☐ Are there exclusions for certain diagnoses or conditions?
 - ☐ Are international benefits available or excluded?
 - ☐ Are benefits reduced after a certain age?
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10. Claims History or Status (if applicable)

- ☐ Has the policyholder filed a claim before?
 - ☐ Any previous denials or approvals?
 - ☐ Is the current claim active or closed?
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11. Next Steps



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- ☐ Do you have a current copy of the full policy?
- ☐ Have you reviewed the Summary of Benefits recently?
- ☐ Do you need help interpreting any part of the contract?
- ☐ Would you like to discuss updating or supplementing your coverage?

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