

# Long-Term Care and Other Options for Seniors

## *A Guide for Consumers*

PRINTED 10/01



The Florida  
Department of  
Insurance

**Tom Gallagher**  
The Treasurer of  
the State of Florida  
and Insurance  
Commissioner



**Are You Prepared**

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***Dear Consumer:***

The need for insurance is a fact of life in many situations. Knowing how our insurance policies work, in addition to having the correct type and amount of insurance, can help us recover financially when experience such things as illness, car accidents, natural disasters or even death. And since the insurance industry and insurance policies often change, it's essential to keep abreast of new developments.

The Florida Department of Insurance publishes a variety of consumer guides to help you in this task. They include: *Automobile Insurance* (also available in Spanish), *Life and Annuities*, *Small-Business Owner's Insurance*, *Insuring Your Home*, *Health Maintenance Organization*, *Long-Term Care and Other Options for Seniors* and *Medicare Supplements*. Each guide contains basic information, definitions of common terms and tips on selecting an insurance agent and company. Each guide also details your rights and responsibilities as an insurance consumer. You can have any of our guides sent to you by filling out and mailing the order form at the back of this guide, or by calling the Florida Department of Insurance Consumer Helpline toll-free at 1-800-342-2762.

If you have questions after reading this guide, please call our Insurance Consumer Helpline toll-free at 1-800-342-2762 between 8 a.m. and 4:45 p.m. Monday through Friday. The hearing impaired may use a TDD to call 1-800-640-0886. You may also contact the service office in your area (listed inside the back cover of this guide).

Sincerely,

A handwritten signature in black ink that reads "Tom Gallagher". The signature is written in a cursive style.

Tom Gallagher  
Florida's Treasurer, Insurance Commissioner  
and State Fire Marshal

If you have an  
insurance question or  
problem, call the:

**INSURANCE**

**C O N S U M E R**

*Helpline*

**1-800-342-2762**

**TDD Users Only**

Telecommunications Device for the Deaf

**1-800-640-0886**

**Internet**

Browse the Florida Department of  
Insurance Web site at:

**[www.doi.state.fl.us](http://www.doi.state.fl.us)**

# Service Offices

## **DAYTONA BEACH**

955 Orange Ave. Suite E  
Daytona Beach, FL 32114-4674  
(386) 254-3920

## **FORT LAUDERDALE**

499 N.W. 70th Ave.  
Suite 301B  
Plantation, FL 33317-7574  
(954) 327-6027

## **FORT MYERS**

2295 Victoria Ave.  
Suite 163  
Fort Myers, FL 33901-3867  
(941) 332-6948

## **JACKSONVILLE**

9000 Regency Square Blvd.  
Suite 201  
Jacksonville, FL 32211-8100  
(904) 727-5505

## **MIAMI**

401 N.W. 2nd Ave.  
Suite N-307  
Miami, FL 33128-1700  
(305) 377-5235

## **ORLANDO**

400 W. Robinson St.  
Suite N-401  
Orlando, FL 32801-1794  
(407) 245-0870

## **PENSACOLA**

160 Governmental Center  
Suite 515  
Pensacola, FL 32501-5739  
(850) 595-8040

## **ST. PETERSBURG LARGO**

11351 Ulmerton Road  
Suite 240  
Largo, FL 33778-1636  
(727) 588-3638

## **TALLAHASSEE**

Larson Building  
200 E. Gaines St.  
Tallahassee, FL 32399-0323  
(850) 413-3132

## **TAMPA**

5309 E. Fowler Ave.  
Tampa, FL 33617-2221  
(813) 987-6741

## **WEST PALM BEACH**

400 N. Congress Ave.  
Suite 210  
West Palm Beach, FL 33401-2913  
(561) 681-6392

# Long-Term Care Insurance

## What Is Long-Term Care?

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Long-term care encompasses a wide range of medical, personal and social services. A person may need this care if he or she suffers from a prolonged illness, disability or cognitive impairment. This care includes services provided by home health care agencies, adult day care centers, traditional nursing homes and continuing care retirement communities. (For definitions, please see the glossary beginning on page 66.) In addition, family members often provide long-term care.

### Types of Nursing Care

As a person begins to plan for their long-term care needs, they will hear references to various types of nursing care, including **skilled**, **intermediate** and **custodial**.

**Skilled care** generally involves medical conditions that require care by trained medical personnel, such as registered nurses or professional therapists. A physician orders this 24-hour-a-day care as part of an overall treatment plan.

People may need skilled care for a short time after an acute illness or injury, such as a stroke or hip fracture. However, some may require it for longer periods. A patient may obtain such care in a skilled nursing facility, nursing home or in an individual's home with help from visiting nurses or therapists.



**Intermediate care** refers to treatment needed daily but not necessarily 24 hours a day. A physician orders this care and registered nurses provide supervision. It involves less specialization than skilled care but often requires more attention to personal needs.

**Custodial care** involves helping a person perform the activities of daily living, such as bathing, eating, dressing, going to the bathroom, and transferring (i.e., moving into or out of a bed, chair or wheelchair). It involves less intensive or complicated



services than skilled or intermediate care, and can take place in many settings, including nursing homes, adult day care centers, or private residences. Custodial care is sometimes called personal care.

In Florida, nursing homes must be licensed for both skilled nursing care and intermediate care. To verify whether a nursing home is licensed, call the Agency for Health Care Administration toll-free at 1-888-419-3456.

In addition to the three levels of nursing care, long-term care policies must also provide at least one lower level of care. These lower levels of care may be delivered by adult congregate living facilities, adult day care centers, adult foster homes, assisted living facilities, home health agencies, nursing services or social service agencies. (For definitions, see the glossary, beginning on page 66.)

## **What is Long-Term Care Insurance?**

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Private insurance companies offer individual or group long-term care insurance policies that provide benefits for a range of services not covered by your regular health insurance, Medicare or Medicare supplement insurance.

Long-term care policies may be sold by an agent or through the mail. Some companies sell these policies through senior citizen organizations, fraternal societies and Continuing Care Retirement Communities. Some employers now offer these policies to their employees.

## Standard provisions

Long-term care policies are not standardized, resulting in many different policy designs. However, there are some standard provisions that must be a part of long-term care policies sold in Florida.

- Long-term care policies must cover at least 24 months of skilled, intermediate or custodial nursing home coverage supervised or recommended by a doctor.
- Long-term care policies must provide at least one lower level of care, such as home health care or adult day care. The benefits for this lower level of care must have at least half the benefits of the nursing home care, in both the benefit period and the benefit amount. For example, if you bought a policy with a two-year nursing home benefit, the lower level(s) of care must last at least one year.

## Coverage

While long-term care policies vary in coverage, they will usually either pay a fixed-dollar amount (an indemnity) or the actual costs of care. However, policies that pay for actual costs usually have a specified daily benefit amount that puts limits on how much can be paid out each day. There may also be a limit on how many days the benefits will last.

## Tax advantages

As a result of the federal Health Insurance Portability and Accountability Act of 1996, some insurance

companies offer policies with certain tax advantages.

Policies with tax benefits are known as “qualified policies.” Generally, they offer the same benefits as long-term care policies, but the eligibility requirements may differ. For example, the insured must be chronically ill or unable to perform at least two activities of daily living, such as bathing or dressing, in order to receive benefits.

You can find out more information about these policies by contacting a trusted and reputable insurance agent, attorney, accountant or financial planner. You can also contact the Insurance Consumer Helpline toll-free at 1-800-342-2762.

## **Before You Buy Long-Term Care Insurance**

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Before spending any money on a long-term care policy, you should first ask yourself if you need one and if you can afford it. Also find out if the policy provides the types of benefits you want.

### **Will you need a long-term care insurance policy?**

The possibility of needing long-term care increases with age. At age 65, seniors face a 40 percent lifetime chance of a nursing home stay, according to the U.S. Department of Health and Human Services. For about 10 percent of the seniors, this stay will last five years or longer.

You may not need long-term care insurance if you have enough savings to cover your health care.

Nationally, the average cost of nursing home care is about \$40,000 a year, according to the Health Insurance Association of America (HIAA). Medicaid is the only government program available to pay long-term care costs for those who meet certain federal poverty guidelines and cannot afford to buy private insurance or pay the costs out-of-pocket. Contact your local Social Security office or your Area Agency on Aging for more information on Medicaid.

Informal caregivers, such as family and friends, provide about 70 percent of all long-term care, according to the HIAA. You should discuss with your spouse, children or friends what assistance they would provide to you if you became sick or injured and needed to be cared for. It is a difficult subject to discuss, especially when you are feeling well, but you should know what kind of help they can provide and what care you will have to pay for.

Before committing yourself to a policy, you should also investigate what services your community provides for seniors. Area Agencies on Aging may be able to provide you with some of this information. To obtain the Area Agency on Aging phone listing in your area, call the Elder Helpline toll-free at 1-800-96-ELDER (1-800-963-5337).

## What kind of policies can you buy?

There are many combinations of benefits available for long-term care insurance, and many types of policies.

**Fixed dollar amount** – Most policies pay a specific amount, or indemnity, for each day you receive coverage.

**Individual life insurance** – Under this arrangement, a percentage of the policy’s death benefit goes toward long-term care costs. However, the death benefit and the cash values are reduced when long-term care benefits are paid. Check with your agent to find out if you meet the qualifications for this coverage.

**Limited benefit policy** – This is any policy that limits coverage to care in a nursing home or to one or more lower levels of care. For example, “nursing home only” or a home health care policy are choices that would be considered a limited benefit policy.



## Can you afford long-term care insurance?

Some financial experts recommend that you spend no more than five percent of your income on a policy. Following this recommendation means that you would need an annual income of at least \$60,000 to afford a \$3,000 policy that would provide all the benefits for a range of care. Of course, the price of your policy will depend partly on your health status, your age and the benefits you choose.

Carefully evaluate your sources of income. If you have large investments to protect, such as houses, businesses or stocks, it might be a good idea to buy

a long-term care policy. This is especially true if you do not want to use all of your savings and assets to pay for long-term care.

However, if you are living on a limited income, such as Social Security benefits or a small pension, a long-term care policy may not be the best way to spend your income.

## Can you qualify for a policy?

Companies selling long-term care insurance underwrite their coverage. This means that you may have to answer a few questions about your health for the “short-form” underwriting process; or the company may collect a more detailed health history from you for an extensive underwriting process. The detailed underwriting procedure includes an examination of your current medical records and a statement from your doctor regarding your health.

If you have only minor health problems, most companies will issue you a policy. However, there will be a waiting period for most pre-existing conditions. A **pre-existing condition** refers to a case in which medical advice or treatment was needed, recommended by or received from a health care provider within a certain period of time before the date the insured person’s coverage took effect.

## Will a long-term care policy help provide the care you need?

Although long-term care policies have mandated coverage requirements in Florida, they may provide limited types of care. Discuss your needs with your

family and friends before signing a contract, and make sure the policy will fill any gaps in care you have.

Long-term care insurance involves a significant expense for most people. Before you buy, decide whether you need and can afford it, and whether it will provide the services you need.

## **Do You Qualify For Medicaid?**

Seniors who do not have the financial resources to pay their long-term health care expenses may qualify for Medicaid. Medicaid pays almost one-half of the nation's long-term care bills.

To qualify for Medicaid, your monthly income must be less than the federal poverty level and your assets cannot exceed certain limits.

Medicaid will cover you in only Medicaid-approved nursing homes that provide the level of care you need. Under certain circumstances, Medicaid will pay for home health care. The rules governing Medicaid are complex. For more information about Medicaid and long-term care, contact the Department of Elder Affairs toll-free at 1-800-96-ELDER (1-800-963-5337), or the Insurance Consumer Helpline toll-free at 1-800-342-2762.

## **Factors to Consider When Choosing a Policy**

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You should consider what benefits the policy offers and the criteria for receiving those benefits before you buy a policy from the vast long-term care

market. You should also consider the exclusions and limitations of the policy. Discuss the policy with relatives, friends or your lawyer before signing, and always read the fine print. Do not be afraid to tell an agent that you need time to think about your decision before you sign.

## **What activates payment of benefits?**

Long-term care policies vary in the types of care they cover, the daily benefit amount they pay, and the length of time the coverage lasts. Read the policy carefully to see under what conditions benefits are paid.

Even though you pay for the benefits, the insurer does not guarantee coverage unless you satisfy certain requirements. For example, most policies require that you be unable to perform a given number of activities of daily living, such as dressing, bathing and eating, without assistance.

Some policies specify that they will cover only “medically necessary” care. Before buying such a policy, make sure you understand how the policy defines “medically necessary.”





Most policies also have a benefit trigger for “cognitive impairment.” Policyholders can only qualify for benefits if they are unable to pass tests assessing their mental functioning. This standard is important if a person has Alzheimer’s disease. An insurance company may deny coverage to an individual who already has Alzheimer’s or any other pre-existing conditions. Insurance regulations require long-term care policies to cover Alzheimer’s for existing policyholders.

Read and understand the terms used in the policy and how they apply to your coverage. A policy usually includes a section that lists and defines terms.

The same terms may be defined differently in various policies. For example, the term “care coordinator” may be referred to as a case manager or a benefits advisor. Please be aware that you are not bound to the insurance company’s assessment of your eligibility for benefits. You may use your own licensed health care practitioner to assess your eligibility.

## **How long does coverage last?**

When you apply for a long-term care policy, you will have a choice in designing your policy. You decide on:

- the daily benefit amount,
- the maximum benefit period, and
- the elimination period (explained below) that would best suit your needs.

The benefit may be a set dollar amount or may be stated as the number of years, months or days you will receive benefits. However, before the benefits start, you must satisfy an elimination period. The elimination or waiting period refers to the length of time you must wait after entering a nursing home or using home care before benefits from your policy will begin. The elimination period will range from zero to 180 days.

## **What is not covered?**

Read the exclusion section of the policy carefully. Policies sold in Florida cannot exclude coverage for named conditions (stated in the policy) or diseases such as Alzheimer's or similar organic brain disorders, like severe dementia.

Most long-term care policies will exclude coverage for:

- mental and nervous disorders or diseases (except organic brain disorders),
- alcoholism and drug addiction,
- illnesses caused by an act of war,
- treatment already paid for by the government, and
- attempted suicide or the result of an intentionally self-inflicted injury.

## **How are premium costs determined?**

Premiums for long-term care insurance vary from policy to policy. The premiums usually depend on

your age when you buy the policy, your health, the benefits provided, the length of the elimination period, and any additional options you choose. These variables are outlined below.

**Age** – Each company sets the age limits that determine the cost. Usually, the younger you are when you buy a policy, the lower the premium.

**Health Condition** – Some companies may set health underwriting criteria. Your general state of health may be determined by filling out an application. It is very important to state facts correctly and to not omit anything. Any omission can result in your policy being cancelled.

**Benefits** – Know what your policy will pay and the length of time you will be covered. Generally, when the policy pays more benefits, either through a larger daily benefit amount or a larger benefit period, the policy will have more expensive premiums.

**Elimination period** – The elimination period is the number of days you must be in a nursing home or receive a lower level of care before you begin receiving benefits from your policy. Usually, the longer the elimination period, the lower the premium. However, keep in mind that people often stay in a nursing homes less than 90 days.

**Additional options** – Additional options include “inflation protection,” “non-forfeiture” and “premium-waiver” benefits.

Your premium costs may increase after you purchase your policy, but they must increase for all people with the same policy in the state. This means that you cannot be singled out for a premium in-

crease if you develop an illness or medical condition. Before you buy a policy, know the average cost of nursing homes in your area. This can help you better determine the amount of benefits you need.

Group coverage usually offers the best value. Annual individual premiums vary widely. Annual premiums of \$1,500 at age 60 and \$3,000 at age 70 are not uncommon for typical individual policy prices.

## What other features should I look for?

Florida law requires companies to offer inflation protection and non-forfeiture benefits on long-term care policies. You should also inquire about a premium-waiver benefit. These options may better meet your long-term care needs, but will require a higher premium.



**Inflation protection** automatically increases your benefits each year by a specific percentage. Insurance companies must offer a five percent compounded inflation protection. Without such protection, the dollar amount of care for your policy remains the same. This means that 10 years after your purchase, your policy would not pay as much of your bill as it originally would have, due to the increased cost of care.

The **non-forfeiture** benefit provides a reduced amount of long-term care benefits or a shortened coverage period, if your policy is cancelled because you are unable to continue to pay your premiums. For more information, contact your insurance agent or company.

A **premium-waiver** clause allows you to stop paying premiums while you receive benefits. The National Association of Insurance Commissioners (NAIC) recommends that you obtain such a waiver with your policy.

## Renewing Your Policy

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In Florida, all long-term care policies are “guaranteed renewable.” This means that your insurance company cannot cancel your policy unless you do not pay your premiums, or deliberately provide false information or leave out key facts about your health history. Once you exhaust the maximum benefit period, the company can terminate your policy.

When renewing your policy, you should not be pressured into dropping your current policy to buy a “new and improved” version. Talk with your agent or company about upgrading your current policy to increase benefit amounts and periods, or to include inflation protection. If you’re thinking about switching policies, take time to read the new policy and determine whether it will provide key benefits that your current policy doesn’t offer. Also, check to see if you must satisfy another waiting period for pre-existing conditions that you already satisfied under your current policy.

If you decide to switch policies, make sure your new policy has taken effect before discontinuing the old one.

## Consumer Alert

Although a company can't exclude coverage for named diseases and conditions, such as Alzheimer's disease, it has the right to refuse to sell you coverage if you have failing health. Therefore, it is wise to consider your long-term care needs while you are in good health.



# Comparison Shopping Examples

.....

Example A provides a sample benefit plan for a long-term care policy. In this example, the premium cost falls in the middle range of costs for similar benefits.

Example B, provided on pages 19-21, is for comparison shopping purposes only. It provides a rough idea of what a long-term care policy may offer. It also points out some benefits that you may want to compare among the policies you review.

Please contact your agent or company for the most current premiums available for your needs.

## Example A – Long-Term Care Policy Example

**Renewability:**

Guaranteed renewable

**Daily benefits:**

Skilled care \$100

Custodial care \$100

Intermediate care \$100

Home care \$50

Other benefit levels may be available.

**Maximum benefit period:**

Six years (four years nursing home, two years lower level of care); several maximum benefit periods may be available (the usual range is 3-10 years).

**Elimination period:**

Zero days

Several choices may be available ranging between zero-180 days.

**Premium waivers:**

Premiums waived after 90 days of continuous confinement in a nursing home (sometimes premiums waived for all covered care received).

**Inflation protection:**

Companies must offer this option.

Consumers have a choice of level or compound interest for their policy. Benefit levels increase 5 percent each year to a maximum of 150 percent.

**Annual premiums:**

Age	Male or Female Basic Policy Only	Including Inflation Protection
65	\$1,526	\$2,871
75	\$3,945	\$7,262
85	\$7,615	\$12,646

**This example is for comparison shopping purposes only.**

Your premiums may be different from those used in the example. The amount you pay will be based on your age, sex and the type of coverage you choose. Usually, the older you are when you buy long-term care insurance, the higher the premium cost.

Please refer to the glossary beginning on page 66 for definitions of the terms used in this example.



# Example B – Comparison Shopping Checklist

Use the following checklist to help you compare long-term care insurance policies. A partial list of insurance companies offering long-term care insurance in Florida begins on page 22.

## QUESTIONS YOU SHOULD ASK:

- In addition to nursing home care, which of the following services are covered?
  - Home health care
  - Adult foster home
  - Adult day care
  - Adult congregate living facility
  - Nursing service
- For these services, how much does the policy pay per day?
  - Nursing home care
  - Home health care
  - Adult day care
  - Adult congregate living facility
  - Nursing service
  - Other
- What are the lengths of the benefit periods?
  - Nursing home care
  - Lower levels of care
- How long must I wait before pre-existing conditions are covered?

	Example	Company A	Company B
	<u>yes</u> no	yes no	yes no
	<u>yes</u> no	yes no	yes no
	<u>yes</u> no	yes no	yes no
	<u>yes</u> no	yes no	yes no
	<u>yes</u> no	yes no	yes no
	\$ <u>100.00</u>	\$ _____	\$ _____
	\$ <u>100.00</u>	\$ _____	\$ _____
	\$ <u>100.00</u>	\$ _____	\$ _____
	\$ <u>100.00</u>	\$ _____	\$ _____
	\$ <u>100.00</u>	\$ _____	\$ _____
	\$ <u>100.00</u>	\$ _____	\$ _____
	<u>4</u> years	___ years	___ years
	<u>2</u> years	___ years	___ years
	<u>6</u> months	_ months	_ months

## QUESTIONS YOU SHOULD ASK:

5. How many days is the elimination period before benefits begin?
  6. How much does the base policy cost per year?
  7. How much extra does non-forfeiture protection cost?
  8. How much extra does inflation protection cost?
- Total** →
9. Are there special conditions that I must meet before I can begin receiving benefits?
  10. Does an “activities-of-daily living” assessment need to be completed?
  11. Will the company have its care coordinator conduct this evaluation?

Example	Company A	Company B
<u>0</u> days	_____ days	_____ days
\$ <u>1,500.00</u>	\$ _____	\$ _____
\$ <u>450.00</u>	\$ _____	\$ _____
\$ <u>1,400.00</u>	\$ _____	\$ _____
\$ <u>3,950.00</u>	\$ _____	\$ _____
<b>Total</b>	<b>Total</b>	<b>Total</b>
<input checked="" type="radio"/> yes    no	yes    no	yes    no
<input checked="" type="radio"/> yes    no	yes    no	yes    no
<input checked="" type="radio"/> yes    no	yes    no	yes    no



**QUESTIONS YOU SHOULD ASK:**

12. Which of the “benefit triggers” does the policy use to decide your eligibility for benefits? (It may have more than one.)
- Unable to do activities of daily living
  - Cognitive impairment (Older policies may discriminate against Alzheimer’s; newer ones don’t.)
  - Lisenced Health Care Practitioner certification of medical necessity
  - Prior hospital stay

13. How long before you are covered for a pre-existing condition? (usually six months)

14. How long will the company look back in your medical history to determine a pre-existing condition? (usually six months)

15. Is the policy tax qualified?

16. Does the policy have a premium-waiver clause?

Example	Company A	Company B
<input checked="" type="radio"/> yes <input type="radio"/> no  <input type="radio"/> yes <input checked="" type="radio"/> no  <input checked="" type="radio"/> yes <input type="radio"/> no <input type="radio"/> yes <input checked="" type="radio"/> no	yes no  yes no  yes no yes no	yes no  yes no  yes no yes no
<u>6</u> months	__months	__months
<u>6</u> months	__months	__months
<input checked="" type="radio"/> yes <input type="radio"/> no	yes no	yes no
<input checked="" type="radio"/> yes <input type="radio"/> no	yes no	yes no



# Companies Offering Long-Term Care Insurance

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Many companies sell long-term care insurance in Florida. The following list shows companies with policies approved for sale by the Florida Department of Insurance as of April 2001. A licensed company may not actually market the product in our state. Contact each company to determine if it currently offers long-term care insurance. To verify whether a company may sell insurance in Florida, call the Insurance Consumer Helpline toll-free at 1-800-342-2762.

Inclusion of a company name here does not constitute an endorsement by the Department of Insurance.

**AIG Life Insurance Co.**

1-800-244-1927

**Allianz Life Insurance Co.**

(763) 765-6500

**Allied Life Insurance Co.**

(217) 245-9531

**American Family Life**

**Assurance Co. of Columbus**

(706) 323-3431

**American Fidelity & Liberty  
Insurance Co.**

1-800-659-9206

**American Fidelity**

**Assurance Co.**

(405) 523-2000

**American Network**

**Insurance Co.**

(610) 965-2222

**American Pioneer Life**

**Insurance Co.**

(407) 628-1776

**Bankers Life and Casualty Co.**

1-800-621-3724

**Bankers United Life**

**Assurance Co.**

(319) 398-8511

**Blue Cross and Blue Shield of Florida Inc.**

1-800-876-2227

**Central States Health and Life Company of Omaha**

1-800-541-2363

**Cincinnati Life Insurance**

(513) 870-2000

**Colonial American Life Insurance Co.**

(215) 723-3044

**Conseco Senior Health Insurance**

1-800-888-4918

**Constitution Life Insurance Co.**

(919) 786-7144

**Continental Casualty Co.**

1-800-262-1037

**Continental Life Insurance Company of Brentwood, Tenn.**

(615) 377-1300

**Cuna Mutual Life Insurance Co.**

1-800-798-6600

**Fidelity Security Life Insurance Co.**

(816) 756-1060

**First Colony Life Insurance Co.**

(804) 845-0911

**First Penn-Pacific Life Insurance Co.**

(630) 495-3336

**Fortis Benefits Insurance Co.**

(651) 738-4000

**Fortis Insurance Co.**

(414) 271-3011

**General Electric Capital Assurance Co.**

1-800-456-3399

**Genesis Insurance Co.**

(203) 328-5000

**Golden Rule Insurance Co.**

(618) 943-8000

**Great American Life Insurance Co.**

1-800-854-3649

**Guaranty Income Life Insurance Co.**

(225) 383-0355

**Hartford Life Insurance Co.**

(860) 843-3596

**IDS Life Insurance Co.**

(612) 671-3131

**John Hancock Financial Services**  
(617) 572-6000

**Kanawha Insurance Co.**  
1-800-635-4252

**Life and Health Insurance Company of America**  
(215) 567-1246

**Life Investors Insurance Company of America**  
1-800-325-5823

**LifeUSA Insurance Co.**  
1-800-950-5872

**Lincoln Benefits Life Co.**  
1-800-525-9287

**Manhattan National Life Insurance Co.**  
1-800-767-6542

**Massachusetts Mutual Life Insurance**  
1-800-565-7565

**MedAmerica Insurance Co.**  
1-800-544-0327

**Medico Life Insurance Co.**  
(402) 391-6900

**Metropolitan Life Insurance Co.**  
(813) 801-2100

**Monumental Life Insurance Co.**  
(410) 685-2900

**Mutual of Omaha Insurance Co.**  
1-800-775-6000

**Mutual Protective Insurance Co.**  
1-800-228-6080

**National Financial Insurance Co.**  
(817) 878-3300

**National Life Insurance Co.**  
(802) 229-3333

**National States Insurance Co.**  
1-800-868-6788

**Nationwide Life Insurance Co.**  
(614) 249-7111

**New York Life Insurance Co.**  
(212) 576-7000

**Northwestern Long-Term Care**  
1-877-582-6582

**Penn Treaty Network America Insurance Co.**  
(610) 965-2222

**Peoples Benefit Life  
Insurance Co.**  
1-800-523-7900

**PFL Life Insurance Co.**  
1-800-338-0257

**Physicians Mutual  
Insurance Co.**  
1-800-228-9100

**Pioneer Life Insurance Co.**  
1-800-759-7007

**Principal Life Insurance Co.**  
(515) 247-5111

**Provident Life & Accident  
Insurance Co.**  
1-800-799-4455

**Prudential Insurance Company  
of America**  
1-800-437-5556

**Pyramid Life Insurance Co.**  
1-800-444-0321

**Senior American Life  
Insurance Co.**  
(215) 918-0515

**Southern Farm Bureau Life  
Insurance Co.**  
(601) 981-7422

**Southwestern Life  
Insurance Co.**  
(214) 954-7111

**Standard Life & Accident  
Insurance Co.**  
1-800-827-2524

**State Farm Mutual Automobile  
Insurance Co.**  
(309) 766-2311

**State Life Insurance Co.**  
(317) 285-2300

**State Mutual Insurance Co.**  
1-877-872-5500

**Teachers Insurance and  
Annuity Association of America**  
(212) 490-9000

**TIAA-CREF Life  
Insurance Co.**  
1-800-842-2733

**Transamerica Occidental Life  
Insurance Co.**  
1-800-690-2758

**Travelers Insurance Co.**  
1-800-334-4298

**Union Labor Life  
Insurance Co.**  
(202) 682-0900

**United Healthcare Insurance**  
1-800-899-6500

**Washington National  
Insurance Co.**  
1-800-843-7705

**Unum Life Insurance  
Company of America**  
(207) 770-2211

**West Coast Life Insurance Co.**  
1-800-366-9378

## Seniors: Need Help with Your Insurance Questions?

The Florida Department of Elder Affairs has developed a program to help seniors with their Medicare and health insurance questions.

**SHINE (Serving Health Insurance Needs of Elders)** trains senior volunteers to assist other seniors with their questions about Medicare, Medicare supplement, long-term care and other health insurance issues.

The Florida Department of Insurance serves as SHINE's technical advisor and recommends the program to consumers. To find out if a SHINE program is operating in your community, please contact the Elder Helpline toll-free at **1-800-96-ELDER (1-800-963-5337)** or the Florida Department of Elder Affairs at **(850) 414-2060**.



# Your Rights and Responsibilities

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## Long-Term Care Insurance Rights

**You have the right** to receive an outline of the coverage written in easy-to-understand language. The outline explains your policy's benefits, exclusions and limitations.

**You have the right** to receive copies of all forms and applications signed by you or the agent.

**You have the right** to have 30 days to review a policy. This is called a "free look period." If you decide you do not want to keep the policy, return it to the company by certified or registered mail with the return receipt requested. You must do this within 30 days of receiving the policy to be eligible for a full refund.

**You have the right** to have your policy renewed unless you don't pay your premiums or deliberately give misleading information on your application. Your rate may change, but only if the company changes everyone else's premium in your policy class. You cannot be singled out and have your premium increased because of your health or the number of claims you have filed. A company cannot cancel your policy because of your age or any medical condition that occurs after you obtain your policy. Your policy will state the conditions under which the company may raise your premiums.

**You have the right** to appeal any claim denied as not medically necessary to a licensed physician designated by your insurer.

**You have the right** to a policy with the following information stamped on the front page: “Notice to buyer - this policy may not cover all of the costs associated with long-term care that may be incurred by the buyer during the period of coverage. The buyer is advised to periodically review this policy in relation to changes in the cost of long-term care.” In addition, your policy should state: “This policy has been approved as a long-term care insurance policy meeting the requirements of Florida law.”

**You have the right** to have pre-existing conditions excluded for a certain period of time after your policy goes into effect. A pre-existing condition is an illness known about, diagnosed or treated before you buy a policy. Report all illnesses when applying for long-term care insurance. If your company learns of an unreported pre-existing condition, it may either refuse to pay claims or cancel your policy.

**You have the right** to a 30-day grace period to pay premiums. When this period expires, your insurance company may only cancel your policy for nonpayment of premium. To do so, your company must mail you a notice of possible lapse in coverage, which gives you an additional 30 days for payment. The company must also send this notice to a secondary addressee if chosen by you at the time of purchase.

## **Long-Term Care Insurance Responsibilities**

**You are responsible** for reading and understanding your insurance policy.



**You are responsible** for reading and understanding any “explanation of benefits” forms sent by your insurance company. Such a form will usually state: “This is not a bill.” However, you should closely study it to find out whether you actually received the services described. You should contact your company for help if you don’t understand the form or have trouble reading or speaking English. Careful scrutiny of these forms can help you and the insurer detect and fight fraud.

**You are responsible** for reporting suspected fraud to the Department of Insurance. For example, you may examine your health insurance records and discover that your insurance company was billed for services you never received. If you suspect such a crime has occurred, call the Fraud Hotline toll-free at 1-800-378-0445.

**You are responsible** for making sure your application is correct. This includes information on pre-existing conditions. If you make a fraudulent misstatement, the company may cancel your policy or refuse to pay a claim.

**You are responsible** for knowing what your policy covers and what it excludes.

**You are responsible** for maintaining continuous coverage. If you purchase a new policy, do not cancel your old policy before the company has accepted your application and your new policy is in force.

**You are responsible** for paying your premiums, even while involved in a dispute with your company. You are also responsible for paying the deductibles outlined in your policy.

**You are responsible** for verifying licenses of an insurance agent and company by calling the Insurance Consumer Helpline toll-free at 1-800-342-2762. A business card is not a license.

**You are responsible** for knowing the length of your policy's elimination period. This is the time you will have to wait, after you begin receiving care covered by your policy, before you can start receiving benefits. The elimination period cannot exceed six months (180 days).

## How to Select an Insurance Agent

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It is important to remember that most agents are reputable professionals. Insurance agents must take classes and pass certain tests to become licensed. In

addition to required exams, some agents choose to take further courses. These courses are optional and provide the agent with additional training in various areas of insurance. These courses can lead to professional insurance designations. Some designations an agent can have include:

- CEBS** ..... Certified Employee Benefits Specialist
- CFP** ..... Certified Financial Planner
- ChFC** ..... Chartered Financial Consultant
- CIC** ..... Certified Insurance Counselor
- CLU** ..... Chartered Life Underwriter
- CPCU** ..... Chartered Property & Casualty Underwriter
- LUTCF** .... Life Underwriting Training Council Fellow
- RHU** ..... Registered Health Underwriter

When selecting an agent, choose one who is licensed to sell insurance in Florida. Also, choose an agent with whom you feel comfortable and who will be available to answer your questions. To verify whether an agent is licensed, call the Insurance Consumer Helpline toll-free at 1-800-342-2762.

## **How to Select an Insurance Company**

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As with any major purchase, it is a good idea to shop around to make sure you are getting the most for your money. When selecting an insurance company, it is wise to check on a company's rating. Several organizations publish insurance company ratings, available in your local library—or on the Web. These organizations include: A.M. Best Company, Standard and Poor's, Weiss Ratings Inc.,

Moody's Investors Service and Duff & Phelps. Companies are rated on a number of elements, such as financial data (including assets and liabilities), management operations and the company's history. You may also wish to review a company's stock analysis reports.

Before purchasing insurance, it is important to verify whether a company is an authorized insurer in Florida. In most circumstances, benefits would be guaranteed through the Florida Insurance Guaranty Association (FIGA) and the Florida Life and Health Insurance Guaranty Association (FLHIGA).

FIGA pays the claims of property and casualty authorized insurers if the company becomes insolvent and cannot pay.

FLHIGA pays the claims of life and health authorized insurers if the company becomes insolvent and cannot pay.

Call the service office in your area or the Insurance Consumer Helpline toll-free at 1-800-342-2762 for more information.

## Consumer Tips

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**Shop carefully before you buy.** Compare benefits, services and costs.

**Take your time.** Professional agents do not pressure their customers. If you are unsure about a policy, ask your agent to explain it to you again in the presence of a friend or relative whose judgment you respect.

**Mail-order policies may lack service.** Companies that sell mail-order policies may not have local agents or toll-free numbers, making it difficult to get answers to your questions. If a policy is sold through the mail, a toll-free number should be available.

**Read your policy and be sure you understand what it covers and what it excludes.** Know how your policy coordinates with other coverage you have.

**Make sure all information on your application form is correct.** An incorrect form could cause your insurance company to cancel your policy or leave you with unpaid claims. Don't be misled by agents who tell you your health history doesn't matter. Describe your health status accurately. It is best to fill out this information yourself. If the agent fills it out, don't sign it until you've made sure all the information is correct.

If you pay someone to fill out health insurance claim forms, be sure the Department of Insurance has licensed that person to perform the service.

**Do not pay cash.** Pay by check, money order or bank draft made payable to the company, not the agent. Don't give your agent a blank check or access to your account. If you have an automatic teller machine (ATM) card, don't give out your access number.

**If you don't receive your policy in 45 to 60 days, contact the company or agent.** If you have no success in receiving your policy, or suspect fraud, contact the Fraud Hotline toll-free at 1-800-378-0445.

**Get help.** If you have questions or can't resolve a problem with your insurance company or agent, call the Insurance Consumer Helpline toll-free at 1-800-342-2762. You may also contact the Consumer Service Office in your area. See the list at the back of this guide.



# Continuing Care Retirement Communities (CCRCs)

This section discusses another option available to the elderly, called **Continuing Care Retirement Communities** or CCRCs. The preceding section reviewed long-term care because Medicare or Medicare supplement policies do not cover this important type of service. Insurance companies introduced long-term care insurance to consumers throughout the country to provide the kind of help you would need if you ever suffer a chronic illness or disability that lasts a long time and leaves you unable to care for yourself. CCRC residents prepare for these needs during their senior years in a different way.

# What is a CCRC?

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For more than 625,000 Americans, CCRCs offer a way to meet future long-term care needs. CCRCs are also known as **life-care facilities**. Florida law defines CCRCs as retirement facilities that furnish a resident with shelter and health care in return for an entrance fee and periodic monthly payments.

Potential residents often describe the promise of independent living and the financial and psychological security as a major attraction of these communities. Such residents may fear the prospect of entering an unfamiliar nursing home, separated from spouses, friends and loved ones. For this reason, CCRCs usually maintain a long-term nursing care facility on the premises that residents may use. Those residents who require nursing home care can receive the care they need while keeping in close contact with their spouses, supportive friends and neighbors.

During the last few years, the CCRC market has dramatically changed and grown. Originally, religious communities or fraternal organizations sponsored most of these communities. They promised “total life care” through contractual arrangements for occupancy and services. However, private, for-profit businesses have more recently entered this market. Such businesses continue to change and expand the definition and function of these communities to meet consumer demands.

Today, more than 2,100 CCRCs exist throughout the nation, including more than 70 in Florida. During the next 20 years, state officials predict a 40 percent increase in the number of people age 65 and

older and a rapid growth in the number and size of these communities.

However, CCRCs do not solve the long-term care needs of all seniors. The relatively high entrance fees and ongoing monthly expenses make these communities unaffordable or impractical for many.

## Consumer Alert

Florida law allows only a properly licensed facility to describe itself as a “Continuing Care Retirement Community” or use such terms as “life care” in advertising or marketing efforts.

## How to Select a CCRC

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Knowing your rights will help you determine if you can afford, or benefit from, a CCRC. To make an informed decision, you will need to know what information a CCRC must provide and what questions to ask. For example, you should find out about the development of any new or expanding communities under consideration.

Educate yourself on the state laws that form the basic regulations governing CCRCs. The Florida Department of Insurance regulates the financial solvency of CCRCs. This includes any complaints against a CCRC from a resident or family member who may report an action that involves certain contract issues. The Department of Insurance becomes involved after a contractual agreement has been signed by both parties or during the mediation

process. For more information, contact the Insurance Consumer Helpline toll-free at 1-800-342-2762.

The Florida Agency for Health Care Administration, on the other hand, regulates other CCRC aspects, such as assisted living, skilled nursing care, quality-of-care issues and concerns with medical facilities. The Agency for Health Care Administration can be reached toll-free in Florida at 1-888-419-3456.

## Financial Considerations

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The agreement of residents in CCRCs to become lifelong occupants in these facilities usually require fees that can be quite expensive. Under the traditional CCRC concept, the entrance fees range from \$2,000 to \$500,000, or higher. Many contracts offer plans that include refund of entrance fee options up to 100 percent. In return for their payments, the residents receive various levels of services, depending upon which option is chosen. In addition, the monthly fees can range from \$250 to \$5,000, or more. Facilities may offer additional benefits, such as health clubs, transportation and regular social activities.

There are four types of payment plans to consider when investigating a CCRC facility for the future. They are **extensive**, **modified**, **fee-for-service** and **pay-as-you-go**. Each one is different and provides unique services dependent upon the actual fee arrangement.

## Payment plans

**Extensive plan** – This plan is usually the most expensive, but tends to offer the largest amount of services. The fees usually cover the expenses for housing, certain amenities and services, and unlimited nursing home care. As the facility's costs increase due to inflation, the monthly fee may rise as well.

**Modified plan** – This plan offers housing and certain services and amenities, but varies in how much long-term nursing care is available. Because it only offers a specific amount of services for the initial fee, residents will be charged extra for anything that exceeds the contracted amount.

**Fee-for-service plan** – This plan is less expensive because it allows residents to pay only for services they will benefit from or use. Residents do not contract for long-term nursing care in advance and must pay daily if this service is required.

**Pay-as-you-go plan** – With this plan, residents do not pay an entrance fee; however, a signed contract is still mandatory. A monthly fee is collected from the resident, and services and amenities available



may vary. These facilities may/may not be apartments offering leases and may/may not be licensed as a providers in Florida.

## Factors to consider

To determine the financial condition of the licensee and the CCRC, you should ask for a full information packet from each CCRC that interests you, including application forms, financial statements, the latest state examination and the continuing care contract.

Fees may vary, and when making comparisons, you should consider the amenities, whether you can obtain a refund of entrance fees, and the number of meals included in the basic monthly fee, as well as services. You should especially review health and nursing care included with the basic fees.

The history of monthly maintenance fee increases should also be investigated, including the frequency and amount. Florida law requires 60 days advance notice of changes in fees or the type of care or services. For an operational CCRC, talk to existing residents about fee increases, and focus on the relevant contract provisions.

If you are considering a new CCRC, ask about the conditions for fund release. This could prove especially important if the facility does not offer occupancy when you make your initial deposit. Learn the time schedule for completion and estimated occupancy when you make your initial deposit. Find out how the CCRC will provide housing, health care and other services during any interim construction periods. Most importantly, obtain written receipts for any funds deposited with the CCRC or

its agents, and make all checks payable to the escrow agent.

## Contracts

The Florida Department of Insurance oversees all residency and reservation contracts before a CCRC can enter into them with potential residents. CCRCs must have 50 percent anticipated occupancy before construction can be initiated, but a provisional license may be granted in order for the company to begin marketing reservations to seniors. This license grants a limited number of allowable events to occur before the CCRC can actually begin to enter into contract negotiations.

## Liability issues

Some CCRCs may prohibit you from holding the facility responsible for injuries resulting from its own negligence or that of third parties through a special contract provision.

Verify who will be responsible for situations occurring where liability may become an issue. Do not assume that if an injury occurs to you or a visiting family member or friend at the facility that it will be an obligation of the CCRC to pay for any costs incurred as a result of the injury. Determine if costs can be recovered due to the facility's negligence. Also, ask what liability the resident has to incur if he or she loses or damages property owned by the facility through carelessness and/or negligence.

These are all extremely important items to consider because they could lead to additional expenses.

## The following questions will help you in planning for the financial considerations of a CCRC:

1. Does the CCRC and licensee inform residents about their financial condition? How often and in what format do they provide this information?
2. What financial or monetary reserves does the licensee maintain? Do the CCRC and provider fully meet the reserve requirements of Florida law? What is the location and balance of these reserves? Who could file a lawful claim in an event of default? Under what conditions can the CCRC draw upon these reserves?
3. How is the facility financed and who holds the first mortgage?
4. Are all principal and interest, insurance and tax payments current?
5. Are there any additional debts or obligations for the facility other than a first mortgage?
6. Do residents receive any ownership interest or rights?
7. Are any expansions planned, and will the the CCRC finance it? How will that impact you?
8. What is the total entrance fee and what happens to it when paid? Does the CCRC take complete control of the funds immediately upon payment? Or, do they deposit the money into an “escrow” account? (This means a third party handles the money until certain requirements are met.) Under what circumstances or conditions are funds released, and to whom?



9. Which services will your monthly fee cover? Which services must you pay for out of your own pocket? For example, you should ask about barbershop, hair salon or cosmetic services. Can you afford to pay for these additional expenses for a long period?
10. Do you have to assign financial or personal decision-making authority to the CCRC if you become incapable of handling your affairs or making health care decisions? Does the CCRC require you to obtain a will or a durable power of attorney? Such provisions may prove unenforceable; however, you should still consider obtaining and completing these documents.
11. Does the contract provide a specific description of the living unit? Ask for floor plans and prices of all units.
12. Are you allowed to move from one unit to another? If your spouse dies and you want a smaller apartment, are you allowed to make that change? If so, are you eligible for a refund and reduction in monthly fees? If you marry, how can you obtain a larger unit and under what circumstances?
13. Can the CCRC eliminate or cut back on services? If so, under what conditions?
14. To what extent may you decorate or redecorate your unit? Can you make any changes to the outside of the building (such as hanging plants or bird feeders)?
15. Can visitors stay overnight and/or eat meals at the facility? Are pets allowed? If so, how many and what kind?
16. What security and safety measures will the facility provide? For example, does the CCRC offer a secured or guarded entrance, emergency call system, or accommodations for the disabled?

# Health Care Considerations

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It is important to consider all aspects of your health and to anticipate any future health issues that may arise. Health care is a top priority for seniors entering into a CCRC due to the lifelong commitment this contract represents. Be aware of the various provisions and health options that are available, as they differ among CCRCs.

## Pre-existing conditions

Find out if the CCRC will limit its responsibility for pre-existing health conditions. If so, make sure you take into account your current or previous health problems. The CCRC may not provide the services you need or want the most due to such health problems.



## Fees

Verify whether a move to a CCRC's nursing home would affect your monthly fees and/or whether you qualify for an entrance fee refund. Some facilities stop charging such fees once a move to the nursing home occurs. However, such CCRCs may charge you a separate medical fee. They will usually, but not always, charge such fees at current market rates.

## Insurance requirements

Some CCRCs may require residents to purchase and maintain certain types of insurance, such as Medicare supplement or long-term care insurance. In Florida, the law requires companies that issue these policies to file them with the Department of Insurance for approval.



## The following questions will help you in planning for the health care considerations of a CCRC:

1. Can unit residents receive help with drug dispensing (for example, receiving shots for diabetes)? Will the CCRC deliver specially prepared meals, if necessary, to a resident's unit? Or, would the CCRC require the resident to receive such services at a specific on-site location? Are there additional costs for these services?
2. What are the factors and procedures used to determine when a resident must transfer from independent to assisted living or a nursing home? How much control do you have in this process? Can your spouse, family or others close to you, and your private physician, participate in this decision?
3. What specific types of health care and assisted care will the CCRC provide? Under what circumstances can the staff transfer you to an acute care facility?
4. What nursing home benefits will Medicare pay? Can you obtain any other government benefits?
5. Does the CCRC provide physicians or nurses for nursing home residents only? What are their qualifications? Can you see your own physician?
6. Do the premises include a nursing home? What happens if it fills up and you cannot obtain a bed when needed? After the first five years of operations, will the CCRC require you to share your room with persons who lack a continuing care contract? What levels of health care exist?
7. What responsibility will the CCRC have in paying for outside health care if it can't provide needed services on the premises?

8. How would your move to a nursing home affect your spouse who continues to reside at the CCRC's living unit?
9. What is the average age of the resident population?

## Optional Accreditation

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The process of accreditation, which is a “seal of approval” from the Continuing Care Accreditation Commission (CCAC), is a voluntary self-evaluation of a CCRC's policies and procedures to meet certain criteria established by the CCAC. There are four areas reviewed in this process, including:

- resident life,
- health and wellness,
- financial resources and disclosure, and
- governance and administration.

This involves the community's staff, residents, board of directors and an on-site review by trained CCAC evaluators. Accreditation is awarded for five years, and each CCRC must submit annual progress and financial reports to demonstrate ongoing compliance with standards. After five years, the CCRC must seek reaccreditation.

Medicare and Medicaid may also require their own certification before an institution can qualify for payment under these programs.

## The following questions will help you in planning for the management considerations of a CCRC:

1. Who are the CCRC's officers, directors, owners, providers, "licensee" or party holding the license, and manager? What is their experience or relationships to each other, if any?
2. What is the organizational structure of the CCRC and licensee? If a board of directors exists, who serves on it and how often are meetings held? If not, how does the CCRC establish policies and directives?
3. What grievance procedures exist? How can you file a complaint with management and what obligations, if any, do they have to respond? Florida law allows you to file complaints without fear of retaliation.
4. How much do residents actually participate in CCRC activities? Is there an active residents' council and how often do they meet? Is there a chapter of the Florida Life Care Residents Association (FLiCRA)?
5. Does the CCRC have a newsletter? You should ask for previous issues of the CCRC's newsletters to learn about community events and management policy or changes. While you wait to move in, ask the CCRC to place you on the newsletter's mailing list.
6. Who will develop and construct current or future facilities? What is their business arrangement or connection with the CCRC? What are their funding sources? If necessary, do the developers have enough collateral to continue borrowing money until they complete the project?

# List of Continuing Care Retirement Communities in Florida

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The following list shows, by county, 74 facilities licensed as Continuing Care Retirement Communities in Florida as of April 2001. This list may change due to factors such as consumer demand, marketing decisions, etc. You may wish to contact these facilities and inquire about their individual qualities if you are considering a CCRC as a choice for your future.

Inclusion of a company name here does not constitute an endorsement by the Department of Insurance.

\* = Accredited by the Continuing Care Accreditation Commission

## Alachua

Oak Hammock at the  
University of Florida  
P.O. Box 14501  
Gainesville, FL 32604-2501  
(904) 381-0421

## Brevard

Buena Vida Estates, Inc.  
2129 W. New Haven Ave.  
West Melbourne, FL 32904  
(321) 724-0060

## Broward

\* Covenant Village of Florida  
9201 W. Broward Blvd.  
Plantation, FL 33324  
(954) 472-2860

**Medicare certified**  
**Medicaid certified**

\* John Knox Village of  
Florida, Inc.  
651 SW Sixth St.  
Pompano Beach, FL 33060  
(954) 783-4000

**Medicare certified**  
**Medicaid certified**

## **Charlotte**

South Port Square  
23033 Westchester Blvd.  
Port Charlotte, FL 33980  
(941) 625-1100

**Medicare certified**

**Medicaid certified**

## **Clay**

Park of the Palms, Inc.  
706 Palms Circle  
Keystone Heights, FL 32656  
(352) 473-4926

Penney Retirement  
Community, Inc.  
3495 Hoffman St.  
Penney Farms, FL 32079  
(904) 284-8200

## **Collier**

\* Classic Bentley Village, Inc.  
561 Bentley Village Court  
Naples, FL 34110  
(941) 598-3153

The Glenview at Pelican Bay  
100 Glenview Place  
Naples, FL 34108  
(941) 591-0011

**Medicare certified**

\* Moorings Park  
120 Moorings Park Drive  
Naples, FL 34105  
(941) 261-1616

**Medicare certified**

## **Dade**

CC-Aventura, Inc.  
19333 W Country Club Drive  
Aventura, FL 33180  
1-800-522-8662

East Ridge Retirement Village  
19301 SW 87th Ave.

Miami, FL 33157  
(305) 238-2623

**Medicare certified**

## **Duval**

Fleet Landing  
One Fleet Landing Blvd.  
Atlantic Beach, FL 32233  
(904) 246-9900

**Medicare certified**

## **Escambia**

Azalea Trace  
10100 Hillview Road  
Pensacola, FL 32514  
(850) 474-0610

**Medicare certified**

**Medicaid certified**

## **Highlands**

Palms of Sebring  
725 S. Pine St.  
Sebring, FL 33870  
(863) 385-0161

**Medicare certified**

**Medicaid certified**



## **Hillsborough**

Canterbury Towers  
3501 Bayshore Blvd.  
Tampa, FL 33629  
(813) 837-1083

**Medicare certified**

Freedom Plaza  
1010 American Eagle Blvd.  
Sun City Center, FL 33573  
(813) 633-1992

**Medicare certified**

**Medicaid certified**

Hidden Springs  
2311 E. Fowler Ave.  
Tampa, FL 33612  
(813) 977-7411

The Home Association, Inc.  
1203 22nd Ave.  
Tampa, FL 33605  
(813) 229-6901

**Medicare certified**

**Medicaid certified**

John Knox Village of  
Tampa Bay  
4100 E. Fletcher Ave.  
Tampa, FL 33613  
(813) 977-6361

**Medicare certified**

**Medicaid certified**

Lake Towers Retirement  
Center  
101 Trinity Lakes Drive  
Sun City Center, FL 33573  
(813) 634-3347

**Medicare certified**

**Medicaid certified**

University Village Retirement  
Center  
12401 N. 22nd St.  
Tampa, FL 33612  
(813) 975-5000

**Medicare certified**

**Medicaid certified**

## **Indian River**

\* Indian River Estates  
2250 Indian Creek Blvd.  
Vero Beach, FL 32966  
(407) 562-7400

**Medicare certified**

## **Lake**

Forester Haven  
28334 Churchill Smith Lane  
Mount Dora, FL 32757  
(352) 383-6158

Lake Port Square  
800 Lake Port Blvd.  
Leesburg, FL 34748  
(352) 728-8525

**Medicare certified**

**Medicaid certified**

Lakeview Terrace  
331 Raintree Drive  
Altoona, FL 32702  
(352) 669-2133  
**Medicaid certified**

## Lee

Calusa Harbor  
2525 E. First St.  
Fort Myers, FL 33901  
(941) 332-3333  
**Medicare certified**  
**Medicaid certified**

Cypress Cove at HealthPark  
Florida, Inc.  
10200 Cypress Cove Drive  
Fort Myers, FL 33908  
(941) 415-5100  
**Medicare certified**

Gulf Coast Village  
1333 Santa Barbara Blvd.  
Cape Coral, FL 33991  
(941) 772-1333  
**Medicare certified**  
**Medicaid certified**

\* Shell Point Village  
15000 Shell Point Blvd.  
Fort Myers, FL 33908  
(941) 466-1111  
**Medicare certified**

## Leon

\* Westminster Oaks  
4449 Meandering Way  
Tallahassee, FL 32308  
(850) 878-1136  
**Medicare certified**  
**Medicaid certified**

## Manatee

\* Freedom Village  
6501 17th Ave. W.  
Bradenton, FL 34209  
(941) 798-8190  
**Medicare certified**  
**Medicaid certified**

\* Westminster Communities  
of Bradenton  
1700 21st Ave. W.  
Bradenton, FL 34205  
(941) 748-4161  
**Medicare certified**  
**Medicaid certified**

## Martin

Sandhill Cove  
1500 SW Capri St.  
Palm City, FL 34990  
(561) 283-7775  
**Medicare certified**  
**Medicaid certified**

## **Orange**

\* Mayflower Retirement  
Community  
1620 Mayflower Court  
Winter Park, FL 32792  
(407) 672-1620  
**Medicare certified**

Orlando Lutheran Towers  
300 E Church St.  
Orlando, FL 32801  
(407) 425-1033  
**Medicare certified**  
**Medicaid certified**

\* Westminster Towers  
70 W. Lucerne Circle  
Orlando, FL 32801  
(407) 841-1310  
**Medicare certified**  
**Medicaid certified**

\* Winter Park Towers  
1111 S. Lakemont Ave.  
Winter Park, FL 32792  
(407) 647-4083  
**Medicare certified**  
**Medicaid certified**

## **Palm Beach**

\* Abbey Delray  
2000 Lowson Blvd.  
Delray Beach, FL 33445  
(561) 278-3249  
**Medicare certified**  
**Medicaid certified**

\* Abbey Delray South  
1717 Homewood Blvd.  
Delray Beach, FL 33445  
(561) 272-9600  
**Medicare certified**  
**Medicaid certified**

Bishop Gray Inn  
4445 Pine Forest Drive  
Lake Worth, FL 33463  
(561) 965-5954  
**Medicare certified**  
**Medicaid certified**

Devonshire at PGA National  
100 Devonshire Way  
Palm Beach Gardens, FL 33418  
(561) 227-2400  
**Medicare certified**

\* Edgewater Pointe Estates  
23315 Blue Water Circle  
Boca Raton, FL 33433  
(561) 391-6305  
**Medicare certified**

\* Harbour's Edge  
401 E. Linton Blvd.  
Delray Beach, FL 33483  
(561) 272-7979  
**Medicare certified**

La Posada  
3801 PGA Blvd.  
Palm Beach Gardens, FL 33410  
(561) 624-8037

Lakeside Village  
2792 Donnelly Drive  
Lantana, FL 33462  
(561) 966-4600

**Medicare certified**  
**Medicaid certified**

\* St. Andrews Estates  
6152 N. Verde Trail  
Boca Raton, FL 33433  
(561) 487-5500

**Medicare certified**  
**Medicaid certified**

\* Waterford, The  
601 Universe Blvd.  
Juno Beach, FL 33408  
(561) 627-3800

**Medicare certified**  
**Medicaid certified**

## **Pinellas**

The Fountains at Boca Ciega Bay  
1255 Pasadena Ave. S.  
St. Petersburg, FL 33707  
(727) 381-5411

**Medicare certified**  
**Medicaid certified**

Freedom Square  
7800 Liberty Lane  
Seminole, FL 34642  
(727) 398-0166

Masonic Homes of Florida  
3201 First St. NE  
St. Petersburg, FL 33704  
(727) 822-3499

Mease Manor, Inc.  
700 Mease Plaza  
Dunedin, FL 34698  
(727) 733-1161

**Medicare certified**  
**Medicaid certified**

Palm Shores Retirement  
Center  
830 North Shore Drive NE  
St. Petersburg, FL 33701  
(727) 894-2102

Regency Oaks  
2751 Regency Oaks Blvd.  
Clearwater, FL 33759  
(727) 791-3381

**Medicare certified**  
**Medicaid certified**

\* St. Mark Village  
2655 Nebraska Ave.  
Palm Harbor, FL 34684  
(727) 785-2577

**Medicare certified**

Suncoast Manor  
6909 Ninth St. S.  
St. Petersburg, FL 33705  
(727) 867-1131

**Medicare certified**  
**Medicaid certified**

\* Westminster Shores  
125 56th Ave. S.  
St. Petersburg, FL 33705  
(727) 867-2131  
**Medicare certified**  
**Medicaid certified**

The Fountains at Lake Pointe  
Woods  
7979 S. Tamiami Trail  
Sarasota, FL 34231  
(941) 923-4944  
**Medicare certified**  
**Medicaid certified**

### **Polk**

Bishop Gray Inn  
206 W. Orange St.  
Davenport, FL 33837  
(863) 422-4961  
**Medicare certified**  
**Medicaid certified**

The Glenridge at Palmer  
Ranch, Inc.  
3900 Clard Road, Bldg. M  
Sarasota, FL 34233-2301  
(941) 927-7818

Estate's at Carpenter's (The)  
1001 Carpenter's Way  
Lakeland, FL 33809  
(863) 858-3847  
**Medicare certified**  
**Medicaid certified**

Lakehouse West  
3435 Fox Run Road  
Sarasota, FL 34231  
(941) 923-7525

\* Florida Presbyterian Homes,  
Inc.  
16 Lake Hunter Drive  
Lakeland, FL 33803  
(941) 688-5521  
**Medicare certified**  
**Medicaid certified**

Plymouth Harbor  
700 John Ringling Blvd.  
Sarasota, FL 34236  
(941) 365-2600  
**Medicare certified**

### **Sarasota**

\* Bay Village of Sarasota, Inc.  
8400 Vamo Road  
Sarasota, FL 34231  
(941) 966-5611

Village on the Isle  
920 S. Tamiami Trail  
Venice, FL 34285  
(941) 484-9753  
**Medicare certified**  
**Medicaid certified**

Waterside Retirement Estates  
4540 Bee Ridge Road  
Sarasota, FL 34233  
(941) 377-0102

**Seminole**

\* Village on the Green  
500 Village Place  
Longwood, FL 32779  
(407) 682-0230

**Medicare certified**

**St. Johns**

Glenmoor at Saint Johns  
101 E. Town Place, Suite 700  
St. Augustine, FL 32092  
(904) 940-4800

\* Vicar’s Landing  
1000 Vicar’s Landing Way  
Ponte Vedra Beach, FL 32082  
(904) 273-1701

**Medicare certified**

Westminster Woods on  
Julington Creek  
25 State Road 13  
Jacksonville, FL 32259  
(904) 287-7300

**Medicare certified**

**Medicaid certified**

**Volusia**

Alliance Community for  
Retirement Living  
600 S. Florida Ave.  
Deland, FL 32720  
(904) 734-3481

**Medicare certified**

**Medicaid certified**

Florida Lutheran Retirement  
Center  
450 N. McDonald Ave.  
Deland, FL 32724  
(904) 738-0212

**Medicare certified**

**Medicaid certified**

John Knox Village of Central  
Florida  
101 Northlake Drive  
Orange City, FL 32763  
(904) 775-3840

**Medicare certified**

**Medicaid certified**

**Dispute Mediation**



The Florida Department of Insurance helps residents who face difficulty in resolving disputes with CCRC providers through a special “Mediation Program.” The program brings a resident and provider’s representative together in an informal session with a trained mediator. This neutral third party – not affiliated with the provider – will strive

for a resolution agreeable to both parties. However, the mediator will not dictate the final outcome.

**Mediation** is a “non-binding” process, which means neither you nor the provider must accept an unsatisfactory outcome to comply with Florida law. This process allows you to explain your understanding of your rights under the CCRC contract.

Mediation can be requested by either CCRC residents or providers, buty disputes over rising monthly maintenance fees are not eligible for a mediation hearing.

State law requires that mediators must complete special courses in mediation theory, processes and standards; in addition to other requirements.



The CCRC's representative and anyone with an interest in the dispute should attend the mediation session. You should bring all relevant documents, including a copy of your contract, letters, photographs, CCRC advertisements and sales materials, and other papers. The mediator will notify you and all interested parties of the date, time and place of the session.

You may obtain additional information by calling the Insurance Consumer Helpline toll-free at 1-800-342-2762.

## Your CCRC Rights

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**You have the right** to receive and examine the annual report and other financial documents of the facility's licensed provider.

**You have the right** to talk to your state regulators to find out whether a facility has experienced financial problems or had complaints lodged against it. You may also want to check with the local Better Business Bureau or Chamber of Commerce.

**You have the right** to spend some time at the facility and talk to other residents to find out what they think about it. If possible, spend the weekend at the prospective CCRC and participate in some of their planned activities.

**You have the right** to ask your attorney, accountant, or other trusted financial advisor to review the contracts and other written documents. Don't be



afraid to ask questions or spend time making your decision. Remember, you can plan on spending a great deal of money and time (i.e., the rest of your life) at a given CCRC. You should know as much as possible about the facility before you make a life long commitment.

**You have the right** as a prospective resident to obtain a copy of the contract to carefully study before signing. In addition, the provider must provide certain information about the ownership, financial condition, rules, regulations, expansion plans, the status of all licensing requirements, and the results of any audits or inspections conducted by the Department of Insurance or any other governmental agency.



**You have the right** to receive a copy of the “Resident’s Bill of Rights.” This document explains your rights as a CCRC resident in Florida. You should ask for a copy of the “disclosure package,” which includes all information the CCRC must provide under Florida law. Once again, ask your trusted legal or financial advisor and family members to review this information.

**You have the right** to receive certain documents and information as a current or prospective resident before you sign a continuing care contract. You should make sure you understand the answers and information made available to you before you sign anything.



## Your CCRC Responsibilities

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**You are responsible** for researching the financial stability of a CCRC.

**You are responsible** for knowing what levels of care are available and the cost of that care.

**You are responsible** for reading and understanding all “disclosures” and the “Resident’s Bill of Rights.”

# Medical Privacy and Medical Information Bureau

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The Medical Information Bureau (MIB) is a data bank of medical and non-medical information on nearly 15 million Americans. Are you one of them? You may be if you have ever applied for health insurance from any of the MIB's 800 insurance company members.

The companies send the MIB any information you have written on any applications, enrollment forms, or requests for upgrading coverage for health, life or disability insurance. The MIB also records information from medical exams, blood and lab tests, and hospital reports, when such information is legally obtainable.

If you have been denied life or disability insurance and you wonder why, your file at the MIB may be the answer. Although the MIB's database seems like an invasion of your privacy, it prevents fraud and abuse of the nation's private insurance system. However, you have the right to make sure the information in your MIB file is correct. Call the MIB and ask for a copy of your records at (617) 426-3660, or access their Web site at **[www.mib.com](http://www.mib.com)**.

Now that you know about the MIB, you understand why it is important to provide truthful information

on any insurance application. If the MIB spots false information, your insurer may cancel your policy. Even worse, you may never be issued another policy.

## For More Information

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The National Association of Insurance Commissioners (NAIC) would like to acknowledge the help of the American Association of Homes and Services for the Aging (AAHSA), the American Association of Retired Persons (AARP), and the American Bar Association in preparing the CCRC section of the guide. AAHSA and AARP also offer publications that provide more specific information about CCRCs. To obtain these and other publications, you should contact the following:

**American Association of Homes and Services for the Aging (AAHSA)-Publications**

P.O. Box 1616  
Alpharetta, GA 30009  
1-800-508-9442  
[www.aahsa.org](http://www.aahsa.org)

**American Association of Retired Persons (AARP)**

601 East St. N.W.  
Washington, DC 20049  
1-800-424-3410  
[www.aarp.org](http://www.aarp.org)

**National Consumers League**

1701 K St. N.W., Suite 1201  
Washington, DC 20006  
(202) 835-3323  
[www.natlconsumersleague.org](http://www.natlconsumersleague.org)

**Continuing Care Accreditation Commission (CCAC)**

2519 Connecticut Ave, N.W.  
Washington, DC 20008-1520  
www.ccaonline.org  
(202) 783-7286

**Florida Department of Insurance  
Bureau of Specialty Insurers**

200 E. Gaines Street  
Tallahassee, FL 32399-0331  
1-800-342-2762  
www.doi.state.fl.us

**Florida Association of Homes for the Aging (FAHA)**

1812 Riggins Road  
Tallahassee, FL 32308  
(850) 671-3700  
www.faha.org

**Florida Agency for Health Care Administration**

2727 Mahan Drive  
Tallahassee, FL 32308  
1-888-419-3456  
www.fdhc.state.fl.us

**Florida Department of Elder Affairs**

4040 Esplanade Way  
Tallahassee, FL 32399-7000  
1-800-96-ELDER or  
1-800-963-5337  
www.state.fl.us./doea

**Florida Life Care Residents Association (FLiCRA)**

1530 Metropolitan Blvd.  
Tallahassee, FL 32308  
(850) 906-9314  
www.flicra.com

# Insurance Fraud Costs Us All!

Insurance fraud costs each Florida family an additional \$1,500 per year\* in increased premiums. In fact, it can inflate your premiums by as much as 30 percent, according to the National Insurance Crime Bureau. This includes the money you pay for life, auto, health, homeowners' and other types of insurance. You can protect your personal and family pocketbook by learning about the many different types of fraud schemes and scams. Some common examples include:

**F***alse statements* — An agent sells a long-term care insurance policy by misrepresenting the terms of the insurance contract on such important issues as the elimination period, the benefit period and inflated premium increases.

**R***etirement facility goes bankrupt* — CCRCs are closely examined by the Department of Insurance to ensure their financial stability. However, if the CCRC is in financial trouble and misrepresents its financial status, residents may find that the facility will be unable to meet their needs.

**A***pplicant fraud* — A consumer applying for a long-term care policy deliberately withholds information out of fear of being denied coverage.

**U***nauthorized agent* — Long-term care insurance agents must be licensed by the Department of Insurance. An unauthorized agent can defraud or otherwise financially harm an insurance consumer.

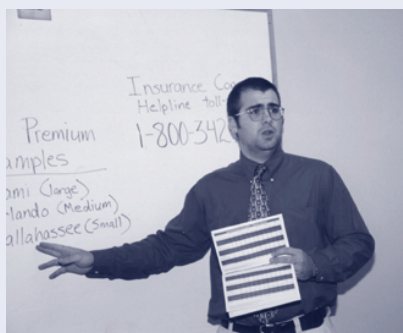
**D***enied benefits* — An insurance company refuses to pay a claim on a long-term care policy that should be paid, under the terms of the insurance policy.

If you suspect such a crime has occurred, call the Fraud Hotline toll-free at 1-800-378-0445.

*\*Source: The Coalition Against Insurance Fraud.*

# Community Outreach Programs or COPs

The Department of Insurance offers free Community Outreach Programs (COPs) on a number of insurance topics. Speakers will talk to your group or organization on the insurance topic you choose, and will try to help answer any general questions you have about insurance. For more information, please contact the service office in your area. A list of the service offices is located inside the back cover of this guide.



## **Insurance Topics:**

Health Insurance  
Automobile Insurance  
Disaster Preparedness  
Small Business Insurance  
Life Insurance  
Health Maintenance Organizations (HMOs)  
Medicare Supplement Insurance  
Long-term Care Insurance  
Insurance Fraud

# Glossary

## **Activities of Daily Living**

### **(ADLs)**

These are normal, everyday tasks such as bathing, eating, dressing, toileting and transferring from one place to another (for example, moving from a chair to a bed).

## **Actual Charge**

This is the amount a health care provider bills a patient for a particular medical service or procedure.

## **Adult Congregate Living Facility**

These are licensed facilities that provide housing, food, personal services and sometimes limited nursing care.

## **Adult Day Care Center**

These are licensed facilities that provide social and leisure activities, self-care training, nutritional service, and sometimes speech and physical therapy.

## **Adult Foster Home**

These are licensed facilities that provide living arrangements in a private home with supervision and attention to daily needs.

## **Amenities**

They are features, such as a pool, golf course, senior center, etc., that makes the appeal of a location more valuable to the individual.

## **Assisted Living Facility**

This is a private or boarding home, home for the aged, or other non-medical facility, which provides residents with housing, meals, and one or more personal services, such as recreational activities. It must provide such services for more than 24 hours to one or more adults who are not relatives of the owner or administrator.

## **Benefit Maximum**

This is the limit a policy will pay for a given benefit. A benefit maximum can be expressed either as a length of time, for example, four years, or as a dollar amount, for example, \$1 million.

## **Care Coordinator (Optional Benefit)**

This is a person who assesses a patient's need for long-term care, devises a treatment plan, helps with nursing services and monitors the care.



## **Cognitive Impairment**

This is a deficiency in a person's short or long-term memory; orientation as to person, place and time, deductive or abstract reasoning; or judgment as it relates to safety awareness.

## **Coinsurance**

This is a percentage or dollar amount of an expense or service covered by insurance that you are required to pay.

## **Continuing Care Retirement Community (CCRC)**

These are retirement facilities that contract to furnish a resident with shelter and health care in return for an entrance fee and periodic monthly fees. They are also known as "life-care facilities."

## **Contract Provision**

This is a clause in a contractual document stipulating when and how certain actions are to be taken.

## **Coordination of Benefits**

This is a method of integrating payments by more than one insurance policy so that benefits from all sources do not exceed 100 percent of the bills.

## **Custodial Care**

This is care not requiring a nurse that is provided in a nursing home or private home. This includes help with activities such as bathing, dressing, eating or taking medicine. A doctor must recommend care.

## **Deductible**

This is the amount you must pay for medical expenses before your insurance will pay.

## **Disclosure Package**

This is a packet of information disclosing all requirements that a CCRC must meet under Florida law.

## **Duplication of Coverage**

This is when an agent sells you more insurance than you need. It is also called "overselling" or "stacking."

## **Elimination Period**

This is the amount of time you have to wait (after you begin receiving nursing home care or a lower level of care) before receiving long-term care benefits. It cannot be more than 180 days.

## **Entrance Fee**

This is the fee charged initially to allow an individual space availability at a CCRC. These fees range from \$2,000 to \$500,000 or more.

## **Escrow**

This is money, property, a deed, etc., in the possession of a third party until an obligation is met for receipt of the item. For example, money to pay for an entrance fee into a CCRC can be held in escrow by a bank or other institution until the individual is ready to reside at the facility.

## **Exclusion**

This is any condition or expense for which the policy will not pay. For example, long-term care policies will not pay for treatment that should be paid for by the government (except Medicaid).

## **Free Look Period**

This is a period of time after receiving a policy that you have to decide whether or not to buy it. The law allows you 30 days to make your decision. If you have paid a premium during that 30 days, and decide not to keep the policy, you may receive a full refund. Be sure to return the policy to the company by certified

mail within 30 days to guarantee your refund.

## **Grievance**

This is a complaint that is filed to make an action or supposed circumstance known to others for possible resolution.

## **Group Insurance**

This is insurance that covers a number of people or groups under one policy. Most health insurance available from employers is group insurance. Group insurance usually costs less than individual insurance.

## **Guaranteed Renewable Policy**

This is a policy in which the insurance company agrees to insure a policyholder for life. Premiums may change, however, if changed for all people within the same class of risks in the state. The company may cancel a guaranteed renewable policy for two reasons: the policyholder or a secondary addressee, if chosen, failed to pay premiums within 30 days of receiving a notice of possible lapse in coverage; or the policyholder deliberately misrepresented or left out key information on the application. All long-term care policies sold in Florida are guaranteed renewable.

**Home Health Agency**

This is a licensed facility providing such services as part-time nursing care, physical, occupational or speech therapy, medical and home health aid.

**Home Health Care**

This is intermediate or custodial care received at home from a nurse, therapist or home health aide under a doctor's supervision.

**Individual Insurance**

This is insurance that covers one person under one policy.

**Inflation Protection**

This is a policy provision that automatically increases benefits each year by a specified percentage to stay in line with the increasing costs of long-term health care.

**Intermediate Care**

This is less than 24-hour-daily nursing and rehabilitative care performed by or under the supervision of skilled medical personnel. A registered nurse or a doctor must supervise care.

**Lapse**

This is the voluntary termination of a policy by the policyholder.

**Liability**

This is an obligation that renders one responsible for a particular act or agreement.

**Licensee**

This is one to whom a license is granted.

**Long-Term Care**

This is the kind of everyday care an individual needs in the event of a chronic illness or disability. Long-term care can be provided in a nursing home, a private home or community setting.

**Mediation**

This is the attempt to bring about a peaceful compromise or resolution between two parties in disagreement. This involves the interaction of a neutral third party.

**Non-forfeiture Benefit**

This is a long-term care policy feature that allows the policyholder to lapse the policy after a certain number of years but still receive some benefits.

**Nursing Service**

This is a service by licensed individuals who provide nursing services in a private home.

## **Personal Care and Social Services**

These are services provided by personal care and social services community organizations.

## **Pre-existing Condition**

This is a condition in which medical advice or treatment was needed, recommended by or received from a health care provider within a six-month period before the date the insured person's coverage took effect. This phrase can also refer to an illness for which an ordinary, prudent person would have sought treatment. Pre-existing conditions usually are not covered until some time after the policy has been in effect.

## **Premium-Waiver**

This is the suspension of premium payments after you have been receiving benefits from the policy for the period specified in the contract. Premiums will resume according to the specifics of the contract. The National Association of Insurance Commissioners (NAIC) recommends that you buy a policy with a premium-waiver benefit.

## **Rider**

This is an attachment to an insurance policy that adds benefits to the original contract.

## **Secondary Addressee**

This is a person designated by the insurance policyholder to receive any notice of possible lapse in coverage.

## **Skilled Nursing Care**

This is daily (around-the-clock) nursing and rehabilitative care performed by or under the supervision of a registered nurse or a doctor.

## **Solvency**

This is the capability of an organization or company to meet financial obligations.

## **Third Party**

This is a neutral party that is not affiliated with the two parties in disagreement.

## **Written Plan of Care**

This is a plan, developed by a licensed health care practitioner, outlining the care the patient needs, the length of time for needed care and other appropriate information. This plan may be needed before a patient can be admitted into a Medicare-approved facility for long-term care.

## *Notes*

## *Notes*