

QUICK COMPARISON OF 5 LEADING LTC COMPANIES

Connect with 1 LTC Insurance specialist who can compare plan options and costs.

	Company A - 2 plan options		Company B	Company C	Company D	Company E
Benefit Payout	Monthly	Monthly	Daily	Monthly	Monthly	Daily
Maximum monthly/daily benefits	\$1500-\$10,000 in \$1 increments	\$1500-\$10,000 in \$50 increments, subject to monthly benefit and policy limit combinations	\$50-\$500 per day	\$1,500 to \$15,000 (\$100 increments)	\$1,500 - \$12,000 (\$100 increments)	\$50-\$300 per day
Cash Benefit	25% of HHC with no EP (built in) Max \$2,000 initial MMB	25% of HHC with no EP (built in) Max \$2,000 initial MMB	Pays 10x DB (or 1/3 the monthly benefit) each month in lieu of other benefits	Cash Benefit Rider: 15% of MMB while receiving home care services; or 10% of MMB while receiving facility care.	None	None
Elimination periods	90, 180, 365 calendar days	0, 30, 60, 90, 180, 365 calendar days	0, 30, 60, 90 or 180 service days	30, 90, 180 calendar days	6, 12, 25 or 52 weeks of incurred expenses	0, 30, 90, 180 service days
Inflation Option(s)	5%, 4% or 3% compound 5% or 3% compound (20-years)	Buy-Up Option 1% to 5% compound in .25% increments Lifetime, 20, 15, or 10 years <i>Note: Buy-up as well as the ability to decrease inflation without the loss of accumulated benefit.</i>	Benefit Increase Option (BIO) provides the option to purchase the 5% Compound BIO, 3% or 5% Step-Rated BIO or the Tailored BIO on the first, third, and fifth anniversary of the policy priced at age of issue.	Benefit Increase Options (compounded annually): Flexible Increase Benefit: 5% Annual Increase Benefit: 1%, 2%, 3%, or 5%	Automatic Benefit Increase Option: Choose a rate of 3%, 4%, or 5% by which the Maximum Monthly Limit and Benefit Account Value to increase on a compounded annual basis on each policy anniversary. Automatic Additional Purchase Benefit: Allows the amount of the Maximum Monthly Limit and Maximum Lifetime Benefit to increase by 5% compounded annually, up to age 85 or 10 years.	3% or 5% compound; 3% or 5% step rated
Waiver of Premium	Waiver of Premium is included - NH, ALF & HHC	Waiver of Premium is included - NH, ALF & HHC	Included, but limited to certain benefits. WOP Rider - Home & Adult Daycare (optional); WOP Rider - Cash Benefit (optional)	Included	Included	Included for Facility Care Services or Home and Community Care Services
Return of Premium	Optional: ROP 3 x initial MMB less claims	Optional: ROP less claims if death before age 65; ROP less claims; or ROP 3 x initial MMP less claims	Optional: ROP less claims if death before age 67. Not available with shared care.	Optional: ROP at death (less benefits paid) if contract has been in force for 10+ years. Not available with shared care.	None	Optional: Full or limited ROP at death (less benefits paid) up to 80% of the premiums paid. Not available with the Shortened Benefit Period.
Shared Care Rider	Optional	Optional	Optional	Optional	None	Optional
Professional HHC Rider	None	Optional	None	None	None	None
Waiver of Elim Period for HHC	Optional	Optional	Optional	Optional	None	Optional
Joint WOP Rider	None	Optional	Optional	Included with the Shared Care rider	None	None
Survivorship Benefit Rider	None	Optional	None	Available (Not available with the 10-pay premium option or flexible increase benefit rider)	Only available with covered Partner	None
Security Benefit Rider	Optional	Optional	None	None	None	None
Premium Payment Options	Lifetime	Lifetime	Lifetime	Lifetime or 10-Year	Lifetime	Lifetime, Single Pay, 10-Pay
Discounts	<ul style="list-style-type: none"> • 15% Partner discount (both issued) • 5% Partner discount (one issued) • 15% Preferred • 5% Association group • 5% Producers • 5% Common Employer • Combination of good health and household discount is not limited 	<ul style="list-style-type: none"> • 15% Partner discount (both issued) • 5% Partner discount (one issued) • 15% Preferred • 5% Association group • 5% Producers • 5% Common Employer • Combination of good health and household discount is not limited 	<ul style="list-style-type: none"> • 30% Couples discount • 15% discount for spouse/partner applying alone • 10% Preferred Health Discount 	<ul style="list-style-type: none"> • 5% Couples Discount (one issued) • 20% Couples Discount (both issued) • 10% Preferred Health Discount 	<ul style="list-style-type: none"> • 30% Spousal Discount (both issued) • 10% Spousal Discount (one issued) • 30% Companion Discount (both issued) • 10% Companion Discount (one issued) • 5% Multi-Life Discount 	<ul style="list-style-type: none"> • Association or Employer group - 5%

Call 818-597-3227 Between 9AM – 3PM Pacific
The American Association for Long-Term Care Insurance